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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

Dr. K. Throlsen American Bison Foundation

**D** Employer identification number

84-1209568

Number and street (or P.O. box, if mail is not delivered to street address)

8690 Wolff Court

Room/suite

200

**E** Telephone number

303-292-2833

City or town, state or province, country, and ZIP or foreign postal code

Westminster, Colorado 80031-3697

**F** Group Exemption

Number ▶

**G** Accounting Method. ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

7,916

**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     | 2,089   |
|            | 2                                                                                                            | Program service revenue including government fees and contracts . . . . .                                                                                                                                            | 2     |         |
|            | 3                                                                                                            | Membership dues and assessments . . . . .                                                                                                                                                                            | 3     |         |
|            | 4                                                                                                            | Investment income . . . . .                                                                                                                                                                                          | 4     | 1,133   |
|            | 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    | 4,694   |
| c          | Less: direct expenses from gaming and fundraising events . . . . .                                           | 6c                                                                                                                                                                                                                   | 902   |         |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | 6d                                                                                                                                                                                                                   | 3,792 |         |
| 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          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶                                    | 9                                                                                                                                                                                                                    | 7,014 |         |
| Expenses   | 10                                                                                                           | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                       | 10    |         |
|            | 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    |         |
|            | 14                                                                                                           | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                | 14    |         |
|            | 15                                                                                                           | Printing, publications, postage, and shipping . . . . .                                                                                                                                                              | 15    |         |
|            | 16                                                                                                           | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                    | 16    | 6,290   |
|            | 17                                                                                                           | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶                                                                                                                                                           | 17    | 6,290   |
| Net Assets | 18                                                                                                           | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                            | 18    | 724     |
|            | 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    | 251,039 |
|            | 20                                                                                                           | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                       | 20    | 1,724   |
|            | 21                                                                                                           | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶                                                                                                                           | 21    | 254,211 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2015)

SCANNED JUL 08 2016

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9.8



**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  | ✓  |
| 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  | ✓  |
| 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 | ✓  |
| 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 |    |
| 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 |    |
| 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  | ✓  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None                                                                                                                                                                                                                                     |     |    |
| b Did the organization file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                              | 37b | ✓  |
| 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 | ✓  |
| 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . . . . .                                                                                                                                                                    |     |    |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | ✓  |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0 . . . . .                                                                                                                          |     |    |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0 . . . . .                                                                                                                                                                                            |     |    |
| 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 | ✓  |
| 41 List the states with which a copy of this return is filed ▶ None                                                                                                                                                                                                                                                                             |     |    |
| 42a The organization's books are in care of ▶ The Company / Barb Dowdy Telephone no. ▶ 303-292-2833                                                                                                                                                                                                                                             |     |    |
| Located at ▶ 8690 Wolff Court, Suite 200; Westminster, Colorado ZIP + 4 ▶ 80031-3697                                                                                                                                                                                                                                                            |     |    |
| 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)? If "Yes," enter the name of the foreign country: ▶ . . . . .                                         | 42b | ✓  |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                                                          |     |    |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ . . . . .                                                                                                                                                                        | 42c | ✓  |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43                                                                                                                                       |     |    |
| 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 | ✓  |
| 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 | ✓  |
| c Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                              | 44c | ✓  |
| 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 . . . . .                                                                                                                                                                                                 | 44d |    |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                           | 45a | ✓  |
| b 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 | ✓  |

- 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 |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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
- 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."

|     | Yes | No                                  |
|-----|-----|-------------------------------------|
| 47  |     | <input checked="" type="checkbox"/> |
| 48  |     | <input checked="" type="checkbox"/> |
| 49a |     | <input checked="" type="checkbox"/> |
| 49b |     |                                     |

| (a) Name and title of each employee | (b) 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 None

- 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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| None                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 None

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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 Date 6/18/16

Signature of officer Date

Type or print name and title Executive Director

Paid Preparer Use Only Date 06/02/2016

Print preparer's name Preparer's signature

Firm's name Firm's EIN 61-1432100

Firm's address Phone no. 303 321-8496

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Dr. K. Throlson American Bison Foundation

Employer identification number

84-1209568

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ 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)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
  - 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.**
  - 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.**
  - d ☐ **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.**
  - e ☒ 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.
  - f Enter the number of supported organizations . . . . . One
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization                       | (ii) EIN   | (iii) Type of organization (described on lines 1–9 above (see instructions)) | (iv) Is the organization listed in your governing document? |                          | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|----------------------------------------------------------|------------|------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|---------------------------------------------------|-------------------------------------------------|
|                                                          |            |                                                                              | Yes                                                         | No                       |                                                   |                                                 |
| (A) National Bison Association                           | 8410235585 | 501C3 - #7                                                                   | <input checked="" type="checkbox"/>                         | <input type="checkbox"/> | 0                                                 | \$5,000                                         |
| (B)                                                      |            |                                                                              | <input type="checkbox"/>                                    | <input type="checkbox"/> |                                                   |                                                 |
| (C)                                                      |            |                                                                              | <input type="checkbox"/>                                    | <input type="checkbox"/> |                                                   |                                                 |
| (D)                                                      |            |                                                                              | <input type="checkbox"/>                                    | <input type="checkbox"/> |                                                   |                                                 |
| (E)                                                      |            |                                                                              | <input type="checkbox"/>                                    | <input type="checkbox"/> |                                                   |                                                 |
| <b>Total</b> <span style="margin-left: 20px;">ONE</span> |            |                                                                              |                                                             |                          | 0                                                 | \$5,000                                         |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Page 1, Part I, Line II (G) - Item A (vi): Other Support: \$5,000; Throlsen Foundation provided Scholarships totaling \$5,000 in support of students participating in programs that work to improve Bison health.

Page 5, Part IV, Supporting Organizations: Section C. Type II Supporting Organizations: The sitting board members of

Dr. K. Throlsen American Bison Foundation are former board members of the National Bison Association. The nonprofit that the Throlsen Foundation was set up to support. Working closely together, these board members work on behalf of Bison to improve all aspects of the animals life, health and well-being.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Dr. K. Throlson Amerian Bison Foundation

Employer identification number

84-1209568

**Form 990 EZ, Part I, Line 4 - Investment Income:**

Interest Income on Investment assets \$1,133

**Form 990 EZ, Part I, Line 16 - Other Expenses: \$6,290**

Bank fees \$44

Legal & Accounting \$500

National Bison Association \$490

Scholarship awards \$5,000

Office supplies \$256

**Form 990 EZ, Part I, Line 20 - Other Changes in Net Assets: \$1,724**

This is a reconciling item that increased Net Assets by the amount of \$1,724 to reconcile the organization's

Balance sheet and tie the assets and liabilities to the Net Assets as of January 1, 2015.