Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

2022 and ending	JUN	3.0	, 20 2 3
, 2022, and ending	OOM	30	, 20 Z J

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2022, or fiscal year beginning JUL 1 Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

THE BISON CHILDREN'S SCHOLARSHIP FUND,

EIN or SSN 16-1477288

Name and title of officer or person subject to tax

DENNIS SZYMKOWIAK VICE PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

nan or	ie iirie iri Part I.			
1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь <u>5,289,619.</u>
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22	2) 10b
Part	II Declaration and S	ignatu	re Authorization of Officer or Person Subject to Tax	
Jnder _l	penalties of perjury, I declare that	at XI	am an officer of the above entity or I am a person subject to tax wit	h respect to (name
of entity	y)		, (EIN) and that	I have examined a copy of the
			dules and statements, and, to the best of my knowledge and belief, they a art I above is the amount shown on the copy of the electronic return. I co	

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	1:	check	one	box	only
-----	----	-------	-----	-----	------

<u>X</u>	I authorize	TRONCONI	SEGARRA	&	ASSOCIATES	LLP	

to enter my PIN

60011 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16003884560

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

TRONCONI SEGARRA & ASSOCIATES LLP

Date

01/17/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or THE BISON CHILDREN'S SCHOLARSHIP FUND, print 16-1477288 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 284 DELAWARE AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 14202 BUFFALO, NY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) CLARA MORAN The books are in the care of ► 284 DELAWARE AVENUE - BUFFALO, NY 14202 Telephone No. \blacktriangleright (716) 854-0869 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

Department of the Treasury

EXTENDED TO MAY 15, 2024 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

Interr	nal Reve	nue Service Go to www.iis.gov/Formaso for instructions and tr	ie ialesi ii	normation.	mspection		
A F	or th	e 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and $$	ending ਹ	JUN 30, 2023			
B (heck if	C Name of organization	_	D Employer identific	cation number		
a	pplicab	THE BISON CHILDREN'S SCHOLARSHIP FUND,		B Employer Identific	sation number		
	⊣Addre						
	_ chang ¬Name	e LNC.					
	chang			16-14772	88		
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•		
	Final	284 DELAWARE AVENUE		(716) 85	4-0869		
	return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,095,638.		
	□Amen						
	return _Applied_tion			H(a) Is this a group re			
	⊥tiòn pendi			for subordinates	····· = =		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u>I T</u>	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
JV	Vebsi	te: WWW.BISONFUND.COM		H(c) Group exemptio	n number		
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	State of legal domicile: NY		
	art I	Summary		·	-		
	1	Briefly describe the organization's mission or most significant activities: FOUND	DED IN	г 1995 ТИЕ Г	BISON		
ė	'	CHILDREN'S SCHOLARSHIP FUND IS A PRIVATELY	V FIINI	OFD OPCANIZA	TTON WHOSE		
ä	١.						
E.	2	Check this box if the organization discontinued its operations or dispose	ed of more	1 1			
Š	3			3	15		
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
Š	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	4		
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	50		
≨	7 a			7a	0.		
¥	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	<u></u>	THE UTILE ACTION TO THE PROPERTY OF THE PROPER	·····	Prior Year	Current Year		
	١_	.		6,321,258.	5,160,537.		
ē	8	Contributions and grants (Part VIII, line 1h)					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		117,338.	132,842.		
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,853.	-3,760.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,442,449.	5,289,619.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,327,346.	4,407,916.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		302,887.	322,453.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
en e	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 225,98		0.	<u> </u>		
ă	b			222 222			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,283.	634,938.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,913,516.	5,365,307.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,528,933.	-75,688.		
Or Ses			Be	eginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		13,244,747.	13,746,355.		
Ass Bal	21	Total liabilities (Part X, line 26)		54,728.	30,743.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		13,190,019.	13,715,612.		
	rt II	Signature Block		13,130,013.	13,713,012.		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and beliet, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
Sign	n	Signature of officer		Date			
Her	е	DENNIS SZYMKOWIAK, VICE PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Daid	ı	MICHAEL B. DOLAN, CPA MICHAEL B. DOLAN		if			
Paid			, CF		4-3728817		
Use	Only	Firm's address 8321 MAIN STREET		, =	46) 600 40-0		
		WILLIAMSVILLE, NY 14221		l Phone no. (7	16) 633-1373		

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

No

X Yes

		ıge ∠
Pa	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: FOUNDED IN 1995, THE BISON CHILDREN'S SCHOLARSHIP FUND IS A PRIVATELY	
	FUNDED ORGANIZATION WHOSE MISSION IS TO BROADEN THE EDUCATIONAL	
	OPPORTUNITIES FOR WESTERN NEW YORK CHILDREN BY HELPING LOW-INCOME	
	FAMILIES AFFORD THE COST OF PRIVATE K-12 SCHOOLS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?] No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,004,378. including grants of \$4,407,916.) (Revenue \$	
4a	(Code:) (Expenses \$5, UU4, 378. including grants of \$4, 4U7, 916.) (Revenue \$)
	OUR CHILDREN IS A QUALITY EDUCATION. FOR FAMILIES OF MODEST MEANS,	
	ACCESS TO QUALITY EDUCATION IS MADE POSSIBLE BY THE BISON CHILDREN'S	
	SCHOLARSHIP FUND. FOR 28 YEARS, MEMBERS OF OUR COMMUNITY, HAVE HELPED	
	FUND 39,000 SCHOLARSHIPS FOR LOW-INCOME CHILDREN TO ATTEND SCHOOLS OF	
	THEIR CHOICE. BISON IS THE ONLY K-12 SCHOLARSHIP PROGRAM IN WNY, AND	
	THE 5TH LARGEST K-8 PROGRAM NATIONALLY. BISON SUPPORTS 1,920 STUDENTS	
	ATTENDING 80 K-12 SCHOOLS ACROSS WNY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
	Otherway and in a (Decelle or Other Le O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \frac{\text{5,004,378.}}{}	

Form 990 (2022) INC . Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		_V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		├ <u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

16-1477288

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		77
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE L		x
06	Schedule L, Part I	25b		_^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			L
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

If "Yes," complete Form 6069.

17

INC 16-1477288 Page 5 Form 990 (2022 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

16-1477288

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 Section C. Disclosure NY List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records

14202

CLARA MORAN - (716) 854-0869 284 DELAWARE AVENUE, BUFFALO,

INC. 16-1477288 Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	mzu		C)	iperi	ioati	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY E. POPADICK	40.00									
EXECUTIVE DIRECTOR				Х				126,207.	0.	9,748.
(2) REP. CHRISTOPHER L. JACOBS	10.00									
PRESIDENT		X		X				0.	0.	0.
(3) DENNIS J. SZYMKOWIAK	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANDREW L. FORS	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JONATHAN AMOIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) THOMAS R. BEECHER, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KRISTIN BAUER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) PAUL BAUER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TOD D. MARTIN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL L. MCCABE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NANCY A. NAPLES	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) REV. JOSEPH S. ROGLIANO	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) CHRISTINE STANDISH	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) BETSY SULLIVAN	1.00									0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) KELLIE M. ULRICH	1.00	3,7							0	•
BOARD MEMBER	1 00	Х	_		_		_	0.	0.	0.
(16) SHAWN T. PEARCE	1.00	v						0.	0.	0
BOARD MEMBER		Х	\vdash	\vdash	\vdash			1	U •	0.
		ł								
								<u> </u>		000

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Part VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C		'				
(A)	(B)			(C Posi	C)			(D)	(E)			(F)	
Name and title	Average	(do				i than d	one	Reportable	Reportable		l	timate	
	hours per week					s both r/trus		compensation	compensation		l	ount o	o†
	(list any	.or					Ĺ	from the	from related organization		l	other oensat	tion
	hours for	director				_		organization	(W-2/1099-MI			om the	
	related	9e or	stee			nsateo		(W-2/1099-MISC/	1099-NEC		l	anizati	
	organizations	Individual trustee or	Institutional trustee		yee	om pe		1099-NEC)	,			l relate	
	below	idual	tution	er	oldma	est co loyee	Je				orga	nizatio	ons
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former						
1b Subtotal								126,207.		0.	9	7,74	18.
c Total from continuation sheets to Part VII	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								126,207.		0.	2	7,74	<u> 18.</u>
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			1
compensation from the organization											ı	V	<u> </u>
6 5:111												Yes	No
3 Did the organization list any former officer,													v
line 1a? If "Yes," complete Schedule J for so											3		X
4 For any individual listed on line 1a, is the su	•							•	•				Х
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a	•				•			•			5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedule	<i>J T</i> C	or su	icn į	pers	on .					<u> </u>		-25
Complete this table for your five highest cor	mpensated ind	eper	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
the organization. Report compensation for t	•	•											
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	comper	satior	1
ISECURE LLC													
354 N GOODMAN STREET, ROC	HESTER,	N	Y	14	<u>60</u>	7	(COMPUTER SEC	URITY		223	L,32	<u> 20.</u>
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				

\$100,000 of compensation from the organization

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Form 990 (2022) INC.
Part VIII | Statement of Revenue

		Chack if Schodula O contains a room	onco or	note to any lin	o in this Dort VIII			
		Check if Schedule O contains a resp	orise or	note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
			ı					Sections 512 - 514
nts nts	1 a	Federated campaigns 1a						
ira oui		Membership dues1b						
s, (Am	С	Fundraising events1c		458,706.				
# a	d	Related organizations 1d						
s, C	е	Government grants (contributions) 1e						
Sign	f	All other contributions, gifts, grants, and						
ber j		similar amounts not included above 1f		4,701,831.				
햦	g		\$					
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			5,160,537.			
<u> </u>		Totali / Ida iii ii i		Business Code	, , ,			
	•			Buomedo Goue				
ice	2 a							
er v	b							
n S Ten	С	:						
ran 3ev	d							
Program Service Revenue	е							
۵		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends,	interest	, and				
		other similar amounts)			207,789.			207,789.
	4	Income from investment of tax-exempt bond pro		ceeds				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents6a						
	b	Less: rental expenses 6b						
	С							
	d	I. Niet westel in some as (loss)						
		Gross amount from sales of (i) Secur		(ii) Other				
		assets other than inventory $7a = 3,676$,	345.	. ,				
	h	Less: cost or other basis						
o	b	and sales expenses 7b 3,751,	292					
n l	_							
Revenue		, , , , , , , , , , , , , , , , , , , ,			-74,947.			-74,947.
-		Net gain or (loss)			74,547.			74,547.
ther	8 а	Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See		50 O.5				
		Part IV, line 18		50,967.				
	b	Less: direct expenses	8b	54,727.				
	С	Net income or (loss) from fundraising eve			-3,760.			-3,760.
	9 a	Gross income from gaming activities. See						
		Part IV, line 19						
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	es					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	ory					
,				Business Code				
ous •	11 a		[
ane	b							
eVe	С							
Miscellaneous Revenue	d	All other revenue	[
_	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			5,289,619.	0.	0.	129,082.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,407,916. 4,407,916. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 131,455. 45,294. 11,679. 74,482. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 144,592. Other salaries and wages 49,821. 12,846. 81,925. 7 Pension plan accruals and contributions (include 9,286. 3,508. 811. 4,967. section 401(k) and 403(b) employer contributions) 6,386. 1,385. 16,042. 8,271. Other employee benefits 9 21,078. 7,964. 1,840. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 14,819. 14,819. Accounting Lobbying Professional fundraising services. See Part IV, line 17 41,380. 41,380. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 38,140. 3,295. 19,014. 15,831. Office expenses 13 473,350. 472,479. 871. Information technology 14 15 Royalties 13,021. 13,021. 16 Occupancy 4,792. 479. 4.313. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 12,301. 12,301. Depreciation, depletion, and amortization 22 5,850. 5,850. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 16,815. 16,815. DONOR CULTIVATION MISCELLANEOUS 14,470. 7,236. 7,234. С All other expenses 5,365,307. 5,004,378. 134,946. 225,983. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,511,452.	1	105,897.		
	2	Savings and temporary cash investments			524,094.	2	321,914.
	3	Pledges and grants receivable, net	4,613,546.	3	3,070,360.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			5,732.	9	6,241.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	87,654.			
	b	Less: accumulated depreciation	10b	78,031.	21,924.	10c	9,623.
	11	Investments - publicly traded securities			6,478,747.	11	10,128,320.
	12	Investments - other securities. See Part IV, line 1	89,252.	12	89,519.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	4.4.4.04		
	15	Other assets. See Part IV, line 11	0.	15	14,481.		
	16	Total assets. Add lines 1 through 15 (must equ	13,244,747.	16	13,746,355.		
	17	Accounts payable and accrued expenses	5,628.	17	11,262.		
	18	Grants payable	40 100	18	F 000		
	19	Deferred revenue		49,100.	19	5,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
_iak		controlled entity or family member of any of these	-			22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-	·	0.	25	14,481.
	26				54,728.	26	30,743.
	20	Organizations that follow FASB ASC 958, che		e X	31/1201	20	3077131
es		and complete lines 27, 28, 32, and 33.	OK HOL	·			
anc	27	Net assets without donor restrictions			5,678,661.	27	7,749,437.
3ak	28	Net assets with donor restrictions			7,511,358.	28	5,966,175.
Jd E		Organizations that do not follow FASB ASC 9			, . ,		
F		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,190,019.	32	13,715,612.
~	33	Total liabilities and net assets/fund balances			13,244,747.	33	13,746,355.
							Form 990 (2022)

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-147<u>7288 Page **12**</u> INC. Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,289,619. Total revenue (must equal Part VIII, column (A), line 12) 1 5,365,307. Total expenses (must equal Part IX, column (A), line 25) 2 2 -75,688. Revenue less expenses. Subtract line 2 from line 1 3 13,190,019. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 601,282. Net unrealized gains (losses) on investments 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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	13	,71	5,6	<u>13.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

INC 16-1477288 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						9753883.	
	Public support. Subtract line 5 from line 4.						19593614.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	41,115.	89,338.	136,549.	154,151.	207,789.	628,942.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						00056400	
	Total support. Add lines 7 through 10						<u> 29976439.</u>	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here								
				l (f)		44	65.36 %	
	Public support percentage for 2022 (I					15		
	Public support percentage from 2021							
IUa	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
h	33 1/3% support test - 2021. If the o							
b	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
., .	and if the organization meets the fact	_						
	meets the facts-and-circumstances te					vi now the organiz		
b	10% -facts-and-circumstances test	•						
~	more, and if the organization meets the	_						
	organization meets the facts-and-circu				· ·			
18	Private foundation. If the organization				•			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	10		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	40:		
	10b		
lule	A (Forn	n 990)	2022

		. / / 40	<u> </u>	age 5
Ра	rt IV Supporting Organizations (continued)		I	
	Here the consideration are selected as 20 cm and the time from any of the following areas of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		l
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		T.,	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-147<u>7288 Page 8</u> INC. Schedule A (Form 990) 2022 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. Part VI (See instructions.)

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND,

INC.

Employer identification number

16-1477288

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

CHILDREN'S SCHOLARSHIP FUND 8 W, 38TH STREET, 9TH FLOOR NEW YORK, NY 10018 Complete Part If to noncash contributions Complete Part If to noncash	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
CHILDREN'S SCHOLARSHIP FUND 8 W, 38TH STREET, 9TH FLOOR New YORK, NY 10018 Complete Part II for noncash contributions Complete Part II for noncash		, ,		1
S W, 38TH STREET, 9TH FLOOR NEW YORK, NY 10018	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	1	8 W, 38TH STREET, 9TH FLOOR	\$\$	Payroll
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE	(a)		(c)	(d)
BUFFALO, NY 14203 (a) No. Name, address, and ZIP + 4 Total contributions THE JOHN R. OISHEI FOUNDATION 726 EXCHANGE STREET, STE. 510 BUFFALO, NY 14210 (b) No. Name, address, and ZIP + 4 Total contributions (c) (d) Type of contributions Person X Payroll (Complete Part II for noncash contributions) (c) (d) Total contributions (d) Type of contributions (c) (d) Type of contributions (d) Type of contributions (c) (d) Type of contributions ENTRAL NEW YORK TOTAL CONTRIBUTION FOR WESTERN & 250,000. (a) No. Name, address, and ZIP + 4 BUFFALO, NY 14210 (a) (b) (c) (d) Total contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Total contributions TOTAL CONTRIBUTION TOTAL CONTRIBUTION TOTAL CONTRIBUTION TOTAL CONTRIBUTION TOTAL CONTRIBUTION Person X Payroll Noncash (Complete Part II for noncash contributions) (c) (d) Total contributions (c) (d) Type of contributions (d) Type of contributions (c) (d) Type of contributions		THE FOUNDATION OF THE ROMAN CATHOLIC	Total contributions	
No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Type of contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions (b) (c) (d) Total contributions (c) (d) Total contri			\$893,000.	Noncash (Complete Part II for noncash contributions.)
THE JOHN R. OISHEI FOUNDATION 726 EXCHANGE STREET, STE. 510 \$ 469,000.				1
Table Tabl	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	3	726 EXCHANGE STREET, STE. 510	\$\$	Payroll
HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210 (a) No. Name, address, and ZIP + 4 MOTHER CABRINI HEALTH FOUNDATION 777 THIRD AVE, 23RD FLOOR NEW YORK, NY 10017 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (c) Total contributions (d) Type of contributions (c) Total contributions (d) Type of contributions (d) Type of contributions (e) No. Name, address, and ZIP + 4 (f) Total contributions (g) Type of contributions (h) No. Name, address, and ZIP + 4 (g) Total contributions (h) No. Name, address, and ZIP + 4 (h) No. Name, address, and ZIP + 4 (h) No. Name, address in ZIP + 4 (h) No. Name, add				1
No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 MR. & MRS. WILLIAM HUNTRESS MOTHER CABRINI HEALTH FOUNDATION \$ 1,333,333. (c) Noncash (Complete Part II for noncash contributions) (d) Total contributions Person X Payroll Type of contributions Person X Payroll Noncash Noncash Noncash		HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK 726 EXCHANGE STREET, SUITE 518		Payroll
MOTHER CABRINI HEALTH FOUNDATION Person X Payroll Noncash Complete Part II for noncash contribution X YORK, NY 10017 Complete Part II for noncash contribution X YORK No. Name, address, and ZIP + 4 Total contributions You will be a subject to the contribution X Payroll X Payroll X YORK YORK NY 10017 YORK YORK YORK NY 10017 YORK				
No. Name, address, and ZIP + 4 Total contributions Type of contributions MR. & MRS. WILLIAM HUNTRESS Person X Payroll 5554 MAIN STREET \$ 400,000. Noncash		MOTHER CABRINI HEALTH FOUNDATION 777 THIRD AVE, 23RD FLOOR		Person X Payroll
6 MR. & MRS. WILLIAM HUNTRESS Person X Payroll 5554 MAIN STREET \$ 400,000.		• •		1
l ' '		MR. & MRS. WILLIAM HUNTRESS 5554 MAIN STREET	400.000	Person X Payroll

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRISTINE STANDISH & CHRIS WILK 56 LINCOLN PARKWAY BUFFALO, NY 14222	- - \$\$325,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zii + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions *	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tallio, addi coo, alla Ell TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trumo, addi 000, and Ell TT	- \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

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

Employer identification number

Name of organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC. 16-1477288 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC.

Employer identification number 16-1477288

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ed)		
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that make	significant	use of its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.			
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other simila	ar assets					
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes	☐ No		
Par	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organization	n answered "Yes" o	n Form 990	0, Part IV, I	ine 9, or			
	reported an amount on Form 990, Par	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets no	t included		_			
	on Form 990, Part X?						Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII a									
							Amount			
С	Beginning balance				1c					
d	Additions during the year				1d					
	Distributions during the year									
f	Ending balance				1f					
2a	Did the organization include an amount on Fo				ility?		Yes	No		
b	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	m 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back		
1a	Beginning of year balance	3,318,610.	3,377,555.	1,880,739.						
b	Contributions	989,900.	814,691.	1,047,129.	1,9	929,735.				
	Net investment earnings, gains, and losses	271,693.	-873,636.	449,687.	-	48,996.				
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	4,580,203.	3,318,610.	3,377,555.	1,8	380,739.				
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	held as:						
а	Board designated or quasi-endowment	.0000	%							
b	Permanent endowment 100	%								
С	Term endowment .0000	6								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for	the					
	organization by:						Y	'es No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.							
Pai	rt VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Part >	(, line 10.					
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation									
1a	Land									
	Buildings									
			1	5,603.	14,4	68.	1	,135.		
	Equipment		4	9,561.	41,0	73.	8	,488.		
	Other		2	2,490.	22,4	90.		0.		
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 10	Oc.)			9	,623.		

Schedule E) (Form 990) 2022	INC.	

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	ial derivatives			
	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	I Investments - Program Related.	Į.		
	Complete if the organization answered "Yes"	on 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 en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	l		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	a 15)		
Part X	Other Liabilities.	- 10.)		I
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability		, ,	(b) Book value
	deral income taxes			
	EASE LIABILITY			14,481.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				1 4 4 0 1
	uman (b) mount agual Farma 000 Day V and (D) I'	o 0E \		14451
	<u>umn (b) must equal Form 990, Part X, col. (B) line</u> y for uncertain tax positions. In Part XIII, provide			14,481.

Schedule D (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-1477288 Page 4 INC. Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,892,976. 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: 601,282. Net unrealized gains (losses) on investments 2a 43,456. 2b Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) 644,738. Add lines 2a through 2d 2e 5,248,238. Subtract line 2e from line 1 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 41,380. 4a Other (Describe in Part XIII.) 41,380. c Add lines 4a and 4b 4c 5,289,618. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,367,383. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 43,456. a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) 2d 43,456. Add lines 2a through 2d 2e 5,323,927. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 41.380. a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 41,380. c Add lines 4a and 4b 4c 5,365,307. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE BIS	ON CHILDREN'S SCHOI	LARS	SHIE	FUND,			ntification number
INC.						16-1477	288
Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from reg	gistration

Schedule G (Form 990) 2022

1	6 –	14	77	28	8	Page 2
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BISON NONE (add col. (a) through LUNCHEON col. (c)) (event type) (event type) (total number) 509,673. 509,673. Gross receipts 458,706. 458,706. 2 Less: Contributions 50,967. 50,967. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 31,961. 31,961. 7 Food and beverages 8 Entertainment 22,766. 22,766. Other direct expenses 54,727. 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,760. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Sch	edule G (Form 990) 2022 INC. 16-	<u> 1477</u>	288	Page 3						
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	No						
13	Indicate the percentage of gaming activity conducted in:									
	The organization's facility	13a		%						
	An outside facility	13b		%						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,						
•	Name									
	Address									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No						
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount									
	of gaming revenue retained by the third party \$									
,	: If "Yes," enter name and address of the third party:									
	The first half and address of the time party.									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation \$									
	Description of services provided									
	☐ Director/officer ☐ Employee ☐ Independent contractor									
17	Mandatory distributions:									
á	s the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?	. Ш	Yes	∟ No						
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
_	organization's own exempt activities during the tax year \$									
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, Iir	nes 9, 9	9b, 10b,						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									
_										

232083 10-27-22 Schedule G (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Schedule G	(Form 990) INC.	16-1477288	Page 4
Part IV	(Form 990) INC . Supplemental Information (continued)		
	(to the state of		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. THE BISON CHILDREN'S SCHOLARSHIP FUND,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC.							16-1477288				
Part I General Information on Grants a	and Assistance					_					
Does the organization maintain records	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
	criteria used to award the grants or assistance?										
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
 Enter total number of section 501(c)(3) a Enter total number of other organization 			e line 1 table								

INFORM BISON IF A STUDENT HAS LEFT THE SCHOOL AND THE REASON. BISON

16-1477288

Page 2

INC. Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRIVATELY FUNDED TUITION ASSISTANCE PROGRAM FOR DISADVANTAGED CHILDREN	1920	0.	4,407,916.		
DIONDVANTAGED CHILDNEN	1320		4,407,510.		
Part IV Supplemental Information. Provide the information red	guirod in Dort L lin	o 2: Dort III. oolumn	(b): and any other as	Iditional information	
	quireu in Part i, iiri	e z, Part III, Columni	(b), and any other ac	iditional information.	
PART III, COLUMN (A):					
PRIVATELY FUNDED TUITION ASSISTANCE	E PROGRAM	FOR ECONO	MICALLY		
DISADVANTAGED CHILDREN LIVING IN W	ESTERN NE	W YORK. E	AMILIES CH	OSEN TO	
RECEIVE ASSISTANCE ARE ABLE TO SEN	D THEIR C	HILD TO A	PRIVATE GR	AMMAR	
SCHOOL OF CHOICE.					
FORM 990					
THE ORGANIZATION PAYS THE SCHOLARS	HIPS DIRE	CTLY TO TH	HE SCHOOLS	ON	
BEHALF OF THE CHILDREN (NOT THE PA	RENTS).	THE SCHOOT	J IS RESPON	SIBLE TO	
DESCRIPTION OF THE PROPERTY OF		TILL DOILOOL	L IN THEFTON	<u> </u>	

THE BISON CHILDREN'S SCHOLARSHIP FUND,

16-1477288 Page 2 INC. Schedule I (Form 990) Part IV | Supplemental Information STUDENTS ARE ELIGIBLE TO TRANSFER TO A DIFFERENT PRIVATE SCHOOL WITH THEIR SCHOLARSHIP. IF A STUDENT LEAVES THE PROGRAM, THERE IS A 6 MONTH GRACE PERIOD IF THEY WISH TO RETURN TO THE SCHOOL AND THEIR SCHOLARSHIP IS REACTIVATED. HOWEVER STUDENTS THAT LEAVE BECAUSE THEY HAVE BEEN EXPELLED IMMEDIATELY LOSE THEIR SCHOLARSHIP PERMANENTLY.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, TNC

Employer identification number 16-1477288

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION IS TO BROADEN THE EDUCATIONAL OPPORTUNITIES FOR WESTERN NEW YORK CHILDREN BY HELPING LOW-INCOME FAMILIES AFFORD THE COST OF PRIVATE K-12 SCHOOLS.

PART VI, SECTION B, LINE 11B: FORM 990,

A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

WRITTEN CONFLICT OF INTEREST CONFIRMATION FORM IS REQUIRED TO BE FILED WITH THE ORGANIZATION WHEN AN INDIVIDUAL BECOMES A BOARD MEMBER. ANNUAL BASIS WITH THE ELECTION OF THE NEW BOARD MEMBERS THE ORGANIZATION REVISITS ALL RELATIONSHIPS WITH OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ENSURE THAT NO CONFLICTS OF INTEREST AS DEFINED IN THE WRITTEN POLICY EXIST.

FORM 990, PART VI, SECTION B, LINE 15A:

ON AN ANNUAL BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE OFFICERS/EXECUTIVE COMMITTEE WITH RESPECT TO THE COMPENSATION OF THE ORGANIZATION'S TWO EMPLOYEES FOR REVIEW AND APPROVAL. SUCH INFORMATION INCLUDES COMPARABLE DATA FROM SIMILAR SIZED TAX EXEMPT ORGANIZATIONS IN THE WESTERN NEW YORK COMMUNITY OF SIMILAR SIZE, DEMOGRAPHICS, AND GEOGRAPHY. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE OFFICERS/EXECUTIVE COMMITTE IS DOCUMENTED IN THE ORGANIZATIONS PAYROLL

RECORDS.

Schedule O (Form 990) 2022 Page 2 THE BISON CHILDREN'S SCHOLARSHIP FUND, Name of the organization **Employer identification number** 16-1477288 INC. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PART XII, LINE 2C THE BISON SCHOLARSHIP FUND HAS IN PLACE A GOVERNANCE & AUDIT COMMITTEE THAT IS CHARGED WITH ENGAGING, MEETING, EVALUATING AND HIRING OF THE INDEPENDENT AUDITOR. THE COMMITTEE IS ALSO CHARGED WITH DEFINING AND MONITORING THE SCOPE OF THE AUDIT AND REVIEW OF THE FINANCIAL STATEMENTS AMONG OTHER DUTIES.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

The Bison Children's Scholarship Fund, Inc. 284 Delaware Avenue Buffalo, NY 14202

Prepared By:

Tronconi Segarra & Associates LLP 8321 Main Street Williamsville, NY 14221

Amount of Tax:

Balance due of \$775

Make Check Payable To:

Not applicable – Payment will be made online

Mail Tax Return To:

This return has been prepared for electronic filing. Do not mail the paper copy of your return to NYS Charities Bureau.

Return Must Be Filed On Or Before:

Complete electronic signatures by the earlier of within 10 days of receipt of e-mail from the NYS Charities Bureau or

Special Instructions:

Form CHAR500 has been prepared for electronic filing via the NYS Charities Bureau website. Form CHAR500 should be signed electronically by the Organization's authorized individual(s).

The authorized individual(s) will receive an email from the Charities Bureau and Office of Attorney General requesting CHAR500 signatures. Signatures must be applied within 10 days of receipt of this email or the filing will expire.

Once signed by the signatories, Form CHAR500 will be submitted to the Office of Attorney General for approval. Once approved, payment will be made on your behalf and amount will be billed with our professional fees invoice.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

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i.Generai	Information
Gonorai	milomination

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2022 and Ending (mm/dd/yyyy) 06/30/2023												
Check if Applicable: Address Change	Name of Organization: THE BISON CHIL	DREN'S SCHOLAF	RSHIP FUND, I	Employer Identification Number (EIN): 16-1477288								
Name Change Initial Filing	Mailing Address: 284 DELAWARE A	VENUE		NY Registration Number: 05-47-03								
Final Filing	City / State / ZIP: Telephone: 716 854-0869											
· · · · · · · · · · · · · · · · · · ·												
Reg ID Pending	Website: WWW.BISONFUND.	COM		Email: WWW.BISONFUND.COM								
Check your organization's	5			Confirm your Designation Cotogony in the								
registration category:	7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.charitiesNYS.com .								
2. Certification												
	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires								
two signatories.												
	penalties of perjury that we revi e true, correct and complete ir			best of our knowledge and belief, oplicable to this report.								
President or Authorized	Officer:		PAUL D. BATPRESIDENT	UER								
	Signature			e and Title Date								
			DENNIS J.									
Chief Financial Officer of			VICE PRESI	_								
	Signature		Print Nam	e and Title Date								
3. Annual Reporting	g Exemption											
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both								
_				ed Char500. No fee, schedules, or								
		n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable								
schedules and attachmer	nts and pay applicable fees.											
3a 7A filir	ng exemption: Total contribution	ons from NY State including	residents foundations or	overnment agencies, etc. did not								
	<u> </u>			raising counsel (FRC) to solicit								
contribution	ons during the fiscal year.											
		ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time								
during the	fiscal year.											
4. Schedules and A	ttachments											
See the following page												
for a checklist of	Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund r	raising counsel or commercial co-venturer								
schedules and		raising activity in NY State?										
attachments to	attachments to											
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.												
5. Fee	5. Fee											
See the checklist on the	See the checklist on the 7A filing fee: FPTL filing fee: Total fee:											
next page to calculate yo	ur			Make a single check or money order payable to:								
fee(s). Indicate fee(s) you	φ ος		Φ 775	payable to. "Department of Law"								
are submitting here:	\$ <u>25.</u>	\$ <u>750.</u>	\$ <u>775.</u>									

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

268451 01-24-23 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:									
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (I If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants								
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cont disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue filing year. We have included an IRS Form 990-EZ for state purposes only.									
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total revenue No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re	and up to \$1,000,000 and the fiscal year begins on or after July 1, 2021. nue and support is greater than \$750,000 rt is less than \$250,000								
Calculate Your Fee									
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:								
\$0, if you checked the 7A exemption in Part 3a \$\tilde{X}\$ \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")								
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.								
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.								
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.								
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .								
Send Your Filing	Where do I find my organization's NET WORTH?								

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Department of the Treasury

EXTENDED TO MAY 15, 2024 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

Interr	nal Reve	nue Service Go to www.iis.gov/Formaso for instructions and tr	ie ialesi ii	normation.	mspection
A F	or th	e 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and $$	ending ਹ	JUN 30, 2023	
B (heck if	C Name of organization	_	D Employer identific	cation number
a	pplicab	THE BISON CHILDREN'S SCHOLARSHIP FUND,		B Employer Identific	sation number
	⊣Addre				
	_ chano ¬Name	e LNC.			
	chang		16-14772	88	
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final	284 DELAWARE AVENUE		(716) 85	4-0869
	return termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,095,638.	
	□Amen				
	return Applie tion			H(a) Is this a group re	
	⊥tiòn pendi			for subordinates	····· = =
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I T</u>	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
JV	Vebsi	te: WWW.BISONFUND.COM		H(c) Group exemptio	n number
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	State of legal domicile: NY
	art I	Summary		·	-
	1	Briefly describe the organization's mission or most significant activities: FOUND	DED IN	г 1995 ТИЕ Г	BISON
ė	'	CHILDREN'S SCHOLARSHIP FUND IS A PRIVATELY	V FIINI	OFD OPCANIZA	TTON WHOSE
ä	١.				
E.	2	Check this box if the organization discontinued its operations or dispose	ed of more	1 1	
Š	3			3	15
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
Š	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	4
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	50
≨	7 a			7a	0.
¥	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u></u>	The unrelated business taxable income norm of 11 330-1,1 art 1, line 11		Prior Year	Current Year
	١_	.		6,321,258.	5,160,537.
ē	8	Contributions and grants (Part VIII, line 1h)			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		117,338.	132,842.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,853.	-3,760.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,442,449.	5,289,619.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,327,346.	4,407,916.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		302,887.	322,453.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en e	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 225,98		0.	<u> </u>
ă	b			222 222	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,283.	634,938.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,913,516.	5,365,307.
	19	Revenue less expenses. Subtract line 18 from line 12		1,528,933.	-75,688.
Or Ses			Be	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		13,244,747.	13,746,355.
Ass Bal	21	Total liabilities (Part X, line 26)		54,728.	30,743.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		13,190,019.	13,715,612.
	rt II	Signature Block		13,130,013.	13,713,012.
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and beliet, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sign	n	Signature of officer		Date	
Her	е	DENNIS SZYMKOWIAK, VICE PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Daid	ı	MICHAEL B. DOLAN, CPA MICHAEL B. DOLAN		if	
Paid			, CF		
-	arer	Firm's name TRONCONI SEGARRA & ASSOCIATES LLP		Firm's EIN 0	4-3728817
Use	Only	Firm's address 8321 MAIN STREET		, =	46) 600 40-0
		WILLIAMSVILLE, NY 14221		l Phone no. (7	16) 633-1373

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

No

X Yes

		ıge ∠
Pa	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: FOUNDED IN 1995, THE BISON CHILDREN'S SCHOLARSHIP FUND IS A PRIVATELY	
	FUNDED ORGANIZATION WHOSE MISSION IS TO BROADEN THE EDUCATIONAL	
	OPPORTUNITIES FOR WESTERN NEW YORK CHILDREN BY HELPING LOW-INCOME	
	FAMILIES AFFORD THE COST OF PRIVATE K-12 SCHOOLS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?] No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,004,378. including grants of \$ 4,407,916.) (Revenue \$)	
4a	(Code:) (Expenses \$5, UU4, 378. including grants of \$4, 4U7, 916.) (Revenue \$)
	OUR CHILDREN IS A QUALITY EDUCATION. FOR FAMILIES OF MODEST MEANS,	
	ACCESS TO QUALITY EDUCATION IS MADE POSSIBLE BY THE BISON CHILDREN'S	
	SCHOLARSHIP FUND. FOR 28 YEARS, MEMBERS OF OUR COMMUNITY, HAVE HELPED	
	FUND 39,000 SCHOLARSHIPS FOR LOW-INCOME CHILDREN TO ATTEND SCHOOLS OF	
	THEIR CHOICE. BISON IS THE ONLY K-12 SCHOLARSHIP PROGRAM IN WNY, AND	
	THE 5TH LARGEST K-8 PROGRAM NATIONALLY. BISON SUPPORTS 1,920 STUDENTS	
	ATTENDING 80 K-12 SCHOOLS ACROSS WNY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
	Otherway and in a (Decelle or Other Le O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \frac{\text{5,004,378.}}{}	

Form 990 (2022) INC . Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		_V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		├ <u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		77
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE h		x
06	Schedule L, Part I	25b		_^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			L
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

If "Yes," complete Form 6069.

17

INC 16-1477288 Page 5 Form 990 (2022 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 Section C. Disclosure NY List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records

14202

CLARA MORAN - (716) 854-0869 284 DELAWARE AVENUE, BUFFALO,

INC. 16-1477288 Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	mzu		C)	iperi	ioati	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY E. POPADICK	40.00									
EXECUTIVE DIRECTOR				Х				126,207.	0.	9,748.
(2) REP. CHRISTOPHER L. JACOBS	10.00									
PRESIDENT		X		X				0.	0.	0.
(3) DENNIS J. SZYMKOWIAK	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANDREW L. FORS	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JONATHAN AMOIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) THOMAS R. BEECHER, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KRISTIN BAUER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) PAUL BAUER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TOD D. MARTIN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL L. MCCABE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NANCY A. NAPLES	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) REV. JOSEPH S. ROGLIANO	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) CHRISTINE STANDISH	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) BETSY SULLIVAN	1.00									0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) KELLIE M. ULRICH	1.00	3,7							0	•
BOARD MEMBER	1 00	Х	_		_		_	0.	0.	0.
(16) SHAWN T. PEARCE	1.00	v						0.	0.	0
BOARD MEMBER		Х	\vdash	\vdash	\vdash			1	U •	0.
		ł								
								<u> </u>		000

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per		not c	Posi heck i	itior more	than		(D) Reportable compensation	(E) Reportable compensation			(F) stimate nount	
	week (list any hours for related organizations below line)			Officer Officer			tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	d s	com fr org	other pensa om the anizati d relate anizatio	ation e ion ed
		•											
1b Subtotal c Total from continuation sheets to Part VII								126,207.		0.		9,74	48. 0.
d Total (add lines 1b and 1c)								126,207.		0.		9,74	
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,	UUU of reportable	•		v l	1
3 Did the organization list any former officer,		ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	oyee on			Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	ensa	tion	and	oth	•	ne organization		3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		X
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•								oensat	ion fro	om	
(A) Name and business				. <u>g</u>				(B) Description of s		С	(Compe) nsatio	n
ISECURE LLC 354 N GOODMAN STREET, ROC	HESTER.	N	Y	14	60	7		COMPUTER SEC	JR T T Y		2.2	1,3	20.
						•						_, .	
2 Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				

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Form 990 (2022) INC.
Part VIII | Statement of Revenue

		Chack if Schodula O contains a room	onco or	noto to ony lin	o in this Dort VIII			
		Check if Schedule O contains a resp	orise or	note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
			ı					Sections 512 - 514
nts nts	1 a	Federated campaigns 1a						
ira oui		Membership dues1b						
s, (Am	С	Fundraising events1c		458,706.				
# a	d	Related organizations 1d						
s, C	е	Government grants (contributions) 1e						
Sign	f	All other contributions, gifts, grants, and						
ber j		similar amounts not included above 1f		4,701,831.				
햦	g		\$					
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			5,160,537.			
<u> </u>		Totali / Ida iii ii i		Business Code	, , ,			
	•			Buomedo Goue				
ice	2 a							
er v	b							
n S	С	:						
ran 3ev	d							
Program Service Revenue	е							
Д		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends,	interest	, and				
		other similar amounts)			207,789.			207,789.
	4	Income from investment of tax-exempt be	ond pro	ceeds				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents6a						
	b	Less: rental expenses 6b						
	С							
	d	I. Niet westel in some as (loss)						
		Gross amount from sales of (i) Secur		(ii) Other				
		assets other than inventory $7a = 3,676$,	345.	. ,				
	h	Less: cost or other basis						
o	b	and sales expenses 7b 3,751,	292					
n l	_							
Revenue		, , , , , , , , , , , , , , , , , , , ,			-74,947.			-74,947.
-		Net gain or (loss)			74,547.			74,547.
ther	8 а	Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See		50 O.5				
		Part IV, line 18		50,967.				
	b	Less: direct expenses	8b	54,727.				
	С	Net income or (loss) from fundraising eve			-3,760.			-3,760.
	9 a	Gross income from gaming activities. See						
		Part IV, line 19						
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	es					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	ory					
,				Business Code				
ous •	11 a		[
ane	b							
eVe	С							
Miscellaneous Revenue	d	All other revenue	[
_	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			5,289,619.	0.	0.	129,082.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,407,916. 4,407,916. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 131,455. 45,294. 11,679. 74,482. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 144,592. Other salaries and wages 49,821. 12,846. 81,925. 7 Pension plan accruals and contributions (include 9,286. 3,508. 811. 4,967. section 401(k) and 403(b) employer contributions) 6,386. 1,385. 16,042. 8,271. Other employee benefits 9 21,078. 7,964. 1,840. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 14,819. 14,819. Accounting Lobbying Professional fundraising services. See Part IV, line 17 41,380. 41,380. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 38,140. 3,295. 19,014. 15,831. Office expenses 13 473,350. 472,479. 871. Information technology 14 15 Royalties 13,021. 13,021. 16 Occupancy 4,792. 479. 4.313. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 12,301. 12,301. Depreciation, depletion, and amortization 22 5,850. 5,850. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 16,815. 16,815. DONOR CULTIVATION MISCELLANEOUS 14,470. 7,236. 7,234. С All other expenses 5,365,307. 5,004,378. 134,946. 225,983. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,511,452.	1	105,897.
	2	Savings and temporary cash investments	524,094.	2	321,914.		
	3	Pledges and grants receivable, net		4,613,546.	3	3,070,360.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per				
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			5,732.	9	6,241.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	87,654.			
	b	Less: accumulated depreciation	10b	78,031.	21,924.	10c	9,623.
	11	Investments - publicly traded securities			6,478,747.	11	10,128,320.
	12	Investments - other securities. See Part IV, line 1	89,252.	12	89,519.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14	4.4.4.04		
	15	Other assets. See Part IV, line 11			0.	15	14,481.
	16	Total assets. Add lines 1 through 15 (must equ			13,244,747.	16	13,746,355.
	17	Accounts payable and accrued expenses	5,628.	17	11,262.		
	18	Grants payable			40 100	18	F 000
	19	Deferred revenue			49,100.	19	5,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Liak		controlled entity or family member of any of these	-			22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-	·	0.	25	14,481.
	26				54,728.	26	30,743.
	20	Organizations that follow FASB ASC 958, che		e X	31/1201	20	3077131
es		and complete lines 27, 28, 32, and 33.	OK HOL	·			
anc	27	Net assets without donor restrictions			5,678,661.	27	7,749,437.
3ak	28	Net assets with donor restrictions			7,511,358.	28	5,966,175.
Jd E		Organizations that do not follow FASB ASC 9			, . ,		
F		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,190,019.	32	13,715,612.
~	33	Total liabilities and net assets/fund balances			13,244,747.	33	13,746,355.
							Form 990 (2022)

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-147<u>7288 Page **12**</u> INC. Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,289,619. Total revenue (must equal Part VIII, column (A), line 12) 1 5,365,307. Total expenses (must equal Part IX, column (A), line 25) 2 2 -75,688. Revenue less expenses. Subtract line 2 from line 1 3 13,190,019. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 601,282. Net unrealized gains (losses) on investments 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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	13	,71	5,6	<u>13.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

INC 16-1477288 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

16-1477288 Page 2

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						9753883.	
	Public support. Subtract line 5 from line 4.						19593614.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	3581499.	7742473.	6541730.	6321258.	5160537.	29347497.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	41,115.	89,338.	136,549.	154,151.	207,789.	628,942.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						00056400	
	Total support. Add lines 7 through 10						<u> 29976439.</u>	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here								
				l (f)		44	65.36 %	
	Public support percentage for 2022 (I					15		
	Public support percentage from 2021							
IUa	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
h	33 1/3% support test - 2021. If the o							
b	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
., .	and if the organization meets the fact	_						
	meets the facts-and-circumstances te					vi now the organiz		
b	10% -facts-and-circumstances test	•	•					
~	more, and if the organization meets the	_						
	organization meets the facts-and-circu				· ·			
18	Private foundation. If the organization				•			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
C-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	10		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	40:		
	10b		
lule	A (Forn	n 990)	2022

		. / / 40	<u> </u>	age 5
Ра	rt IV Supporting Organizations (continued)		I	
	Here the consideration are selected as 20 cm and the time from any of the following areas of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		l
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		T.,	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-147<u>7288 Page 8</u> INC. Schedule A (Form 990) 2022 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. Part VI (See instructions.)

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND,

INC.

Employer identification number

16-1477288

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

CHILDREN'S SCHOLARSHIP FUND 8 W, 38TH STREET, 9TH FLOOR NEW YORK, NY 10018 Complete Part If to noncash contributions Complete Part If to noncash	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
CHILDREN'S SCHOLARSHIP FUND 8 W, 38TH STREET, 9TH FLOOR New YORK, NY 10018 Complete Part II for noncash contributions Complete Part II for noncash		, ,		1
S W, 38TH STREET, 9TH FLOOR NEW YORK, NY 10018	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	1	8 W, 38TH STREET, 9TH FLOOR	\$\$	Payroll
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE	(a)		(c)	(d)
BUFFALO, NY 14203 (a) No. Name, address, and ZIP + 4 Total contributions THE JOHN R. OISHEI FOUNDATION 726 EXCHANGE STREET, STE. 510 BUFFALO, NY 14210 (b) No. Name, address, and ZIP + 4 Total contributions (c) (d) Type of contributions Person X Payroll (Complete Part II for noncash contributions) (c) (d) Total contributions (d) Type of contributions (c) (d) Type of contributions (d) Type of contributions (c) (d) Type of contributions EENTRAL NEW YORK TOTAL CONTRIBUTION FOR WESTERN & 250,000. (a) No. Name, address, and ZIP + 4 BUFFALO, NY 14210 (a) (b) (c) (d) Total contributions (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Total contributions TOTAL CONTRIBUTION TOTAL STATES SATURE AND STATES SAT		THE FOUNDATION OF THE ROMAN CATHOLIC	Total contributions	
No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Type of contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions (b) (c) (d) Total contributions (c) (d) Total contri			\$893,000.	Noncash (Complete Part II for noncash contributions.)
THE JOHN R. OISHEI FOUNDATION 726 EXCHANGE STREET, STE. 510 \$ 469,000.				1
Table Tabl	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	3	726 EXCHANGE STREET, STE. 510	\$\$	Payroll
HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210 (a) No. Name, address, and ZIP + 4 MOTHER CABRINI HEALTH FOUNDATION 777 THIRD AVE, 23RD FLOOR NEW YORK, NY 10017 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (c) Total contributions (d) Type of contributions (c) Total contributions (d) Type of contributions (d) Type of contributions (e) No. Name, address, and ZIP + 4 (f) Total contributions (g) Type of contributions (h) No. Name, address, and ZIP + 4 (g) Total contributions (h) No. Name, address, and ZIP + 4 (c) Total contributions (d) Type of contributions (d) Type of contributions (e) Total contributions (f) No. Name, address, and ZIP + 4 (g) No. Name, address, and ZIP + 4 (h) No. Name, add				1
No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 MR. & MRS. WILLIAM HUNTRESS MOTHER CABRINI HEALTH FOUNDATION \$ 1,333,333. (c) Noncash (Complete Part II for noncash contributions) (d) Total contributions Person X Payroll Type of contributions Person X Payroll Noncash Noncash Noncash		HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK 726 EXCHANGE STREET, SUITE 518		Payroll
MOTHER CABRINI HEALTH FOUNDATION Person X Payroll Noncash Complete Part II for noncash contribution X YORK, NY 10017 Complete Part II for noncash contribution X YORK No. Name, address, and ZIP + 4 Total contributions You will be a subject to the contribution X Payroll X Payroll X YORK YORK NY 10017 YORK YORK YORK NY 10017 YORK				
No. Name, address, and ZIP + 4 Total contributions Type of contributions MR. & MRS. WILLIAM HUNTRESS Person X Payroll 5554 MAIN STREET \$ 400,000. Noncash		MOTHER CABRINI HEALTH FOUNDATION 777 THIRD AVE, 23RD FLOOR		Person X Payroll
6 MR. & MRS. WILLIAM HUNTRESS Person X Payroll 5554 MAIN STREET \$ 400,000.		• •		1
l ' '		MR. & MRS. WILLIAM HUNTRESS 5554 MAIN STREET	400.000	Person X Payroll

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRISTINE STANDISH & CHRIS WILK 56 LINCOLN PARKWAY BUFFALO, NY 14222	- - \$\$325,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zii + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions *	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tallio, addi coo, alla Ell TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trumo, addi 000, and Ell TT	- \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
THE BISON CHILDREN'S SCHOLARSHIP FUND,
INC.

Employer identification number
16-1477288

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

Employer identification number

Name of organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC. 16-1477288 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC.

Employer identification number 16-1477288

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ed)			
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that make	significant	use of its					
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exch	nange program							
b	b Scholarly research e Other										
С	c Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other simila	ar assets						
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes	☐ No			
Par	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organization	n answered "Yes" o	n Form 990	0, Part IV, I	ine 9, or				
	reported an amount on Form 990, Par	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets no	t included		_				
	on Form 990, Part X?						Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII a										
							Amount				
С	Beginning balance				1c						
d	Additions during the year				1d						
	Distributions during the year										
f	Ending balance				1f						
2a	Did the organization include an amount on Fo				ility?		Yes	No			
b	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	m 990, Part IV, line	10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back			
1a	Beginning of year balance	3,318,610.	3,377,555.	1,880,739.							
b	Contributions	989,900.	814,691.	1,047,129.	1,9	929,735.					
	Net investment earnings, gains, and losses	271,693.	-873,636.	449,687.	-	48,996.					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	4,580,203.	3,318,610.	3,377,555.	1,8	380,739.					
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	held as:							
а	Board designated or quasi-endowment	.0000	%								
b	Permanent endowment 100	%									
С	Term endowment .0000	6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for	the						
	organization by:						Y	'es No			
	(i) Unrelated organizations						3a(i)	X			
	(ii) Related organizations						3a(ii)	X			
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b				
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.								
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Part >	(, line 10.						
	Description of property	(a) Cost or of basis (investm		1 ' '	Accumulat epreciation	I	(d) Book	/alue			
1a	Land										
	Buildings										
			1	5,603.	14,4	68.	1	,135.			
	Equipment		4	9,561.	41,0	73.	8	,488.			
	Other		2	2,490.	22,4	90.		0.			
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 10	Oc.)			9	,623.			

Schedule E) (Form 990) 2022	INC.	

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	ial derivatives			
	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	I Investments - Program Related.	Į.		
	Complete if the organization answered "Yes"	on 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 en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	l		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	a 15)		
Part X	Other Liabilities.	- 10.)		I
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability		, ,	(b) Book value
	deral income taxes			
	EASE LIABILITY			14,481.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				1 4 4 0 1
	uman (b) mount agual Farma 000 Day V and (D) I'	o 05 \		14451
	<u>umn (b) must equal Form 990, Part X, col. (B) line</u> y for uncertain tax positions. In Part XIII, provide			14,481.

Schedule D (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-1477288 Page 4 INC. Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,892,976. 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: 601,282. Net unrealized gains (losses) on investments 2a 43,456. 2b Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) 644,738. Add lines 2a through 2d 2e 5,248,238. Subtract line 2e from line 1 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 41,380. 4a Other (Describe in Part XIII.) 41,380. c Add lines 4a and 4b 4c 5,289,618. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,367,383. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 43,456. a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) 2d 43,456. Add lines 2a through 2d 2e 5,323,927. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 41.380. a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 41,380. c Add lines 4a and 4b 4c 5,365,307. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE BIS	ON CHILDREN'S SCHOI	LARS	SHIE	FUND,			ntification number
INC.						16-1477	288
Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from reg	gistration

Schedule G (Form 990) 2022

1	6 –	14	77	28	8	Page 2
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BISON NONE (add col. (a) through LUNCHEON col. (c)) (event type) (event type) (total number) 509,673. 509,673. Gross receipts 458,706. 458,706. 2 Less: Contributions 50,967. 50,967. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 31,961. 31,961. 7 Food and beverages 8 Entertainment 22,766. 22,766. Other direct expenses 54,727. 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,760. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Sch	edule G (Form 990) 2022 INC. 16-	<u> 1477</u>	288	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
•	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
,	: If "Yes," enter name and address of the third party:			
	The first half and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, Iir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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232083 10-27-22 Schedule G (Form 990) 2022

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Schedule G	(Form 990) INC.	16-1477288	Page 4
Part IV	(Form 990) INC . Supplemental Information (continued)		
	(contract of the contract of		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. THE BISON CHILDREN'S SCHOLARSHIP FUND,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC.							16-1477288			
Part I General Information on Grants a	and Assistance					_				
Does the organization maintain records	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
	criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's pr										
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.						
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
 Enter total number of section 501(c)(3) a Enter total number of other organization 			e line 1 table							

INFORM BISON IF A STUDENT HAS LEFT THE SCHOOL AND THE REASON. BISON

16-1477288

Page 2

INC. Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PRIVATELY FUNDED TUITION ASSISTANCE PROGRAM FOR	1920	0.	4 407 016		
DISADVANTAGED CHILDREN	1920	U.	4,407,916.		
Part IV Complemental Information Describe the information on	nuined in Dark Library	a Or David III. a a human	(b) and any other as	laliki a na li infa wasaki a n	
Part IV Supplemental Information. Provide the information reconstruction	quired in Part I, IIn	e 2; Part III, column	(b); and any other ac	iditional information.	
PART III, COLUMN (A):					
PRIVATELY FUNDED TUITION ASSISTANCE	E PROGRAM	FOR ECONO	MICALLY		
DISADVANTAGED CHILDREN LIVING IN W	ESTERN NE	W YORK. F	FAMILIES CH	OSEN TO	
RECEIVE ASSISTANCE ARE ABLE TO SEN	D THEIR C	HILD TO A	PRIVATE GR	AMMAR	
SCHOOL OF CHOICE.					
FORM 990					
THE ORGANIZATION PAYS THE SCHOLARS	HIPS DIRE	CTLY TO TH	HE SCHOOLS	ON	
BEHALF OF THE CHILDREN (NOT THE PA	RENTS).	THE SCHOOL	J IS RESPON	SIBLE TO	
	,				

THE BISON CHILDREN'S SCHOLARSHIP FUND,

16-1477288 Page 2 INC. Schedule I (Form 990) Part IV | Supplemental Information STUDENTS ARE ELIGIBLE TO TRANSFER TO A DIFFERENT PRIVATE SCHOOL WITH THEIR SCHOLARSHIP. IF A STUDENT LEAVES THE PROGRAM, THERE IS A 6 MONTH GRACE PERIOD IF THEY WISH TO RETURN TO THE SCHOOL AND THEIR SCHOLARSHIP IS REACTIVATED. HOWEVER STUDENTS THAT LEAVE BECAUSE THEY HAVE BEEN EXPELLED IMMEDIATELY LOSE THEIR SCHOLARSHIP PERMANENTLY.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BISON CHILDREN'S SCHOLARSHIP FUND, INC.

Employer identification number 16-1477288

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION IS TO BROADEN THE EDUCATIONAL OPPORTUNITIES FOR WESTERN NEW

YORK CHILDREN BY HELPING LOW-INCOME FAMILIES AFFORD THE COST OF PRIVATE

K-12 SCHOOLS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE
IT IS FILED FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

A WRITTEN CONFLICT OF INTEREST CONFIRMATION FORM IS REQUIRED TO BE FILED
WITH THE ORGANIZATION WHEN AN INDIVIDUAL BECOMES A BOARD MEMBER. ON AN
ANNUAL BASIS WITH THE ELECTION OF THE NEW BOARD MEMBERS THE ORGANIZATION
REVISITS ALL RELATIONSHIPS WITH OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO
ENSURE THAT NO CONFLICTS OF INTEREST AS DEFINED IN THE WRITTEN POLICY
EXIST.

FORM 990, PART VI, SECTION B, LINE 15A:

ON AN ANNUAL BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE

OFFICERS/EXECUTIVE COMMITTEE WITH RESPECT TO THE COMPENSATION OF THE

ORGANIZATION'S TWO EMPLOYEES FOR REVIEW AND APPROVAL. SUCH INFORMATION

INCLUDES COMPARABLE DATA FROM SIMILAR SIZED TAX EXEMPT ORGANIZATIONS IN THE

WESTERN NEW YORK COMMUNITY OF SIMILAR SIZE, DEMOGRAPHICS, AND GEOGRAPHY.

REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE

OFFICERS/EXECUTIVE COMMITTE IS DOCUMENTED IN THE ORGANIZATIONS PAYROLL

RECORDS.

Schedule O (Form 990) 2022 Page 2 THE BISON CHILDREN'S SCHOLARSHIP FUND, Name of the organization **Employer identification number** 16-1477288 INC. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PART XII, LINE 2C THE BISON SCHOLARSHIP FUND HAS IN PLACE A GOVERNANCE & AUDIT COMMITTEE THAT IS CHARGED WITH ENGAGING, MEETING, EVALUATING AND HIRING OF THE INDEPENDENT AUDITOR. THE COMMITTEE IS ALSO CHARGED WITH DEFINING AND MONITORING THE SCOPE OF THE AUDIT AND REVIEW OF THE FINANCIAL STATEMENTS AMONG OTHER DUTIES.