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

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.

Open to Public Inspection

<u>A</u>	For th	e 2017 calendar year, or tax year beginning and	ending		
В	Check il applicat	le: C Name of organization		D Employer identif	ication number
	Addr chan Nam			F1 (177500
Ļ	chan	Doing business as		51-0	175508
E	retun	Number and street (of P.U. DOX If mail is not delivered to street address)	Room/suite	E Telephone number 612-	er -926-3878
	termi ated		·····	G Gross receipts \$	1,479,551.
	Amer	ded MINNEAPOLIS, MN 55416-4623		H(a) Is this a group i	
Γ.	Appli	F Name and address of principal officer:MICHAEL SANDERS			s? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates	
<u> </u>	Tayley	empt status: X 501(c)(3) 501(c)()	or 527	1 '	a list. (see instructions)
		te: WWW.THEBAKKEN.ORG	0,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: MN
	art I	Summary	IL 1601	orioritation, x > r > j	W State of legal domicile. 124
	ر تشار		NSPIRE	A PASSION	FOR
Activities & Governance	'	INNOVATION			
Ę	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	
õ	3			3	19
প	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			55
ž	6	Total number of volunteers (estimate if necessary)	*****	6	380
,	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		709,501.	852,752.
	9	Program service revenue (Part VIII, line 2g)		512,761.	592,963.
3	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16.	25.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,195.	17,986.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,252,473.	1,463,726.
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,250.	8,402.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	١	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,448,965.	1,431,349.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Đ.	Ь	Total fundraising expenses (Part IX, column (D), line 25) 265, 29	99.	Maria da Maria	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,154,369.	1,045,373.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,621,584.	2,485,124.
	1	Revenue less expenses, Subtract line 18 from line 12		-1,369,111.	-1,021,398.
5 8	1.0			inning of Current Year	End of Year
t Assets or land Balances	20	Total assets (Part X, line 16)		8,210,247.	7,376,955.
ASS B3	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	····· —	221,608.	199,435.
<u> </u>		Net assets or fund balances. Subtract line 21 from line 20		7,988,639.	7,177,520.
P		Signature Block		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7721770401
		lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilo ilio go ana bolloi, il lo
	, 001100	All Completes boundaries of proposition (earlier than emost) is based on an attention of the	on property	10/24/	7
e:-	_	Signature of officer		Date Date	<u>x</u>
Sig		MICHAEL SANDERS, EXECUTIVE DIRECTOR			
He	е	Type or print name and title			
			T Da	ate Check	PTIN
Da!	4	Print/Type preparer's name AMANDA SYKORA Preparer's signature Find Sykora	ے ا	rlalia II	
Paid			7 1 5	1000 0000	
	parer		١٨	Firm's EIN ▶	41-0746749
use	Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 30) U	DI C1	9 276 AEOO
		MINNEAPOLIS, MN 55402		Phone no. 6 1	2-376-4500
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)		******************************	X Yes No

Forn	n 990 (2017) THE BAKKEN 51-0175508 Page 2
Pa	rt 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:
	TO INSPIRE A PASSION FOR INNOVATION BY EXPLORING THE POTENTIAL FOR
	SCIENCE, TECHNOLOGY, AND THE HUMANITIES TO MAKE THE WORLD A BETTER
	PLACE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
~	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 \$ 397,190. Including grants of \$ 0.) (Revenue \$ 0.) EXHIBITS AND COLLECTIONS: THE BAKKEN COLLECTS, PRESERVES, AND ASSISTS
	SCHOLARS IN USING ITS WORLD-RENOWNED HISTORICAL COLLECTION OF RARE
	COLLECTION AND HANDS-ON DISPLAYS TO EDUCATE AND INSPIRE
	VISITORS. (39,647 SERVED IN 2017)
4b	(Code:) (Expenses \$ 616,612. Including grants of \$ 8,402.) (Revenue \$ 387,610.)
	SCHOOL AND YOUTH PROGRAMS: THE BAKKEN PROVIDES SCIENCE TEACHING AND
	LEARNING OPPORTUNITIES THROUGH FIELD TRIPS, INVENTION CAMPS, WORKSHOPS
	AND TEACHER PROFESSIONAL DEVELOPMENT. (14,230 SERVED IN 2017)
4-	(Code:) (Expenses \$ 589,325. Including grants of \$ 0.) (Revenus \$ 98,618.)
4c	(Code:) (Expenses \$ 589,325. Including grants of \$ 0.) (Revenus \$ 98,618.) PUBLIC PROGRAMS: THE BAKKEN ENHANCES THE EDUCATIONAL EXPERIENCE FOR
	CHILDREN, FAMILIES, AND ADULTS VISITING THE MUSEUM. PROGRAMMING
	INCLUDES EVENINGS AT THE BAKKEN, DISCOVERY DAYS, TOURS, SCIENCE STUDIOS
	AND PUBLIC LECTURES. (7,922 SERVED IN 2017)
•	
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 261,165. including grants of \$ 0.) (Revenue \$ 106,735.)
4e	Total program service expenses ► 1,864,292.
	Form 990 (2017)
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Form 990 (2017) THE BAKKEN
Part IV Checklist of Required Schedules

- 4	Try Officerist of Nequired 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	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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	-	\vdash	
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			-
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳	-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			 -
Ŭ	Schedule D, Part III	8	Х	
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 temporarily restricted endowments, permanent	ļ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the crganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			242.43
	as applicable.		1,,,1,,,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ	l	
	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	.g	х
C	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's fiability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Х
40	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	15		<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	ا _م		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-22
*1	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	-''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
			000	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4; or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
·	any tax-exempt bonds?	24c		
А	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	2.70		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	04.15(0.11	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	14.07.14.1.0.18	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1077.7	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	The state of the s	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive under than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified conservation	29	—— 	
30	contributions? If "Yes," complete Schedule M] [х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
J.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
JŁ		20	- 1	X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	- 1	
00	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	İ	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 "		- -
04		24	ł	Х
252	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 -
IJ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	• • • • • • • • • • • • • • • • • • • •			X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\dashv	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_		Х
20		37	\dashv	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	$_{\rm X}$	
	Note: An Form 550 mass are required to complete 30 reduie 0	Form	<u>.</u>	2012
		COULT	(2	∴V 17}

Enter the number reported in Box 3 of Form 1096. Enter -0. If not applicable Enter the number of Forms W.2G included in line 1s. Enter 0. If not applicable Enter the number of Forms W.2G included in line 1s. Enter 0. If not applicable Enter the number of entployees reported in Box 3 of Form 1096. The second reportable gaming (gambing) withings to prize winners? 10 21 22 25 25 26 26 26 27 27 28 28 28 29 29 20 20 20 20 20 20 20 20	Га	Check if Schedule O contains a response or note to any line in this Part V				
Enter the number of Perms W26 included in line 1s. Enter 0- If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (garnhing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, index of the caterdar year ending with or within the year ocvered by this return State of the caterdar year ending with or within the year ocvered by this return Note. If the sum of lines 1 and e2s, did the organization file all required federal employment tax returns? 2b If Yea, 1 and the organization have unrelated business gross income of \$1,000 or more during the year? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3d If Yea, 2 and 1 fided a form 950-7 for this year? If Yea, 1 the 1 file of 2 and 2 and	4-	Established in Paris of Face 4000 Face 0 if 1 in 1	1.1 1	2	Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnibring) winnings to prize winners? 2			1			
Searchingly winnings to prize winners? 2			LID .	<u>U</u>		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or willin the year overend by this return. If life the state can be a reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV the organization have unrested business goss incrone of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b If "Yes," and thing the calendary year, did the organization have uniferest 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 any time the name of the foreign country? 5b If "Yes," a file the organization as a bank account, securities account, or other financial account(?) 5c If "Yes," to line 5a or 5b, did the organization that it was or in a prist wine during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or in a prist you aprohibed tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or in a prist you aprohibed tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or in a prist you appropriate that such contributions such any contributions that the wore not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization mould press received subject to contributions under section 170(c). 6c If we organization are severe apprend in excess of 35 made party as a contribution and party fur goods and services provided to the payor? 7c If If If If If If If If If If If If If	С			V-1 (F	9.10	
if life for the calendary year ending with or within the year covered by this return. 2a 55 5 2b X Nota. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3a	0-		1 1	1C		- : :
b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization in a form 990-1 for this year /I *\%, *\footnote{1} for \$1,000 or more during the year? 3a A any time during the calendary are, did the organization have uniferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sentiness). 5b If *\footnote{1} for the financial account in a foreign country (such as a bank account, sentiness), or other financial account ("IAAR). 5c If *\footnote{1} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5c If *\footnote{1} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5d Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d If *\footnote{2} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5d If *\footnote{2} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5d If *\footnote{2} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5d If *\footnote{2} filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("IAAR). 5d If *\footnote{2} filing fi	za		5	5		100
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3s	h		L 1		Y	17.1.13
3a X X M M M M M M M M	В					1
b if "Yes," has it filed a Form 990-T for this year? If "No," to fine 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly control (and the organization country (but have a bank account, securities account)? 4a X b if "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," only the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 8d If "Yes," did the organization necesses a payment in sexess of \$75 made partly as contribution and partly for goods and services provided to the payor? 9d If "Yes," did the organization necesses a payment in sexess of \$75 made partly as contribution and partly for goods and services provided to the payor? 9d If "Yes," did the organization necesses a payment in sexess of \$75 made partly as contribution and partly for goods and services provided to the payor? 9d If "Yes," enter the organization necesses a payment in sexess of \$75 made partly as contribution and partly for goods and services provided to the payor? 9d If "Yes," enter the angular devices pay funds, directly or indirectly, to pay premiums on a personal benefit contract?	20			1 -		
4a A lary 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)? 5b If "Yes," enter the name of the foreign country P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR). 5 Was the organization of the proteign country P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR). 5 Was the organization to a protein that it was or is a party to a prohibited tax sheller transaction? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6 B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 C Organizations that may receive deductible contributions under section 170(c). 8 B If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 B If the form 8282? 10 B If the organization notify the donor of the value of the goods or services provided? 11 If Yes," indicate the number of Forms 8282 field during the year 12 B If the organization received a contribution of qualified intellectual property, did the organization foreign and party for goods and services provided to the payor? 12 B If the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 899 as required? 15 B If the organization received a contribution of qualified intellectual property, did the organization file a Form 899 are required? 15 B If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C			_		-	<u> </u>
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·	110	4		lind.
amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 13c 14a 13c 15d 15d 15d 15d 15d 15d 15d 15d 15d 15d				-		
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand 13c Senter the amount of reserves on hand 13c Senter the amount of reserves any payments for indoor tanning services during the tax year? 14a X Sentence 14b Sentence 14b Sentence 14b Sentence 14b Sentence 14b Sentence 15b Sentence 16b S	~	,	11h	12. 12.		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			122	, w184.1	H1 1
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			1	7,2.0		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a			120]	1		
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 2d Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		* ** * * *		13a		
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 c Enter the amount of reserves on hand 13c 13b 13c 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				1.54	gaça l	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h	11 1, 24. (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			
c Enter the amount of reserves on hand 13c 13c 2 3. 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a 2 X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 1			13h			
4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				1		ii;;;
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				140		X
		7.7	: O			
		The state of the s	- 0.00.00.00.00.00.00.00.00.00.00.00.00.0		990 (2017)

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 in 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 19 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 in Schedule 0. 19 b Enter the number of voting members included in 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 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? $\overline{\mathbf{x}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 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 Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) Yes No Х 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MN, OH, NY, HI, VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SARA KIETZMANN - 612-926-3878 3537 ZENITH AVE S, MINNEAPOLIS, MN 55416

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 instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	DOX	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated amployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRAD BAKKEN	2.50							_		
BOARD PRESIDENT		Х		X			L	0.	0.	0.
(2) EARL E. BAKKEN	0.25									
DIRECTOR EMERITUS		X		X			L	0.	0.	0.
(3) MATTHEW HUNT	2.00	_								
BOARD VICE PRESIDENT	ļ	Х		X				0.	0.	0 -
(4) GEORGINE L. BUSCH	2.00									
BOARD TREASURER		Х		X				0.	0.	0.
(5) ANN LADD	2.00							•		
BOARD SECRETARY		Х		X		ļ		0.	0.	0.
(6) ANDREW BACHMAN	2.00									
BOARD MEMBER		X				ļ	<u> </u>	0.	0.	0.
(7) REBECCA BERGMAN	2.00						;			•
BOARD MEMBER		Х				_		0.	0.	0.
(8) LAWRENCE BICK	2.00			1						•
BOARD MEMBER		X	\dashv			ļ		0.	0.	0.
(9) DOREEN BORTEL	2.00		ļ						0	•
BOARD MEMBER		Х						0.	0.	0.
(10) TIMOTHY DENISON	2.00									•
BOARD MEMBER		X						0.	0.	0.
(11) JEFF HILLINS	2.00							^		•
BOARD MEMBER		Х						0.	0.	0.
(12) CAROLINE LEAB	2.00							0		^
BOARD MEMBER		X		_				0.	0.	0.
(13) KANDACE OLSEN	2.00			-			ĺ			
BOARD MEMBER		Х		_				0.	0.	0.
(14) LESA RAMOS	2.00							<u>, </u>	ا ۾	^
BOARD MEMBER		Х	_					0.	0.	0.
(15) KATHY SCOGGIN	2.00	, ,	.					_	ا ہ	•
BOARD MEMBER	<u> </u>	Х			_			0.	0.	0.
(16) BARB STINNETT	2.00	_,		1				^	ا ہ	^
BOARD MEMBER	2 22	X						0.	0.	0.
(17) JANET SWEDAL	2.00	"	Į	ı				0.	0.	^
BOARD MEMBER	<u> </u>	X						0.	U • J	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	yees	, an	d H	ighe	st (Compensated Employe	es (continued)			
(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average	(dc	not c	Pos heck	itior more	ገ than	one	Reportable	Reportable		Estimat	
·	hours per	box	c, unie icer ar	ss pe	rson	is bot	th an	compensation	compensation	{	amount	
	week (list any	 			T	T	Γ	- Irom	from related		other	
	hours for	trustee or director						the organization	organizations (W-2/1099-MISC)		mpens: from th	
	related	g or d	ee			sated		(W-2/1099-MISC)	(VV-27 1099-WIIGO)	l l	rganiza	
	organizations	i is	Institutional trustee		8	mpen.		(11 27 1030 111100)			nd rela	
	below	ag	rtions	١.	흹	S se co					ganizat	
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Ē					
(18) JOHN URIBE	2.00							•				
BOARD MEMBER		1 x				ĺ		0.	0			0.
(19) HEATHER WALCH	2.00	†		\vdash			_			1		
BOARD MEMBER		x						0.	0			0.
(20) DAVID WHITMAN	2.00		<u> </u>	l —								
BOARD MEMBER		1 x	l				-	0.	0			0.
(21) MICHAEL SANDERS	2.00	Г	Г			1	T		<u> </u>			
EXECUTIVE DIRECTOR		1		x		ļ		104,685.	0		9,5	50.
		<u> </u>		П		1	┞			· · · ·		
		1										
		 	-			 	 		<u> </u>	+		
		1								-		
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		ł										
		⊢				-						
		ł										
dh Corb Astal		L					_	104,685.	0		9,5	50
1b Sub-total								104,003.	0		7,5	0.
c Total from continuation sheets to Part VI								104,685.	0		9,5	_
d Total (add lines 1b and 1c)										•	9,3	50.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wr	no r	eceived more than \$100	,000 of reportable			1
compensation from the organization											Tv	1
.										1.33	Yes	No
3 Did the organization list any former officer,										i di	e annie.	v
line 1a? If "Yes," complete Schedule J for si										3		X
4 For any individual fisted on line 1a, is the su								•	_	1400		37
and related organizations greater than \$150										4	ļ	X
5 Did any person listed on line 1a receive or a					•			v		9.5		
rendered to the organization? If "Yes," com	nlete Schedule	e J f	or su	ich (pers	on .				5	<u></u>	X
Section B. Independent Contractors												
 Complete this table for your five highest cor 										nsation	from	
the organization. Report compensation for t	he calendar y	ear e	endi	ıg w	rith (or wi	ithir	n the organization's tax y	/ear.			
(A)								(B)			(C)	
Name and business	address	NC	NE	<u> </u>			4	Description of s	ervices	Comp	ensatio	n
							ļ					
Brist.						<u> </u>	_					
							- 1					
							\dashv					
	*********						┙					
								<u> </u>			<u> </u>	
2 Total number of independent contractors (in	cluding but n	ot lir	nited	to t	thos	e lis	ted	l above) who received m	ore than	: <u></u>	4.25.15m	
\$100,000 of compensation from the organiz	ation 🕨				0							
·								·		Form	990 (2	2017)

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		Check if Schedule C	contains a res	sponse	or note to any li	ne in this Part VIII			
1 1 1 1 1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants	1	a Federated campaigns		1a				laibhi a' bhaile fhair. Na chall bhail de ib	
Gran		b Membership dues		1b					
		c Fundralsing events		1c					
Gifts lar A		d Related organizations		1d					
		e Government grants (con		1e	71,351.				
<u></u>		f All other contributions, gifts							
돌		similar amounts not include		11	781,401.				
출호		g Noncash contributions included			21,330.				
Contributions, and Other Sim	l	h Total. Add lines 1a-1f				852,752.			
					Business Code				
ø	2	a PROGRAM SERV	ICE FEES	3	541900	494,345.	494,345.		
ξ'n		b FACILITY USE	FEES		541900	98,618.	98,618.		
Se		c							
Program Service Revenue									
e e		e	<u> </u>						
ď.		f All other program service	e revenue						
		g Total. Add lines 2a-2f		· ······		592,963.			
	3	Investment income (inclu							
		other similar amounts)		, . , . , , , , , , , ,		25.			25.
	4	Income from investment	of tax-exempt	bond p	roceeds 🕨				
	5	Royaltles							
			(i) Re	eal	(ii) Personal				
	6	a Gross rents							
	1	b Less: rental expenses							
		c Rental income or (loss)						la di la di nasa mikawa La di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di nasa di	
		d Net rental income or (los	s)						
		a Gross amount from sales			(ii) Other				
		assets other than invent	ory			Equipment of the comment			
	1	b Less: cost or other basis							
		and sales expenses							
	١,	c Gain or (loss)							
		d Net gain or (loss)							2 1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2
ø	8 :	a Gross income from fund	ralsing events (not		1			
Revenue		including \$	of	ľ					
e e		contributions reported or	n line 1c). See						
e G		Part IV, line 18		a			Landa office describe comed Daughe, describe estimation (estica)		
othe	ı	b Less: direct expenses							
٥		c Net income or (loss) from							
		a Gross income from gaml							
		Part IV, line 19							
	ı	b Less: direct expenses							
	•	c Net income or (loss) from	n gaming activit	ies		, , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
		a Gross sales of inventory,							
		and allowances		a	20,201.				
	1	b Less; cost of goods sold			15,825.				
		c Net income or (loss) from	sales of invent	tory		4,376.			4,376.
		Miscellaneous Re	venue		Business Code				
	11 a	a MISCELLANEOU	S REVENU	E [900099	13,610.			13,610.
l	ŧ	b		[
I	•	c		,					
	•	d All other revenue	,,	[40.01			
	•	e Total. Add lines 11a-11d				13,610.			40.044
	12	Total revenue. See instructi	ons.		>	1,463,726.	592,963.	0.	18,011.
732009	11-0	29.17							Form 990 (2017)

	Check if Schedule O contains a respon				750
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals, See Part IV, line 22	8,402.	8,402.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees	114,236.		57,118.	57,118
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,127,891.	898,241.	113,700.	115,950
7	Other salaries and wages				
В	Pension plan accruals and contributions (include				-··· -
	section 401(k) and 403(b) employer contributions)	30,375.	23,076.	3,370.	3,929 4,068
9	Other employee benefits	68,732.	60,226.	4,438.	
10 ·	Payroll taxes	90,115.	66,206.	11,611.	12,298
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	15,460.	,	15,460.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	248,464.	240,984.	4,753.	2,727 7,461
12	Advertising and promotion	63,317.	55,301.	555.	7,461
13	Office expenses	69,968.	56,636.	9,078.	4,254
14	Information technology	29,725.	21,160.	2,214.	6,351
15	Royalties			[
16	Occupancy	137,277.	110,081.	14,992.	12,204
17	Travel	26,006.	14,082.	9,975.	1,949
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,772.	6,419.	3,650.	703
20	Interest	3,702.		3,702.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	336,972.	267,777.	37,823.	31,372
23	Insurance	34,780.	27,638.	3,904.	3,238
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) TAXES AND FEES	33,894.	88,	33,197.	609
a	STAFF DVLPMNT/RECRTING	32,416.	7,975.	23,373.	1,068
b	BAD DEBT EXPENSE	2,620.	1,513.	2,620.	1,000
. С	DAV DEDI BAFBROE	4,020.		2,020.	
d	All Al	···			
	All other expenses	2 495 124	1,864,292.	355,533.	265 200
25	Total functional expenses. Add lines 1 through 24e	2,485,124.	1,004,434.	222,333.	265,299
	Joint costs. Complete this line only if the organization	· . i		1	
26		I		l	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

	Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	304,763.	1.	794,956
2	Savings and temporary cash investments	79,858.	2	9,883.
3	Pledges and grants receivable, net	1,185,365.	3	281,141
4	Accounts receivable, net	43,180.	4	37,394
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L.	The street and the street with a street	5	20 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
() B	Inventories for sale or use	15,108.	8	17,740
9	Prepaid expenses and deferred charges	3,972.	9	11,245
	• • • • • • • • • • • • • • • • • • • •		V 34-34-3	Processor of the contract of
	basis. Complete Part VI of Schedule D 10a 6,955, 269.			
ь	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation	2,315,406.	10c	2,059,439
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,262,595.	15	4,165,157
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,210,247.	16	7,376,955
17	Accounts payable and accrued expenses	109,026.	17	105,877
18	Grants payable		18	
19	Deferred revenue	20,396.	19	24,455
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,		100	
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L	rigi isani i izanizi ana ana a	22	to the contract of the contract
23	Secured mortgages and notes payable to unrelated third parties	83,093.	23	63,948.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	9,093.	25	5,155.
26	Total liabilities. Add lines 17 through 25	221,608.	26	199,435.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	5,473,220.	27	5,111,177.
28	Temporarily restricted net assets	2,515,419.	28	2,066,343.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here		. field	
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	The state of the s	30	restriction and the three of the con-
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,988,639.	33	7,177,520.
34	Total liabilities and net assets/fund balances	8,210,247.	34	7,376,955.
		· · · · · · · · · · · · · · · · · · ·		Form 990 (2017

	1 990 (2017) THE BAKKEN	51-01	75508	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	**************	*******		X
			1 463		2.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,463	3,7	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,485		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,021		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,988	, 6	<u> 39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	210	1, 2	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,177	, 5.	20.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	;		`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Andreas Andreas
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		·	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:			- H. P.	
	Separate basis Consolidated basis Both consolidated and separate basis			3.4	
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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			: I.
	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 in Scho	edule O.		4	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			alogende. Alogedek
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				100	0047

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Inspection

Nan	ame of the organization Employer identification number										
		THE	BAKKEN					5	51-0175508		
Pa	rt l	Reason for Public	Charity Status (All organizations must c	omplete th	nis part.) S	ee instructions				
The	orgar	nization is not a private found	dation because it is:	(For lines 1 through 12,	check only	у опе box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in section	on 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). ((Attach Schedule E (Forr	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative	hospital service org	anization described in s	ection 17	0(b)(1)(A)(iii).				
4		A medical research organiz	ration operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	lege or university owne	d or opera	ated by a g	overnmental ui	nit descri	bed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)			•					
6		A federal, state, or local go		mental unit described in	section 1	70(Ь)(1)(А)(v).				
7	X	An organization that norma	illy receives a substa	antial part of its support	from a gov	vernmenta	unit or from th	e genera	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)((ix) operat	ed in conju	unction with a la	and-grant	: college		
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the collec	ge or		
		university:									
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ions, memberst	nip fees, a	and gross receipts from		
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) n	o more tha	an 33 1/3% of it	s suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the org	anization	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 5	09(a)(4).				
12		An organization organized	and operated exclus	lvely for the benefit of, to	o perform	the functi	ons of, or to car	ry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50	99(a)(3), (Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), ty	pically by	/ giving		
		the supported organization	on(s) the power to re	gularly appoint or elect :	a majority	of the dire	ctors or trustee	s of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	f or controlled in connec	tion with i	ts support	ed organization	ı(s), by ha	ving		
		control or management of	of the supporting org	anization vested in the s	ame pers	ons that c	ontrol or manag	e the sur	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С	L		grated. A supportin	g organization operated	in connec	tion with,	and functionally	y integrat	ed with,		
		its supported organizatio		-							
đ	L	☐ Type ill non-functionali	y integrated. A supp	oorting organization oper	ated in co	nnection	with its support	ed organi	ization(s)		
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D	, and Part	V.				
е		Check this box if the orga					a Type I, Type II	l, Type III			
		functionally integrated, or									
		er the number of supported (. , ,						
<u> </u>		vide the following information			□ /w) le Bances	miration liciad	1 2 3 2 2 2 2 2 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount of n support (see ins	-	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See III)S	ii delieris)	support (see instructions)		
]					
						 					
						<u> </u>					
									•		
						<u> </u>					
						 -					

Schedule A (Form 990 or 990-EZ) 2017 THE BAKKEN 51-0175508 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,262,336.	1,096,022.	3,250,784.	503,190.	852,752.	6,965,084.
2	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to		i				
	or expended on its behalf						
3	The value of services or facilities	ľ					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,262,336.	1,096,022.	3,250,784.	503,190.	852,752.	6,965,084.
5	The portion of total contributions	la máj szijlelmelejniált zagyánja tatomosi fi					
	by each person (other than a	a dhichdire a tilea Lumanya (nichdire)	ing Linkardherin i Fann om Graden Ingel				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	атоunt shown on line 11,						
	column (f)					and face the pictoria	4,743,113.
	Public support. Subtract line 5 from line 4.						2,221,971.
	ction B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 503,190.	(e) 2017	(f) Total
	Amounts from line 4	1,262,336.	1,096,022.	3,250,784.	503,190.	852,752.	6,965,084.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 000	1 067	28.	16.	25.	2,225.
_	and income from similar sources	1,089.	1,067.	20.	70.	23.	2,223.
9	Net income from unrelated business						
	activities, whether or not the		·				
	business is regularly carried on			,			
טו	Other income. Do not include gain						
	or loss from the sale of capital	12,230.	17,240.	32,026.	23,445.	13,610.	98,551.
	assets (Explain in Part VI.)	12,230.	17,240.	32,020.	23,443.	13,010.	7,065,860.
	Total support. Add lines 7 through 10		\			12 2	,411,700.
	Gross receipts from related activities, First five years. If the Form 990 is for	•		d fourth or fifth to			, 411, 700.
13	organization, check this box and stop	-	*	•	•		
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2017 (olumn (fl)	• • • • • • • • • • • • • • • • • • • •	14	31.45 %
	Public support percentage from 2016					15	32.04 %
	33 1/3% support test - 2017. If the					ore, check this bo	
	stop here. The organization qualifies						
ь	33 1/3% support test - 2016. If the d						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	_					-
	meets the "facts-and-circumstances"		•	•	•	_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the			- The second of	·		
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization		-	·	- • • • -		
					Sche	dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 THE BAKKEN Part III Support Schedule for Organizations Described in Section 509(a)(2)

(C	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 fail	ils to
qι	ualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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			 			<u> </u>	
·	are not an unrelated trade or bus-						
	iness under section 513						
,				 	 		
*	Tax revenues levied for the organ- ization's benefit and either paid to						
	t I will be ball		i				
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			 			
	Total. Add lines 1 through 5		ļ	 	 		
72	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons			ļ	ļ	 	
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the				i		
	amount on line 13 for the year						
C	Add lines 7a and 7b			·			
	Public support. (Subtrect line 7c from line &.)			Infilial special state	af de la milia di di	Leafur this ish	
	ction B. Total Support	₁	·	T	· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6			ļ			
10a	Gross Income from interest,]	
	dividends, payments received on securities loans, rents, royalties,		ļ			1	
	and income from similar sources					ļ	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				<u></u>	<u> </u>	
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sectlo	on 501(c)(3) organiza	ation,
	check this box and stop here						- l i
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20		···			17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2016. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation, if the organization						
	9 10-06-17					edule A (Form 990	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 táx year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (l) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Pert I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
		7.7
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10b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 16 c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)							
Section D - Distributions		1	Current Year						
1 Amounts paid to supported organizations to accomplish ex	Amounts paid to supported organizations to accomplish exempt purposes								
2 Amounts paid to perform activity that directly furthers exem	Amounts paid to perform activity that directly furthers exempt purposes of supported								
organizations, in excess of income from activity	organizations, in excess of income from activity								
	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval required)	*****								
6 Other distributions (describe in Part VI). See instructions.									
7 Total annual distributions. Add lines 1 through 6.									
8 Distributions to attentive supported organizations to which t	the organization is responsiv	e							
(provide details in Part VI). See instructions.									
9 Distributable amount for 2017 from Section C, line 6									
10 Line 8 amount divided by line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
Distributable amount for 2017 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2017 (reason-									
able cause required- explain in Part VI). See instructions.									
3 Excess distributions carryover, if any, to 2017									
a A - A - A - A - A - A - A - A - A - A									
b From 2013									
c From 2014	Printer i Brown in this book and								
d From 2015									
e From 2016									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2017 distributable amount									
i Carryover from 2012 not applied (see instructions)									
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4 Distributions for 2017 from Section D,									
line 7: \$									
Applied to underdistributions of prior years									
b Applied to 2017 distributable amount			——————————————————————————————————————						
c Remainder, Subtract lines 4a and 4b from 4.	· · · · · · · · · · · · · · · · · · ·								
5 Remaining underdistributions for years prior to 2017, if	erichen er der er ein ein den die die die Greifereit in der eine Geschiede Sta								
any. Subtract lines 3g and 4a from line 2. For result greater									
than zero, explain in Part VI. See instructions.			rjanginggite deplongs						
6 Remaining underdistributions for 2017. Subtract lines 3h		aliya kile Mika kalikali Madali. A hirida kupata da manjila d							
and 4b from line 1. For result greater than zero, explain in		jernom rejer je forbe likula si Mollin koja. Projekje jerne je pojeda ko opralilila se je							
Part VI. See instructions.									
7 Excess distributions carryover to 2018. Add lines 3j									
and 4c.	· · · · · · · · · · · · · · · · · · ·								
8 Breakdown of fine 7:									
a Excess from 2013									
b Excess from 2014									
c Excess from 2015									
d Excess from 2016									
e Excess from 2017									

Part VI	Suppleme Part IV. Secti	ental Informion A, lines 1, 2 7, Section D, lines 5, 6, and 8	2. 3b. 3c. 4b. 4c. 5	he explanations required a. 6. 9a. 9b. 9c. 11a. 11i	o. and 11	c: Part IV. S	ection B. lines 1	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, all information.
SCHEDU	JLE A, P	ART II,	LINE 10,	EXPLANATION	FOR	OTHER	INCOME:	
MISCEL	LANEOUS	REVENU	E					
 								
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							· · · · · ·	
								

SCHEDULE D

(Form 990)

732051 10-09-17

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.

OM8 No. 1545-0047 Open to Public

Name of the organization

THE BAKKEN

Employer identification number 51-0175508

Pa	rt I: Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts.Complete if the
تنا	organization answered "Yes" on Form 990, Part IV, fir		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	.,,,,	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
J	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of	•	_
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	F	torically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	rtified historic structure
	Preservation of open space	1 10001 10001 01 0 0 0	
2	Complete lines 2a through 2d if the organization held a qualit	ied cooservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
ь Б	and the second s		
c	Number of conservation easements on a certified historic str		
d			1
ŭ	listed in the National Register	·	
3	Number of conservation easements modified, transferred, re		********
•	year ▶	, e	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
•	> \$,g	,_,_,_,,_,_,,_,_,,_,_,_,,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	D(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ū	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public extra		
	the text of the footnote to its financial statements that descri		,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	•	
	(ii) Assets included in Form 990, Part X	,,,,	\$ 2,948,523.
2	If the organization received or held works of art, historical trea	asures or other similar assets for financi	
~	the following amounts required to be reported under SFAS 1:		and Sauch bearing
•	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 THE BAK				_				75508	
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
a	X Public exhibition	ď	ı X	Loan or exc	hange progr	ams				
b	X Scholarly research	•	. 🗀	Other						
c	X Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of							_	_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?	********	***********	<u></u>	Yes	X No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	is or other a	ssets not	included		_	
	on Form 990, Part X?							∟	_ Yes	L No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance	,					1c	. 		
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f									,	, , , , , , , , , , , , , , , , , , ,
	Did the organization include an amount on F							∟	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				<u> </u>					
ь	Contributions									
c	Net investment earnings, gains, and losses		ļ							
đ	Grants or scholarships									
θ	Other expenditures for facilities		1							
	and programs									
ŧ	Administrative expenses		1							
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	ig, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for t	he organiz	cation	Γ-	
	by:								- T	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipn									
	Complete if the organization answere			1						
	Description of property	(a) Cost or o		1	or other	٠,	ccumulate		(d) Book	value
		basis (investi	ment)	Dasis	(other)		oreciation			
1a	Land			C 75	2 402		770 3		1 974	160
	Buildings			0,05	2,482.	4,	778,3	- '* •	1,874	, 100.
c	Leasehold improvements			- 5E	1,657.		100,0	0 	1 5 1	,572.
	Equipment				$\frac{1,65}{1,130}$.		17,4			,699.
	Other		V and			l	上1,生		2,059	130
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	าก (B), line 1	oc.)				4,000	, 233.

Schedule D (Form 990) 2017

732053 10-09-17

(9)

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

5,155.

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

THE BAKKEN MUSEUM HAS A COLLECTION OF APPROXIMATELY 11,000 RARE BOOKS AND 2,300 ARTIFACTS DOCUMENTING THE HISTORY OF ELECTRICITY AND MAGNETISM. THE COLLECTION OFFERS A UNIQUE RESOURCE TO SCHOLARS, SCIENTISTS, STUDENTS, TEACHERS, PHYSICIANS, AND THE GENERAL PUBLIC. THE COLLECTION IS UTILIZED IN CHANGING EXHIBITS, PUBLIC PROGRAMS, AND AS A SOURCE OF INFORMATION FOR K-12 EDUCATIONAL PROGRAMS TO INSPIRE GREATER INTEREST IN AND UNDERSTANDING OF SCIENCE.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES Schedule D (Form 990) 2017 732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE I	
(Form 990)	

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.

OM9 No. 1545-0047 Open to Public

Inspection ► Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization THE BAKKEN 51-0175508 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of (c) IRC section (if applicable) (e) Amount of non-cash assistance 1 (a) Name and address of organization (b) EIN (d) Amount of (g) Description of (h) Purpose of grant valuation (book, FMV, appraisal, other) cash grant oncash assistance or assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

ichedule I (Form 990) (2017) THE BAKKEN Part III Grants and Other Assistance to Domestic Individual		organization answ	ered "Yes" on Farm 9	990, Part IV, line 22.	
Part III can be duplicated if additional space is needed.			T		T
(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
ADULT EDUCATION, TEACHER EDUCATION AND RESEARCH	1.				
STIPENDS	26	8,402	0 .	N/A	N/A
		•			
			<u> </u>		
	1				
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			1		
Part IV Supplemental Information. Provide the information rec	quired in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ART 1, LINE 2:				<u>:</u>	
RANT FUND RECIPIENTS ARE DETERMIN	VED THROUG	H AN APPL	ICATION PR	OCESS.	
PPLICANTS PROVIDE THEIR QUALIFICA	ומג פאסדייע	ነ አውወፒ.ፕሮኔጥ	TON STATEM	יישואיי פייטאיי	
ETHICARID PROVIDE TREET COMBITTER	TITOND AMI	o milbiem	TON DIMINE	EMILD TIME	
OUTLINE HOW THEY WILL USE THE FUND	S IN A W	Y THAT WI	LL ADVANCE	THE BAKKEN	
USEUM'S PROGRAMMING OBJECTIVES. F	עמג סתיגוויי	na dotto driv	ONCE ADDI:	ተሮአክጥር አውድ	
IUSEUM S PROGRAMMING OBCECTIVES. P	ANA GUNU	DIBBOKSED	ONCE AFFE.	ICHNID AKE	
PARTICIPATING IN THE BAKKEN MUSEUM	i's progra	AM.			
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE BAKKEN	51-0175508
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SCIENCE THEATER AND OUTREACH: THROUGH INTERACTIVE SCIENC	E THEATER
PERFORMANCES AND WORKSHOPS THE BAKKEN BRINGS SCIENCE AND	HISTORY TO
LIFE AT THE MUSEUM AND IN SCHOOLS AND COMMUNITY SETTINGS	. (25,369
SERVED IN 2017).	
EXPENSES \$ 261,165. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 106,735.
FORM 990, PART VI, SECTION A, LINE 1:	
THE BOARD OF DIRECTORS MAY, BY UNANIMOUS AFFIRMATIVE ACT	ION OF THE ENTIRE
BOARD, DESIGNATE TWO OR MORE OF ITS MEMBERS AS AN EXECUT	IVE COMMITTEE
WHICH, TO THE EXTENT DETERMINED BY THE RESOLUTION OF THE	BOARD, SHALL HAVE
AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMEN	T OF THE BUSINESS
OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL ACT ON	LY IN THE INTERVALS
BETWEEN MEETINGS OF THE BOARD AND SHALL AT ALL TIMES BE	SUBJECT TO THE
CONTROL AND DIRECTION OF THE BOARD.	
FORM 990, PART VI, SECTION A, LINE 2:	
EARL BAKKEN AND BRAD BAKKEN - FAMILY RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BAKKEN'S MANAGEMENT REVIEWS THE FORM 990. THE FINANCE	E COMMITTEE AND
SENIOR STAFF MEET TO REVIEW AND APPROVE THE RETURN. THE I	RETURN IS THEN SENT
TO THE GOVERNING BODY PRIOR TO FILING.	<u> </u>
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BAKKEN ANNUALLY ASKS ALL TRUSTEES AND KEY EMPLOYEES THAT For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	FO COMPLETE A

732211 09-07-17

THE BAKKEN

Employer identification number 51-0175508

CONFLICT OF INTEREST FORM. CONFLICTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR
WITH THE BOARD GOVERNANCE COMMITTEE. TRUSTEES OR KEY EMPLOYEES WHO DISCLOSE
CONFLICTS ARE REQUIRED TO REFRAIN FROM DISCUSSING OR VOTING ON THE
PARTICULAR TRANSACTION IN WHICH HE/SHE HAS AN INTEREST, OR OTHERWISE
ATTEMPTING TO EXERT ANY INFLUENCE ON THE BAKKEN OR ITS COMPONENTS TO AFFECT
A DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTION. ALL
PROCEEDING RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING
MINUTES.

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

THE PERSONNEL COMMITTEE OF THE BAKKEN BOARD OF DIRECTORS EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, AND CONSIDERS THAT IN RELATION TO AT LEAST TWO SALARY SURVEYS, INCLUDING THE MOST RECENT MN COUNCIL OF NONPROFITS SALARY AND BENEFITS SURVEY, IN DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD AND THE ACTION IS DOCUMENTED IN THE MINUTES. THE PROCESS WAS LAST UNDERTAKEN IN 2018.

THE EXECUTIVE DIRECTOR EVALUATES THE PERFORMANCE OF THE DIRECTOR OF FINANCE
AND ADMINISTRATION AND DETERMINES COMPENSATION WITHIN THE SALARY RANGE FOR
THE POSITION, WHICH IS ESTABLISHED BY HUMAN RESOURCES STAFF OR A

CONSULTANT. ALL STAFF COMPENSATION IS APPROVED BY THE BOARD AS PART OF THE
ORGANIZATION'S BUDGET PROCESS. THE PROCESS WAS LAST UNDERTAKEN IN 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH
THE USE OF THEIR WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization THE BAKKEN		Employer identification number 51-0175508
FORM 990, PART XI, LINE 9, CHANGES 1	IN NET ASSETS:	
CHANGE IN PRESENT VALUE DISCOUNT		7,717.
CHANGE IN LEAD TRUST		202,562.
TOTAL TO FORM 990, PART XI, LINE 9		210,279.
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