

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH AMERICAN BISON DISCOVERY CENTER		D Employer identification number 45-0421252
	Doing business as		E Telephone number 701-252-8648
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 17TH STREET SE		
	City or town, state or province, country, and ZIP or foreign postal code JAMESTOWN ND 58401		G Gross receipts \$ 8,370,625
F Name and address of principal officer: JARROD STARR 500 17TH STREET SE JAMESTOWN ND 58401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.BUFFALOMUSEUM.COM		L Year of formation: 1991 M State of legal domicile: ND	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF A MUSEUM TO EDUCATE THE PUBLIC ON THE EVOLUTION OF THE BUFFALO.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 34,883	Current Year 45,315
	9 Program service revenue (Part VIII, line 2g)	104,887	78,138
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	529	75
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575,392	492,058
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	715,691	615,586
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		283,873	270,368
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		331,018	334,956
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		614,891	605,324
19 Revenue less expenses. Subtract line 18 from line 12	100,800	10,262	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,381,114	End of Year 1,382,301
	21 Total liabilities (Part X, line 26)	45,143	36,068
	22 Net assets or fund balances. Subtract line 21 from line 20	1,335,971	1,346,233

Part II Signature Block

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

Sign Here	Signature of officer JARROD STARR		Date	
	Type or print name and title PRESIDENT			
Paid Preparer Use Only	Preparer's name CRAIG S HANSON	Preparer's signature 	Date 08/13/25	Check <input checked="" type="checkbox"/> if self-employed PTIN P00002188
	Firm's name Hanson's Tax & Accounting		Firm's EIN 45-0408915	
	Firm's address 905 James Ave NE Jamestown, ND 58401-4253		Phone no. 701-252-6190	

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

For Paperwork Reduction Act Notice, see the separate instructions.