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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	\approx 2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 and endir	ing Jl	JN 30, 2024						
B	Check if pplicable	THE BISON CHILDREN'S SCHOLARSHIP FUND,		D Employer identifi	cation number					
	change	INC.		16-14772	88					
H	_]chang∈ _Initial		m/quita							
	return _Final _return/ _termin	284 DELAWARE AVENUE		E Telephone numbe (716) 85	4-0869					
	termin- ated		L	G Gross receipts \$ 11,467,275.						
L	Ameno return	BUFFALO, NI 14202		H(a) Is this a group return						
L	Application pending			for subordinates? Yes X No						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	•	list. See instructions					
	Nebsit			H(c) Group exemptio						
	orm of	organization: X Corporation Trust Association Other L Summary	L Year of	f formation: 1995 N	M State of legal domicile; NY					
Г		-) TNT	1005 mur 1	DT COM					
é	1	Briefly describe the organization's mission or most significant activities: FOUNDED CHILDREN'S SCHOLARSHIP FUND IS A PRIVATELY F	רנועונים דע ל	ED ODCANTON	DISON MHOGE					
Activities & Governance	1 .									
/ern	_	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)		1	15 sets.					
ģ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			15					
જ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5					
ties					50					
ξ.		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Ac	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
		Net directated business taxable moone norm of 1000 1,1 art 1, line 11		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		5,160,537.	4,756,738.					
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.					
Ş.	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		132,842.	486,227.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,760.	-878.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,289,619.	5,242,087.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,407,916.	4,480,518.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
(0	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		322,453.	345,483.					
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b ·	Total fundraising expenses (Part IX, column (D), line 25) 246, 456.								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		634,938.	188,567.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,365,307.	5,014,568.					
	19	Revenue less expenses. Subtract line 18 from line 12		-75,688.	227,519.					
Net Assets or			_	inning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	1	13,746,355.	14,573,678.					
t Ass	21	Total liabilities (Part X, line 26)		30,743.	61,086.					
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20	1	13,715,612.	14,512,592.					
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s		- · ·	/ knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer h	as any knowledge.						
		Signature of officer		 Date						
Sig				Date						
Her	е	DENNIS SZYMKOWIAK, VICE PRESIDENT Type or print name and title								
			IDa	ate Check C	PTIN					
Paid		Print/Type preparer's name DIANE M. STRAKA, CPA DIANE M. STRAKA, C		L						
	arer	Firm's name TRONCONI SEGARRA & ASSOCIATES LLP			4-3728817					
-	Only	Firm's address 8321 MAIN STREET		FILLIS EIN U	1 3/2001/					
JJ6	Jilly	WILLIAMSVILLE, NY 14221		Phone no (7	16) 633-1373					
Ma\	the IF	RS discuss this return with the preparer shown above? See instructions		T Hono no. (7	X Yes No					

Par	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? Yes X	No
	If "Yes," describe these changes on Schedule O.	
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	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,625,323. including grants of \$4,480,518.) (Revenue \$)
	IN ADDITION TO GOOD HEALTH AND GREAT LOVE, THE BEST GIFT WE CAN PROVIDE	
	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 30 YEARS, MEMBERS OF OUR COMMUNITY HAVE HELPED	
	FUND 41,000 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 NEARLY 1,900 STUDENTS ATTENDING 77 K-12 SCHOOLS ACROSS WNY.	
	SIUDENIS AITENDING // K-12 SCHOOLS ACKOSS WNI.	—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$	— '
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \text{ (Revenue \$})	
<u>4e</u>	Total program service expenses 4,625,323.	N23/
	Foliii 900 (2	J_U)

Form 990 (2023) 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		х
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		х
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
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			X
•	Schedule D, Part III	8		
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?			 ₩
	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		37	
	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			
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
b				<u> </u>
D	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	170		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	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	,-	37	
	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		X

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Form	1990 (2023) INC. 16-147	77288	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
04-	Schedule J	23		┝≏
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a	24b		1
	Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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?			٠,
	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			_v
	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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	<u> </u>
· u	Observation Control of			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable	4	res	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ta Ta The purpher of Forms W 2G included on line 1a. Fater 0, if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	–		
C		1c	Х	
	(gambling) winnings to prize winners?	. IC	- 43	1

1NC .
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country Cas in the part of Familian Reputations for Financial Associate (FRAR)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a _5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4047(aV1) non-exempt charitable trusts. Is the examination filing Form 900 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	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.	iou		
b	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	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?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

INC.

16-1477288

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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 List the states with which a copy of this Form 990 is required to be filed $\,$ NY 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 CLARA MORAN - (716) 854-0869

14202

284 DELAWARE AVENUE, BUFFALO,

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Form 990 (2023) 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.
- 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.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week				lee)	from	from related	other 		
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	In stit utio nal tru stee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	 	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) AMY E. POPADICK (THROUGH 12.202	40.00									
EXECUTIVE DIRECTOR				Х				132,207.	0.	9,748.
(2) CLARA S. MORAN	40.00								_	_
EXECUTIVE DIRECTOR				Х				4,808.	0.	0.
(3) REP. CHRISTOPHER L. JACOBS	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) DENNIS J. SZYMKOWIAK	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) ANDREW L. FORS	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) JONATHAN AMOIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) THOMAS R. BEECHER, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KRISTIN BAUER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAUL BAUER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TOD D. MARTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MICHAEL L. MCCABE	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) NANCY A. NAPLES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) REV. JOSEPH S. ROGLIANO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHRISTINE STANDISH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BETSY SULLIVAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KELLIE M. ULRICH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) SHAWN T. PEARCE	1.00									
BOARD MEMBER		Х						0.	0.	0.
									<u> </u>	Form 990 (2022)

(C)

Position

(do not check more than one box, unless person is both an officer and a director/trustee)

(B)

Average

hours per

week

(list any

(A)

Name and title

(E)

Reportable

compensation

from related

organizations

Reportable

compensation

from

the

Page 8

(F)

Estimated

amount of

other

compensation

		related organizations below line)	Individual trustee or di	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	org and	om the anizati d relate anizatio	ion ed
				<u> </u>										
				┢										
				-										
41	Codestated								137,015.		0.		9,74	<u>// Q</u>
	Subtotal Total from continuation sheets to Part VI								0.		0.		<i>5</i> ,	0.
	Total (add lines 1b and 1c)								137,015.		0.		9,74	
2	Total number of individuals (including but n							o re		000 of reportable			-	
	compensation from the organization													1
											_		Yes	No
3	Did the organization list any former officer,											3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
-	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5		Х
	tion B. Independent Contractors									100 000 - 1				
1	Complete this table for your five highest co the organization. Report compensation for		-								ensat	ion irc	om	
	(A)	ine odiendar ye	our c	<u> </u>	<u>19 W</u>	1011) VVII		(B)			(0)	
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	n
								+						
								+						
2	Total number of independent contractors (in		ot lir	nited	d to	thos		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation					,					Form	990 ₍₂	2023/
332008	12-21-23										,	. 51111	(2	_0_0)

			2023) INC							16-1477	288 Page 9
Pa	rt '	VII	Statement of Re	ven	ue						
			Check if Schedule O	cont	ains a re	sponse	or note to any lin		(D)		
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total Teveride	function revenue	business revenue	from tax under
											sections 512 - 514
nts nts	1		Federated campaigns			1a					
ìrai our			Membership dues			1b					
s, G		С	Fundraising events			1c	455,600.				
Sift lar /		d	Related organizations			1d					
s, (imil		е	Government grants (contr	ributi	ons)	1e					
ion r Si		f	All other contributions, gifts,	gran	ts, and						
but the			similar amounts not included	l abov	/e	1f	4,301,138.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines '	1a-1f	1g \$					
Son an		h	Total. Add lines 1a-1f					4,756,738.			
							Business Code				
9	2	2 a									
e <u>č</u> i		b									
Se		С									
am eve		d	-								
Program Service Revenue		е	-								
P		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3	3	Investment income (include	ding	dividend	ds, intere	est, and				
		other similar amounts)						284,042.			284,042.
	4	1	Income from investment of	of tax	-exemp	t bond p	roceeds				
	5	5	Royalties	<u></u>							
					(i)	Real	(ii) Personal				
	6		Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss) <u></u>	······	<u></u>					
	7	7 a	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a	6,37	2,386.	3,487.				
		b	Less: cost or other basis								
ıυe			and sales expenses	7b		5,319.					
venue			Gain or (loss)	7с		7,067.					
Other Re			Net gain or (loss)					202,185.			202,185.
the	8	3 a	Gross income from fundraisi	-							
ō			including \$								
			contributions reported on		-	- 1	50.500				
			Part IV, line 18				<u> </u>				
			Less: direct expenses				51,500.	-878.			070
	_ ا		Net income or (loss) from					-676.			-878.
	٤	Эа	Gross income from gamin			- 1					
			Part IV, line 19								
			Less: direct expenses				1				
	4,		Net income or (loss) from			/ities					
	10	ја	Gross sales of inventory,			10.					
		L	and allowances								
			Less: cost of goods sold				•				
		С	Net income or (loss) from	sales	ou inve	illory	Business Code				
ns	4.	1 a					Duomess Code				
Jeo Jue	'	ı a b									
Miscellaneous Revenue		C									
Sce			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					5,242,087.	0.	0.	485,349.

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 4,480,518. 4,480,518. 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, 143,763. 40,859. 14,143. 88,761. 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) 160,687. 45,669. 15,808. 99,210. Other salaries and wages 7 Pension plan accruals and contributions (include 10,340. 2,895. 1,034. 6,411. section 401(k) and 403(b) employer contributions) 7,258. 1,991. 742. 4,525. Other employee benefits 9 23,435. 6,562. 2,343. 14,530. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 16,795. 16,795. Accounting Lobbying Professional fundraising services. See Part IV, line 17 47,360. 47,360. 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 33,015. 2,423. 20,682. 9,910. Office expenses 13 22,363. 21,417. 946. Information technology 14 15 Royalties 13,062. 13,062. 16 Occupancy 6,219. 622. 5.597. 17 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 4,970. 4,970. 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.) 18,000. 18,000. PARTNER SCHOOL STEWARDS 12,199. DONOR CULTIVATION 12,199. 8,734. 4,367. c MISCELLANEOUS 4,367. d All other expenses 5,014,568. 4,625,323. 142,789. 246,456. 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.

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Check here

if following SOP 98-2 (ASC 958-720)

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Pal	LA	balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			105,897.	1	52,508.
	2	Savings and temporary cash investments			321,914.	2	919,159.
	3	Pledges and grants receivable, net			3,070,360.	3	3,066,501.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ठ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			6,241.	9	5,012.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		84,609.			
	b	Less: accumulated depreciation		79,514.	9,623.	10c	5,095.
	11	Investments - publicly traded securities			10,128,320.	11	10,380,996.
	12	Investments - other securities. See Part IV, line			89,519.	12	97,437.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		14,481.	15	46,970.	
	16	Total assets. Add lines 1 through 15 (must eq			13,746,355.	16	14,573,678.
	17	Accounts payable and accrued expenses			11,262.	17	9,116.
	18	Grants payable	F 000	18	F 000		
	19	Deferred revenue			5,000.	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 for					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line of Schedule D	es 17-24)	. Complete Part X	14,481.	25	46,970.
	26				30,743.	25 26	61,086.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			30,743.	20	01,000.
Se		and complete lines 27, 28, 32, and 33.	ieck iiei				
ŭ	27	Net assets without donor restrictions			7,749,437.	27	8,994,558.
3ala	28	Net assets with donor restrictions			5,966,175.	28	5,518,034.
βĒ		Organizations that do not follow FASB ASC			0/000/=/01		0,020,002
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or e			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,715,612.	32	14,512,592.
Z	33				13,746,355.	33	14,573,678.
	, 55	. Staabiiitioo aria riot abboto/faria balarioos		······	,,	-50	Garra 990 (2000

Form **990** (2023)

THE BISON CHILDREN'S SCHOLARSHIP FUND,

Form 990 (2023) INC. 16-1477288 Page 12
Part XI Reconciliation of Net Assets

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,24	2,0	87 <u>.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,01	4,5	68.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 13								
5	Net unrealized gains (losses) on investments	5	56	9,4	60.				
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,								
	column (B))	10	14,51	2,5	91.				
Pa	rt 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			2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	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	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
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?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits									

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

THE BISON CHILDREN'S SCHOLARSHIP FUND, **Employer identification number** Name of the organization 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

INC.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7742473.	6541730.	6321258.	5160537.	4756738.	30522736.
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	7742473.	6541730.	6321258.	5160537.	4756738.	30522736.
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)						10746945.
6	Public support. Subtract line 5 from line 4.						19775791.
	• •						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	7742473.	6541730.	6321258.	5160537.	4/56/56.	30522736.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	00 220	126 540	15/ 151	207 700	204 042	071 060
_	and income from similar sources	89,338.	136,549.	154,151.	207,789.	284,042.	871,869.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						31394605.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth or fifth tax v			_
.0	organization, check this box and stop	-		•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	62.99 %
	Public support percentage from 2022					15	65.36 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	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			=			
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

Schedule A (Form 990) 2023 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.)						
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 2023 (I	, (,,		(//		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	<u>%</u>
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	ni dia not check a	box on line 14, 19a	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.
- 2 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		
	4a		
	ıu		
	4b		
	4c		
	5a		
	5b 5c		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2023

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		1120	<u> </u>	age 5
Ра	rt IV Supporting Organizations (continued)		I	T
	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		<u> </u>
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1115		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1		
			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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		T.,	T
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	'		
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-	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			
	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			
	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			
800	supported organizations played in this regard.	3		
	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).		
a	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 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	istruction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	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			
	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) Support	ing Organi	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instru			Part VI). See instructions.		
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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):				
а	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) 2023

instructions).

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Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS	rovide details in Part VI)	5	
6	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 t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

THE BISON CHILDREN'S SCHOLARSHIP FUND, 16-147<u>7288 Page 8</u> INC. Schedule A (Form 990) 2023 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) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization	Employer identification number
THE BISON CHILDREN'S SCHOLARSHIP FUND,	
INC.	16-1477288
Organization type (check one):	

Filers of:	Section:					
Form 990 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 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s 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						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,219,014.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ 262,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$148,247.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Name, address, and Zir + +	- \$ 69,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$52,666. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$50,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	Total contributions - \$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		- \$ <u>40,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	- Nume, address, and 2n + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	runio, addi O33, dila Eif T T	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.

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

Ра	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d 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 v	writing that the assets hel	ld in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	ised only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ı	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, a	ınd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	Tt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
			unica atatamant am	ad balance about works
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			•
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance or public service,
	provide the following amounts relating to these items.			Ф
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$

Par	t III	Organizations Maintaining Coll	ections of Art	t, Historical Tre	asures, or Oth	er Simila	ar Assets	(contin	ued)	
3	Using	g the organization's acquisition, accession,	and other records	s, check any of the f	ollowing that make	significant	t use of its	•		
	colle	ction items (check all that apply).								
а		Public exhibition	d	Loan or excl	nange program					
b		Scholarly research	е	Other						
С		Preservation for future generations								
4	Provi	ide a description of the organization's collec	ctions and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.		
5	Durin	ng the year, did the organization solicit or re	ceive donations o	of art, historical treas	ures, or other simil	ar assets				
	to be	sold to raise funds rather than to be mainta	ained as part of th	ne organization's col	lection?			Yes		No
Par	t IV	Escrow and Custodial Arranger	ments Complet	te if the organization				ne 9, or		
		reported an amount on Form 990, Part X								
1a	Is the	e organization an agent, trustee, custodian,	or other intermed	liary for contribution	s or other assets no	ot included	d			
	on Fo	orm 990, Part X?		-				Yes		No
b		es," explain the arrangement in Part XIII and								
			•	· ·				Amount	:	
С	Begir	nning balance				1c				
d	_	tions during the year								
е		ibutions during the year								
f		ng balance								
2a		he organization include an amount on Form						Yes		No
		es," explain the arrangement in Part XIII. Ch				•		_		ĺ
Par		Endowment Funds Complete if the								
			a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beair	nning of year balance	4,580,203.	3,318,610.	3,377,555	. 1,	880,739.			
b		ributions	697,437.	989,900.	814,691	_	047,129.	1,	929,	735.
c		nvestment earnings, gains, and losses	605,736.	271,693.	-873,636		449,687.	,	-48,	
d		ts or scholarships	,	,	,		,			
		r expenditures for facilities								
ŭ		programs								
f	-	inistrative expenses								
g		of year balance	5,883,376.	4,580,203.	3,318,610	. 3	377,555.	1	880,	739.
2		ide the estimated percentage of the current				- /	,,,,,,,	/		
a		d designated or quasi-endowment	.0000	%	Ticia as.					
b		nanent endowment 100	%							
		endowment • 0000 %								
·		percentages on lines 2a, 2b, and 2c should	egual 100%							
32		here endowment funds not in the possessic	•	tion that are held an	d administered for	the				
Ou		nization by:	on or the organiza	tion that are ned an	a administered for	uic		Γ	Yes	No
	•	Jnrelated organizations?						3a(i)		X
		Related organizations?						3a(ii)	\rightarrow	X
h	(II) F	es" on line 3a(ii), are the related organization	ne lietod ae roquir	od on Schodulo P2					-	
4		ribe in Part XIII the intended uses of the org						SU		
_	t VI	Land, Buildings, and Equipmen		willent fulfus.						
		Complete if the organization answered "\		. Part IV. line 11a. S	ee Form 990. Part	X. line 10.				
		Description of property	(a) Cost or o		i i	Accumula	ted	(d) Bool		
		Description of property	basis (investr			depreciatio		(u) Door	value	,
10	Land		222.3 (.= /					
ia b		linge								
		lingsehold improvements		1	5,603.	15,6	503			0.
q					6,516.	41,4			5,09	
d		oment			2,490.	22,4			,, 0 2	0.
		r							5,09	_
ıvıdı	. _ uu	mico ra unough re. (Column (a) must equa	<u>u romi 990, Part /</u>	A. III IE IUC. COIUMN	<u> </u>			•	<u>, , , , , , , , , , , , , , , , , , , </u>	

	HILDREN'S SCH	OLARSHIP FUND,	16 1477200 - 2
Schedule D (Form 990) 2023 INC. Part VII Investments - Other Securities			16-1477288 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(4) =:	(2) 2001. Tallac	(c) meaned or random cost	<u> </u>
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			_
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	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 end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X li	ne 25
(-) December of Petrick		,	(b) Book value
(a) Description of liability (1) Federal income taxes			(5) 5001 14140
(2) LEASE LIABILITY			46,970.
(3)			=0,570+
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

46,970.

(9)

INC.

16-1477288 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,813,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		569,460. 49,483.		
b	Donated services and use of facilities	2b	49,483.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	618,943.
3	Subtract line 2e from line 1			3	5,194,727.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		47,360.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	47,360. 5,242,087.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,242,087.
Pa	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per H	eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	5,016,690.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	49,482.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	·			40 400
е	Add lines 2a through 2d			2e	49,482. 4,967,208.
3	Subtract line 2e from line 1			3	4,967,208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	45 262		
а	Investment expenses not included on Form 990, Part VIII, line 7b		47,360.		
b	Other (Describe in Part XIII.)	4b			45 260
С	Add lines 4a and 4b			4c	47,360. 5,014,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 tt XIII Supplemental Information	8.)		5	5,014,568.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar				
_					

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

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.

THE BISON CHILDREN'S SCHOLARSHIP FUND,

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

INC.					16-1477	288
Part I Fundraising Activities.	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, I		
required to complete this par						
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or 	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events		
key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the	riduals or entities (fundraisers) pursua				Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

16-14	<u>1</u> 77	288	Page
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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) 506,222 506,222. 1 Gross receipts 455<u>,600</u>. 455,600. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 50,622. 50,622. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 22,944. 22,944. **7** Food and beverages 8 Entertainment 28,556. 28,556. 9 Other direct expenses 51,500. 10 Direct expense summary. Add lines 4 through 9 in column (d) -878.11 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 (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 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	nedule G (Form 990) 2023 INC • 16-	-1477	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
12	Indicate the percentage of gaming activity conducted in:			
		13a	I	%
	a The organization's facility			
	no noutside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Mana			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
•	The first fame and address of the ania party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	L 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 I	art III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	, , , , , , , , , , , , , , , , , , , ,			

332083 09-13-23 Schedule G (Form 990) 2023

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,

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC.							16-14	77288
Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	ı	
criteria used to award the grants or assis	tance?						Yes	X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part IV	V, line 21, for any	
1 (a) 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 g or assistance	
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-	=				1		

Schedule I (Form 990) 2023

16-1477288

Par	10	4

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	<u> </u>
(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	1900	0.	4 480 518		
DISADVANTAGED CRIBDREN	1900	0.	4,480,518.		
Part IV Supplemental Information. Provide the information req	uired in Part I. lin	le 2: Part III. column	(b): and any other ac	dditional information.	
	a,		(2), and any other as		
PART III, COLUMN (A):					
PRIVATELY FUNDED TUITION ASSISTANCE	E PROGRAM	f FOR ECONO	MICALLY		
DISADVANTAGED CHILDREN LIVING IN W	ESTERN NE	EW YORK. F	AMILIES CH	OSEN TO	
RECEIVE ASSISTANCE ARE ABLE TO SEN	D THEIR C	CHILD TO A	PRIVATE GR	AMMAR	
SCHOOL OF CHOICE.					
FORM 990					
THE ORGANIZATION PAYS THE SCHOLARS	HIPS DIRE	ECTLY TO TH	IE SCHOOLS	ON	
BEHALF OF THE CHILDREN (NOT THE PAI	RENTS).	THE SCHOOL	ıs respon	SIBLE TO	
INFORM BISON IF A STUDENT HAS LEFT	THE SCHO	OOL AND THE	E REASON.	BISON	
					0-11-1-1/5 000\ 0000

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.

QUZ3
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) 2023 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.