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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 private foundations)

Accounting

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public Inspection

Check if an	e 2016 calendar year, or tax year beginning $04/01/16$ , and ending $12/31/1$					
Address c	pplicable C Name of organization DAKOTA TERRITORY BUFFALO		D Employer	Identification number		
Name cha	inge Doing business as % KAREN CONLEY	46-0440905				
Inibal retui	Number and street (or P.O box if mail is not delivered to street address)  PO BOX 4104	Room/suite	E Telephone	923-7755		
Final retur			005-	323-1133		
terminated				. 42 705		
Amended	RAPID CITY SD 57709-4104  F Name and address of principal officer	<del></del>	G Gross rece	epts\$ 43,725		
Application		H(a) Is this a grou	p return for st	ibordinates? Yes X No		
принсаци	MORETE HOLE	1				
	777 RANCH 25396 SD HWY 79	H(b) Are all subo				
	HERMOSA SD 57744	_ IT 'NO, '	attaçn a list (	(see instructions)		
Tax-exen	npt status 501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	4				
Website		H(c) Group exem				
	organization: X Corporation Trust Association Other ► L Y	rear of formation 20	001	M State of legal domicile SD		
art I	Summary					
1 1	Bnefly describe the organization's mission or most significant activities:					
:	THE PROMOTION AND WELFARE OF BUFFALO (BISON) THROUGH A	N ANNUAL W	INTER			
1	CONFERENCE, BUFFALO SHOWS AND SALES, EDUCATIONAL SEMINA	ARS, RANCH	TOUR	S,		
	MEETINGS AND TRADE SHOWS.	••				
2 (	Check this box I if the organization discontinued its operations or disposed of more than 25	5% of its net assi	ets	•••		
3 1	Number of voting members of the governing body (Part VI, line 1a)		3	7		
	Number of independent voting manhors of the governing healty (Port VII) tog 15)	••	4	6		
	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0		
= -	Total number of valuatoom (actimate if necessary)		6	0		
	Total correlated business receives force Doct VIII actions (IC) line 40		<del></del>	0		
1			7a			
l D I	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year		
8 (	Contributions and grants (Part VIII, line 1h)	T THOI T CO.		O		
	D	635	,326	39,166		
			,369	3,020		
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,483	905		
1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	635	,212	43,091		
,	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		500	0		
	Benefits paid to or for members (Part IX, column (A), line 4)		4.00	0		
15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,400		10,800		
16a F	Professional fundraising fees (Part IX, column (A), line 11e)		,,	0		
15 3 16aF b 7	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u> </u>		and inchine		
17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		395	10,124		
18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), Time 25)	657	,295	20,924		
19	Revenue less expenses. Subtract line 18 from line 12 RECEIVED		2,083	22,167		
20		Beginning of Curr		End of Year		
20 T	Total assets (Part X, line 16) Total liabilities (Part X, line 26)  MAY 2 2 2017		3,110	100,277		
21	Total liabilities (Part X, line 26)		,127	4,127		
22 1	Net assets or fund balances. Subtract line 21 from line 20	S 73	983	96,150		
art II	Signature Block Concar In	, =				
Inder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	st of my kr	lowledge and belief, it is		
ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer i	has any knowledge	e. ·	•		
	Jan h		5	-15-17		
gn	Signature stafficer		Date			
ere	karen conley Execu	TIVE DIR	ECTOR	ર		
-	Type or print name and title			<del></del>		
	Pnnt/Type preparer's name Preparer's signature	Date	Check	if PTIN		
	RENAE SCHAEFFER RENAE SCHAEFFER	ĺ	/17 self-en	<b>□</b> "		
ıd				46-0375649		
		Fi	rm's EIN	40-03/3043		
eparer	Firm's name DAVID PUMMEL & ASSOCIATES, LLP	1				
eparer	PO BOX 278			60E 722 1040		
eparer e Only	PO BOX 278   Firm's address   BELLE FOURCHE, SD 57717-0278	P	hone no	605-723-1040		
<del></del>	PO BOX 278	PI	hone no	605-723-1040 X Yes No Form 990 (2016)		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>x</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ł
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	}		-
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	]		
	complete Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			į
	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
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ł
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. `		į
	VII, VIII, IX, or X as applicable			į
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	L
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ĺ	ĺ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	l	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	_	x
7	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 (see instructions)	17	l	X
8	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	Į	X
9	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
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Forn	990 (2016) DAKOTA TERRITORY BUFFALO 46-0440905			Page 4
P	art IV Checklist of Required Schedules (continued)			
			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20:	a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 201	<u> </u>	<b>_</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government 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 or other assistance to or for domestic individuals on	ļ	1	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ц_	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	i	ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
-	employees? If "Yes," complete Schedule J	23	4_	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	1		1.
	through 24d and complete Schedule K. If "No," go to line 25a		a L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 241	3	<u> </u>
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	. 24	=	<del> </del>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244	4	<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	
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?	j		]
	If "Yes," complete Schedule L, Part I	25	<u> </u>	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26	<u>i                                    </u>	X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u>-                                    </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		٠	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	a	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	. 28	<u>b</u>	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28	<u>c  </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>,                                    </u>	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	<u>,                                    </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u></u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ		
	complete Schedule N, Part II	. 32	<u>²</u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2016)

35a

36

37

X

ra	nt 🗸 Statements Regarding Other IRS Filings and Tax Compliance			<del></del>
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<del>.</del>	$oldsymbol{\perp}$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0			<i>'</i>
	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
	reportable gaming (gambling) winnings to prize winners?	1c		
	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 0		1	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		. 1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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, secunties account, or other financial			
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		•	,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>*</del>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_ '		7,7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			ľ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7</u> b		<del> </del> -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		-
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١.		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del> -	<del> </del>
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:		ĺ	
a	Gross income from members or shareholders 11a	┨ .		
b	Gross income from other sources (Do not net amounts due or paid to other sources		ŕ	
40-	against amounts due or received from them.)	122	Ì	ľ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del>                                     </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	Ī	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		<del>  -</del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.	ŀ	ŀ	1
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
	the organization is licensed to issue qualified health plans	-{	ŧ	1
C	Enter the amount of reserves on hand	+	<del>-</del>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del> </del>	┼^
ь	IN TWO IT HOS IN TROUGH A CORM TOTAL TO COME TO COME AND	14b	1	L

Pa	Ift VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See			s
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		Yes	<b>N</b> o
1_	Enter the number of voting members of the governing body at the end of the tax year		res	NO
1a	Zine the name of total months of the governing body at the one of the text year.	1	1	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent  1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Ì		
_	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
_	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			3
а	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	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Con	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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		~
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ľ.,
168		46-		х
	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		-
Ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	100		·
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 (Section 501(c)(3)s only)	• •	•	
-	available for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			
ĸ	AREN CONLEY 15290 225TH ST			_
В	OX ELDER - SD 57719 605	-38	1-3	738

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

(A)	(B)	(B) (C)						(D)	(E)	(F)		
Name and Title	Average		. n4 -	Pos	tion	lbos		Reportable compensation	Reportable	Estimated amount of		
	hours per week	bo	k, unle	ss pe	rson i	than one s both an	from		compensation from related	other		
-	(list any hours for	<u></u>				/trustee)	_	the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	Dr div	hstit	Officer	ě	Highest employe	(	W-2/1099-MISC)	<b>(</b> <u>_</u> ,	organization		
	organizations below dotted	ecto	ution	¥	Key employee	er oyee				and related organizations		
٠	line)	Individual trustee or director	Institutional trustee		оу <b>өө</b>	mper	İ					
		6	stee			Highest compensated employee	l					
(1)MORITZ ESPY	<del></del>	<del> </del>		-					<del>-</del>			
(,,====================================	2.00						]					
PRESIDENT	0.00	x		x	İ			0	0	o		
(2) BRODIE LIMPERT												
	1.00		İ					/				
DIRECTOR	0.00	X						0	0	0		
(3) BOYD MEYER												
	1.00	١,,		4.					_	_		
VICE PRESIDENT (4) PERRY HANDYSIDE	0.00	X		X	<del> </del>	<del>  -</del>	+		0	0		
(4) FERRI HANDISIDE	1.00											
SECRETARY/TREASURER	0.00	x		$\mathbf{x}$				0	0	0		
(5) DAVID LAUTT	0.00		-	-			1					
· ·	1.00											
DIRECTOR	0.00	x						0	0	0		
(6) CODY KLOECKL	-											
	1.00	İ						_				
DIRECTOR	0.00	X		_	ļ_	-		0	0	0		
(7) KAREN CONLEY	0 00	ļ					1					
EXECUTIVE DIRECTOR	0.00			x				_10,800	0	o		
(8)	0.00	┼		^			+	10,800				
(0)				ļ	]							
(9)		_			_							
_	_						-					
		L		<u> </u>								
(10)												
(11)		┼	$\vdash$	$\vdash$	$\vdash$		+					
N: 7		1	1	l l	ı	1 1	1		I	I		
l			1	l	1							

	ert V	Statement of Rever Check if Schedule		ains a	response o	or note to any line	in this Part VIII		
					<u>-</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a			,			
Gra	ь	Membership dues	1b					`	"
And And	С	Fundraising events	1c			,	,	-	
<u>≅</u> ë	d	Related organizations	1d				,		
E,E	e	Government grants (contributions)	1e			ŕ			
rigo Pr'S	f	All other contributions, gifts, grants,	1 1		-				
鞍		and similar amounts not included above	1f					,	,
ğ	g	Noncash contributions included in lines 1a	-1f \$	-			,		,
<u>ŏ ĕ</u>	h	Total. Add lines 1a-1f			•				
nue					Busn Code		,	v	,
eve	2a	• •	ALLENG	ER	ļ	32,340			
ë K	Ь	WINTER CONFERENCE			L	4,426			
ξ	C	MEMBERSHIP DUES				2,400	2,400		
Program Service Revenue Contributions, Giffs, Grants	d		-				<del> </del>		
ran	е								<del></del>
rog	f	All other program service reve	nue .	•	L			<u> </u>	
<u> </u>	9	Total. Add lines 2a–2f	<del>- :</del>		<u>.                                     </u>	39,166		r	
	3	Investment income (including	dividend	ds, intere	est,	001			
	١.	and other similar amounts)	-		•	891	<u> </u>		891
	4	Income from investment of tax	c-exemp	t bond p	roceeds P				
	5	Royalties (i) Real		()	<u> </u>		······································	<u> </u>	
	6-	<del></del>		(11) F	Personal				,
	6a								
	b	Less rental exps							
	d	Rental inc or (loss)  Net rental income or (loss)						`	
		Gross amount from (i) Securities		(u)	Other				
		sales of assets		(11)	2,129		, ,		
	b	other than inventory  Less cost or other			2,12,	, ,	<u> </u>	-	•
	٦	basis & sales exps	ļ						
	_	Gain or (loss)	<del> </del>		2,129				
	d	Net gain or (loss)	L			2,129		1	2,129
		Gross income from fundraising eve	ents [		·				2,123
Other Revenue	"-	(not including \$							
9.4		of contributions reported on line 1c	; !		:	}	,		,
ď		See Part IV, line 18	a			•			
hei	b	Less direct expenses	ь			*			·
ō		Net income or (loss) from fund		events				ĺ	
		Gross income from gaming activities	~						
		See Part IV, line 19	а						
	ь	Less direct expenses	ь			,	,	‡ -	,
		Net income or (loss) from gam	ning acti	vities .	<b>•</b>		[		
		Gross sales of inventory, less	Ĭ					(	· · · · · · · · · · · · · · · · · · ·
		returns and allowances	a		1,539			ľ	′′
	· b	Less: cost of goods sold	ь		634			}	,
		Net income or (loss) from sale	s of inv	entory	<b>&gt;</b>	905	905		
		Miscellaneous Revenue			Busn. Code	e e e			1
	11a								Ĺ <u> </u>
	b		•						
İ	С	•		-					
	d	All other revenue		-					
	е	Total. Add lines 11a-11d			•		1 11 1		a sin
	12	Total revenue. See instruction	ns		<b>&gt;</b>	43,091	40,071	0	3,020

Part IX Statement of Functional Expenses

0001	Check if Schedule O contains a resp			npiele Column (A).	<del></del>
	not include amounts reported on lines 6b, Bb, 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 domestic organizations			,	
	and domestic governments. See Part IV, line 21				`
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			, ,	
	organizations, foreign governments, and foreign			<i>".</i> ;;	, '
	individuals See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10,800			
6	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		· <del></del> -		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	. ,		<del></del>		<del></del>
b					
С	- · · · · · · · · · · · · · · · · · · ·	1,161	·		
ď		,			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<del></del>	<del></del>	
9	· •				
40	(A) amount, list line 11g expenses on Schedule ()	2 156	·		
12	Advertising and promotion	2,466			<del></del>
13	Office expenses	2,186 563			
14 15	Information technology Royalties				
16	Occupancy	———— <del>—</del>	<del></del>		
17	Travel	562			
18	Payments of travel or entertainment expenses	502	<del></del>		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,125	· · ·	<del> </del>	<del></del>
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization				
23	Insurance	300			<del></del>
24	Other expenses. Itemize expenses not covered		<del></del>		
	above (List miscellaneous expenses in line 24e if			<u> </u>	
	line 24e amount exceeds 10% of line 25, column		,		
	(A) amount, list line 24e expenses on Schedule O)	`		<u> </u>	,
а	SALES TAX	605			
b	SPONSORSHIPS	500			
С	SUPPLIES	432	-		
d	SUPPLIES	159			
e	All other expenses	65			
25	Total functional expenses. Add lines 1 through 24e	20,924	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
D A A					000

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 16,73236,131 Cash-non-interest bearing 12,050 12,058 Savings and temporary cash investments 2 Pledges and grants receivable, net 5 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 6,387 other basis. Complete Part VI of Schedule D 6,387 b Less: accumulated depreciation 10b 49,323 52,088 11 Investments—publicly traded securities 11 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 Total assets. Add lines 1 through 15 (must equal line 34) 78,110 100,277 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,127 4,127 26 Total liabilities Add lines 17 through 25 4,127 26 Organizations that follow SFAS 117 (ASC 958), check here Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 73,983 96,150 27 Unrestricted net assets Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 š 32 Retained earnings, endowment, accumulated income, or other funds 32 73,983 33 96,150 33 Total net assets or fund balances 78,110 100,277 Total liabilities and net assets/fund balances Form 990 (2016)

Form	990 (2016) DAKOTA TERRITORY BUFFALO	46-0440905			Pag	e 12
Pa	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line	in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		13,0	
2	Total expenses (must equal Part IX, column (A), line 25)		2		20,9	
3	Revenue less expenses. Subtract line 2 from line 1		3		22,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4		73,9	<u>83</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must	equal Part X, line				
	33, column (B))		10		96,1	L50
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	e in this Part XII	:			Ц.
		_			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Acc	rual Other				
	If the organization changed its method of accounting from a prior year or che-	cked "Other," explain in			<b>[</b>	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an inde	ependent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the			- 1		
	reviewed on a separate basis, consolidated basis, or both:					-
	Separate basis Consolidated basis Both consolidated a	nd separate basis				
b	Were the organization's financial statements audited by an independent acco	ountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated a	nd separate basis				^
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume	es responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of	of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process of	during the tax year, explain in				٠.
	Schedule O	•				′
3a	As a result of a federal award, was the organization required to undergo an a	udit 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	inization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps to			3b		
				For	m <b>99</b> 0	(2016)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2016
Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number DAKOTA TERRITORY BUFFALO ASSOCIATION 46-0440905 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2016 DAKOTA TE	RRITORY BU	JFFAL(	0		46-0	<u>4409</u>	05			Pag	ge <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical Ti	reasures,	or Other	r Simil	lar Ass	sets (c	ontinu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check a	iny of the fol	lowing that ai	re a signifi	cant use	e of its				
а	Public exhibition	<b>d</b> 🔲 1	Loan or e	xchange pro	grams							
b	Scholarly research		Other									
С	Preservation for future generations				•			•				
4	Provide a description of the organization's co	llections and explain	how they	further the	organization's	s exempt p	ourpose	ın Part				
	XIII	-			٠							
5	During the year, did the organization solicit or									Π		
Da	assets to be sold to raise funds rather than to	<del></del>	art of the	organization	i's collection?	<u> </u>				Yes	<u> </u>	No
ra	Escrow and Custodial Arra Complete if the organization		on For	m 990 Pa	rt IV line (	or ren	orted a	n amo	unt or	 Form		
	990, Part X, line 21.	answered res	OITT OIT	in 000, i c	at iv, inic c	o, or rep	J, (CG C	iii aiiio	uiii oi			
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for co	ntributions o	or other asset	ts not						
	included on Form 990, Part X?	_								Ye	s 🔲	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tal	ble:			-					
										Amount		
C	Beginning balance			-				1c				
d	Additions during the year					-		1d				
е	Distributions during the year		-		-			1e				
f	Ending balance .						-	1f			<del></del>	_
	Did the organization include an amount on Fo		•			•				Ye	s	No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	has been p	rovided on Pa	art XIII		_•		<u>-</u> -		
ra	Endowment Funds.	anawarad "Vac	on For	m 000 Pa	et IV line	10						
	Complete if the organization			nor year	(c) Two year		(d) Th	ree years b	nack	(e) Four		
4.	Paramira of manhatana	(a) Current year	(0)	nor year	(C) TWO yes	ars Dack	(6) 17	ree years t	Jack	(e) r cui	years be	
	Beginning of year balance		ļ		<u> </u>							
	Contributions		<del>                                     </del>	·	<del>                                     </del>							
C	Net investment earnings, gains, and		ĺ		İ		İ		İ			
a	Grants or scholarships				<del></del>							
	Other expenditures for facilities and				<u> </u>							
·	programs		,		1		İ		- 1			
f	Administrative expenses				<del> </del>		l					
	End of year balance		-				-		<del></del>			
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1a	column (a)	held as		L					
a	Board designated or guasi-endowment	%	C (C 19	, 001011111 (4),	711014 40							
b	Permanent endowment ▶ %	,,										
	Temporanly restricted endowment ▶	%										
_	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posses	•	ation that	are held and	l administere	d for the						
	organization by:									ſ	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations					•	•			3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on So	hedule R?		•	•	•	•	3b		
4	Describe in Part XIII the intended uses of the	•			· ·		•		•	-		
Pa	art VI Land, Buildings, and Equi											
	Complete if the organization	answered "Yes	" on For	<u>m 990, Pa</u>	art IV, line	11a. See	Form	990, F	Part X,	line 1	0	
	Description of property	(a) Cost or other		(b) Cost or		1	Accumulate			(d) Book	value	
		(investment)		(oth	ner)	de	preciation	ı, , , , , , , , , , , , , , , , , ,	<u> </u>			
1a	Land								1			
b	Buildings								<u> </u>			
С	Leasehold improvements					ļ			<u></u>			
	Equipment	ļ				<del>                                     </del>			<u> </u>			
	Other .			(0)	6,387		6	,387	<del> </del> -			
ıotai	<ol> <li>Add lines 1a through 1e. (Column (d) must e</li> </ol>	equar ⊢orm 990, Par	τX, colun	ın (15), iine 1	UC )		_	. •	Į.			

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	denvatives		
	eld equity interests		· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A)			
. (74) (B)	• • • • • • • • • • • • • • • • • • • •		
•			
(C)			
(D) ·		<del></del>	
(E)			
(F)			
(G)			
. (H)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)	······································		
(3)			
(4)			
_(5)		ļ	<u></u>
(6)			
(7)			
(8)			
(9)	·		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 ) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)		<del></del>	
(4)		<del></del>	
(5)			
(6)	·		
(7)			•
(8)			
(9)			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)	·	<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.	•	
1.	(a) Description of liability	(b) Book value	
		<del>                                     </del>	
	al income taxes TER STATE PARK PAYABLE	4,127	
	DR DIATE FARK FATABLE	1,12,	
(3)		<del>                                     </del>	
(4)		<del> </del>	
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,127	1
2 Lightle C	or uncertain tax positions. In Part XIII, provide the text of the foo		inancial statements that reports the
Z. LIADBRY TO	's liability for uncertain tax positions under FIN 48 (ASC 740). C	hack here if the text of the	controle has been provided in Part XIII
organization	s liability for uncertain tax positions under FIN 48 (ASC 740). C	HECK HEIE II DIE IEKEOI LIE I	double has been provided in all Alli

Sche	dule D (Form 990) 2016 DAKOTA TERRITORY BUFFALO	46-04409		Page <b>4</b>
Pa	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, P		eturn.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	] .	
C	Recovenes of prior year grants	2c	_	,
d	Other (Describe in Part XIII )	2d -	] "	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		}	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	_	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
Pź	art XII Reconciliation of Expenses per Audited Financial Staten		Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a.		<del>,</del>
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1.	}
а	Donated services and use of facilities	2a	-Į	
b	Pnor year adjustments	2b	-[ , ,	ļ
C	Other losses	2c	┥.	
d	Other (Describe in Part XIII.)	2d	-	]
е	Add lines 2a through 2d		2e	<del> </del>
3	Subtract line 2e from line 1	1 1	3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	┨ .	
b	Other (Describe in Part XIII )	4b	٠,	
С 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		4c	<del> </del>
Đ,	art XIII Supplemental Information.	<del></del>		<u> </u>
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	/, lines 1b and 2b: Part V, line 4:	Part X.	line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			
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			_	
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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2016

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

DAKOTA TERRITORY BUFFALO ASSOCIATION

Employer identification number

SSOCIATION | 46-0440905

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD TREASURER PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
TO DAKOTA TERRITORY BUFFALO ASSOCIATION OFFICE.

Schedule O (Form 990 or 990-EZ) (2016)