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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1	Cash – non-interest-bearing	167,071.	53,916.	53,916.
	2	Savings and temporary cash investments	2,538,876.	3,183,579.	3,183,579.
	3	Accounts receivable	3,171.		
		Less: allowance for doubtful accounts		3,508.	3,171.
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	1,741,651.		
		Less: allowance for doubtful accounts		1,831,191.	1,741,651.
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			242.
	10a	Investments – U S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
L I A B I L I T I E S	11	Investments – land, buildings, and equipment: basis	1,990.		
		Less: accumulated depreciation (attach schedule)	SEE. STMT 6	1,990.	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ► SEE STATEMENT 7			1,797.
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		4,540,646.	4,984,356.
					4,984,356.
	17	Accounts payable and accrued expenses	959.	1,937.	
N F E T U N D	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ► SEE STATEMENT 8		1,036,572.	985,883.
	23	Total liabilities (add lines 17 through 22)		1,037,531.	987,820.
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
A S B S A L A N C O R S		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds		3,503,115.	3,996,536.
	30	Total net assets or fund balances (see instructions)		3,503,115.	3,996,536.
	31	Total liabilities and net assets/fund balances (see instructions)		4,540,646.	4,984,356.

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,503,115.
2	Enter amount from Part I, line 27a.	2	44,816.
3	Other increases not included in line 2 (itemize) ► SEE STATEMENT 9	3	451,592.
4	Add lines 1, 2, and 3.	4	3,999,523.
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 10	5	2,987.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	3,996,536.

**Part V Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					(i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	49,695.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3		

**Part VI Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2012	42,989.	2,650,791.	0.016217
2011	35,000.	2,075,283.	0.016865
2010		1,607,393.	
2009		1,566,418.	
2008	25,000.	1,186,376.	0.021073

2 Total of line 1, column (d)

2 0.054155

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 0.010831

4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5

4 3,018,864.

5 Multiply line 4 by line 3

5 32,697.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 1,798.

7 Add lines 5 and 6

7 34,495.

8 Enter qualifying distributions from Part XII, line 4

8 135,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1.	
Date of ruling or determination letter: <u>(attach copy of letter if necessary – see instrs)</u>		
1	1,798.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only) Others enter -0-	
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	
6	<b>Credits/Payments:</b>	
a	2013 estimated tax pmts and 2012 overpayment credited to 2013	6a 2,040.
b	Exempt foreign organizations – tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868)	6c
d	Backup withholding erroneously withheld	6d
7	Total credits and payments. Add lines 6a through 6d	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	242. Refunded
		11 0.

**Part VII-A Statements Regarding Activities**

		Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		
1 b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		
<i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1 c	Did the foundation file <b>Form 1120-POL</b> for this year?		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation	► \$ 0.	(2) On foundation managers	► \$ 0.
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		
<i>If 'Yes,' attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		
<i>If 'Yes,' attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
<ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>		
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions).		
<u>N/A</u>			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		
10	Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		

BAA

Form 990-PF (2013)

**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
Website address ► N/A		
14	The books are in care of ► MARLYS MAGNUSON	Telephone no ► 701-837-0348
	Located at ► 1419 2ND AVE SW; PO BOX 163 MINOT ND	ZIP + 4 ► 58702
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	N/A ► 15 N/A
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes No 16 X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		
1 a	During the year did the foundation (either directly or indirectly):	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	
Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'Yes,' list the years ► 20 __ , 20 __ , 20 __ , 20 __ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 __ , 20 __ , 20 __ , 20 __ .	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If 'Yes,' did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
<b>1</b>	<b><u>TO ENGAGE IN A SOCIAL SERVICE PROGRAM FOR UNWED PARENTS. GRANTS WERE GIVEN TO THREE ORGANIZATIONS WHO SUPPORT PROGRAMS FOR PLANNED PARENTHOOD AND UNWED PARENTS.</u></b>	<b>79,128.</b>
<b>2</b>	-----	
<b>3</b>	-----	
<b>4</b>	-----	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
All other program-related investments. See instructions.		
3		
<b>Total. Add lines 1 through 3.</b>		0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities	1a	2,956,981.
b Average of monthly cash balances	1b	107,856.
c Fair market value of all other assets (see instructions)	1c	
d <b>Total</b> (add lines 1a, b, and c)	1d	3,064,837.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	3,064,837.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	45,973.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,018,864.
6 <b>Minimum investment return.</b> Enter 5% of line 5.	6	150,943.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here □ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	150,943.
2a Tax on investment income for 2013 from Part VI, line 5	2a	1,798.
b Income tax for 2013 (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	1,798.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	149,145.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	149,145.
6 Deduction from distributable amount (see instructions)	6	
7 <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	149,145.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	135,000.
b Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	135,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	1,798.
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	133,202.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				<b>149,145.</b>
<b>2</b> Undistributed income, if any, as of the end of 2013:				
<b>a</b> Enter amount for 2012 only ..			<b>130,529.</b>	
<b>b</b> Total for prior years: 20 ___, 20 ___, 20 ___		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009				
<b>c</b> From 2010				
<b>d</b> From 2011				
<b>e</b> From 2012				
<b>f</b> Total of lines 3a through e.		0.		
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ► \$ <b>135,000.</b>				
<b>a</b> Applied to 2012, but not more than line 2a			<b>130,529.</b>	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)		0.		
<b>d</b> Applied to 2013 distributable amount				<b>4,471.</b>
<b>e</b> Remaining amount distributed out of corpus		0.		
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)		0.		0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		0.		
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b			0.	
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			0.	
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions			0.	
<b>e</b> Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount – see instructions				0.
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				<b>144,674.</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)		0.		
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)		0.		
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a		0.		
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009				
<b>b</b> Excess from 2010				
<b>c</b> Excess from 2011..				
<b>d</b> Excess from 2012..				
<b>e</b> Excess from 2013				



**Part XV** **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
WARD COUNTY SOCIAL SERVICES 400 22ND AVE NW MINOT, ND 58702	N/A	ACTIVE	FUND PROGRAM FOR UNWED PARENTS	35,000.
THE VILLAGE FAMILY SERVICE CENTER 1201 25TH ST. S; BOX 9859 FARGO, ND 58106	N/A	ACTIVE	FUND PROGRAM FOR UNWED PARENTS	44,450.
FIRST DISTRICT HEALTH UNIT 801 11TH AVE SW MINOT, ND 58701	N/A	ACTIVE	FUND PROGRAM FOR UNWED PARENTS	55,550.
<b>Total</b>				► 3a 135,000.
<i>b Approved for future payment</i>				
<b>Total</b>				► 3b

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	97,864.	
4 Dividends and interest from securities			14	87,305.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				24,080.	
8 Gain or (loss) from sales of assets other than inventory					49,695.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				209,249.	49,695.
13 Total. Add line 12, columns (b), (d), and (e)				13	258,944.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash	1 a (1)	X
(2)	Other assets	1 a (2)	X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization	1 b (1)	X
(2)	Purchases of assets from a noncharitable exempt organization	1 b (2)	X
(3)	Rental of facilities, equipment, or other assets	1 b (3)	X
(4)	Reimbursement arrangements	1 b (4)	X
(5)	Loans or loan guarantees	1 b (5)	X
(6)	Performance of services or membership or fundraising solicitations	1 b (6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

<b>(a) Line no.</b>	<b>(b) Amount involved</b>	<b>(c) Name of noncharitable exempt organization</b>	<b>(d) Description of transfers, transactions, and sharing arrangements</b>
N/A			

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

**Sign  
Here**

penalties of perjury, I declare that I have examined this  
document, and complete Declaration or prepare (other than tax  


1 6/13/17

► EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)?

Signature of filer or preparer		Date	Date	X Yes	No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MARLYS MAGNUSON</b>	<i>MARLYS MAGNUSON</i>	<i>4/10/14</i>	<b>P00019838</b>	
	Firm's name	► <b>ACCOUNTING SOLUTIONS, INC.</b>			Firm's EIN ► <b>46-3099976</b>
Firm's address	► <b>PO BOX 163 MINOT, ND 58702-0163</b>			Phone no. <b>701-837-0348</b>	

**BAA**

2013

## FEDERAL STATEMENTS

PAGE 1

CLIENT 1-2010

OPPEN FAMILY GUIDANCE INSTITUTE, INC.

23-7186904

6/10/14

02:28PM

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	\$ 24,080.	\$ 24,080.	\$ 24,080.
TOTAL	<u>\$ 24,080.</u>	<u>\$ 24,080.</u>	<u>\$ 24,080.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	\$ 4,197.	\$ 4,197.	\$ 4,197.	
TOTAL	<u>\$ 4,197.</u>	<u>\$ 4,197.</u>	<u>\$ 4,197.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 16C**  
**OTHER PROFESSIONAL FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	\$ 521.	\$ 521.	\$ 521.	
TOTAL	<u>\$ 521.</u>	<u>\$ 521.</u>	<u>\$ 521.</u>	<u>\$ 0.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	\$ 510.	\$ 510.	\$ 510.	
INCOME TAX EXPENSE	2,040.	2,040.	2,040.	
PAYROLL TAXES	4,207.	4,207.	4,207.	
TOTAL	<u>\$ 6,757.</u>	<u>\$ 6,757.</u>	<u>\$ 6,757.</u>	<u>\$ 0.</u>

2013

## FEDERAL STATEMENTS

PAGE 2

CLIENT 1-2010

OPPEN FAMILY GUIDANCE INSTITUTE, INC.

23-7186904

6/10/14

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**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL REPORT	\$ 10.	\$ 10.	\$ 10.	
DIRECT DEPOSIT FEES	6.	6.	6.	
DUES AND SUBSCRIPTIONS	6,734.	6,734.	6,734.	
MEALS	175.	175.	175.	
OFFICE SUPPLIES	33.	33.	33.	
POSTAGE	140.	140.	140.	
<b>TOTAL</b>	<b>\$ 7,098.</b>	<b>\$ 7,098.</b>	<b>\$ 7,098.</b>	<b>\$ 0.</b>

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 11**  
**INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT	\$ 1,990.	\$ 1,990.	\$ 0.	\$ 0.
<b>TOTAL</b>	<b>\$ 1,990.</b>	<b>\$ 1,990.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**STATEMENT 7**  
**FORM 990-PF, PART II, LINE 15**  
**OTHER ASSETS**

	BOOK VALUE	FAIR MARKET VALUE
CAPITAL CREDITS	\$ 1,797.	\$ 1,797.
<b>TOTAL</b>	<b>\$ 1,797.</b>	<b>\$ 1,797.</b>

**STATEMENT 8**  
**FORM 990-PF, PART II, LINE 22**  
**OTHER LIABILITIES**

DEFERRED GAIN ON INSTALLMENT SALE	..	..	\$ 966,551.
DEFERRED INCOME TAX	..	..	19,331.
ROUNDING	..	..	1.
<b>TOTAL</b>	<b>\$</b>	<b>985,883.</b>	

**2013****FEDERAL STATEMENTS****PAGE 3****CLIENT 1-2010****OPPEN FAMILY GUIDANCE INSTITUTE, INC.****23-7186904**

6/10/14

02:28PM

**STATEMENT 9  
FORM 990-PF, PART III, LINE 3  
OTHER INCREASES**

ACCRUAL TO CASH ADJ. - 2013	\$ 5,615.
CURRENT YEAR MARKET FLUCTUATION.	438,353.
K-1 DISTRIBUTIONS REPORTED ON BOOKS NOT ON RETURN	2,630.
K-1 LOSSES ON RETURN NOT ON BOOKS	4,994.
<b>TOTAL</b>	<b>\$ 451,592.</b>

**STATEMENT 10  
FORM 990-PF, PART III, LINE 5  
OTHER DECREASES**

ACCRUAL TO CASH ADJ. - 2012	\$ 2,920.
K-1 INCOME ON RETURN NOT ON BOOKS	65.
ROUNDING.	2.
<b>TOTAL</b>	<b>\$ 2,987.</b>

**STATEMENT 11  
FORM 990-PF, PART XV, LINE 2A-D  
APPLICATION SUBMISSION INFORMATION****NAME OF GRANT PROGRAM:**

NAME:	OWEN LARSON
CARE OF:	OPPEN FAMILY GUIDENCE INSTITUTE
STREET ADDRESS:	P.O. BOX 200
CITY, STATE, ZIP CODE:	MINOT, ND 58702
TELEPHONE:	701-839-8866
E-MAIL ADDRESS:	
FORM AND CONTENT:	PROPOSAL FORM
SUBMISSION DEADLINES:	NONE
RESTRICTIONS ON AWARDS:	NONE

**2013****FEDERAL STATEMENTS****PAGE 3****CLIENT 1-2010****OPPEN FAMILY GUIDANCE INSTITUTE, INC.****23-7186904**

6/10/14

02:27PM

**STATEMENT 9  
FORM 990-PF, PART III, LINE 3  
OTHER INCREASES**

ACCRAUL TO CASH ADJ. - 2013	\$ 5,615.
CURRENT YEAR MARKET FLUCTUATION	438,353.
K-1 DISTRIBUTIONS REPORTED ON BOOKS NOT ON RETURN	2,630.
K-1 LOSSES ON RETURN NOT ON BOOKS	4,994.
<b>TOTAL</b>	<b>\$ 451,592.</b>

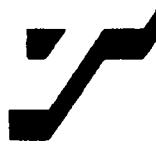
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FORM 990-PF, PART III, LINE 5  
OTHER DECREASES**

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**STATEMENT 11  
FORM 990-PF, PART XV, LINE 2A-D  
APPLICATION SUBMISSION INFORMATION****NAME OF GRANT PROGRAM:**

NAME: OWEN LARSON  
CARE OF: OPPEN FAMILY GUIDENCE INSTITUTE  
STREET ADDRESS: P.O. BOX 200  
CITY, STATE, ZIP CODE: MINOT, ND 58702  
TELEPHONE: 701-839-8866  
E-MAIL ADDRESS:  
FORM AND CONTENT: PROPOSAL FORM  
SUBMISSION DEADLINES: NONE  
RESTRICTIONS ON AWARDS: NONE

- Trinity Hospitals  
One Burdick Expressway West  
Minot, ND 58702-5020  
Ph: (701)-857-5000



Trinity Health  
1 Burdick Expressway West  
Minot, ND 58701  
701-857-5000

### Surgical Pathology Report

\*\*\*\*IF THIS REPORT DOES NOT CONTAIN A DIAGNOSIS/INTERPRETATION SECTION  
AND/OR DOES NOT DISPLAY AN ELECTRONIC SIGNATURE BELOW THE  
DIAGNOSIS/INTERPRETATION SECTION, THEN THIS IS AN INCOMPLETE REPORT\*\*\*\*

Collected Date/Time: 05/05/2014 10:49      Received Date/Time: 05/05/2014 11:10      Pathologist: SIGAUKE MD, ELLEN      Accession Number: SP-14-03435

#### SPECIMEN SOURCE

Rt. Breast 3:00

#### CLINICAL INFORMATION

Rt. Breast Abnormal Ultrasound \_

#### DATE/TIME FIXATIVE ADDED

05/05/14 10:30:00 Tissue fixation time ended\_5-6-14 0200

#### TYPE OF FIXATIVE ADDED

Formalin

#### GROSS DESCRIPTION

A 2 x 1 x 0.3 cm aggregate of multiple tan white tissue fragments. Entirely in one cassette.

ES /KJK

#### MICROSCOPIC

Performed.

#### DIAGNOSIS

RIGHT BREAST AT 3 O'CLOCK, NEEDLE CORE BIOPSIES:

Lab Legend:	@ = Corrected	A = Abnormal	C = Critical	L = Low	H = High	R = Ref Lab	f = Footnote	* = Interpretive Data
Admit Date:	05/05/2014							
Patient Name:	MAGNUSON, MARLYS A							
DOB:	02/26/1963							

Date Printed: 05/19/2014 08:33

MR#: 124086  
Page 1 of 3

Enc#: 1412501552

Req ID: 27174754

- Trinity Hospitals  
One Burdick Expressway West  
Minot, ND 58702-5020

### Surgical Pathology Report

\*\*\*\*IF THIS REPORT DOES NOT CONTAIN A DIAGNOSIS/INTERPRETATION SECTION  
AND/OR DOES NOT DISPLAY AN ELECTRONIC SIGNATURE BELOW THE  
DIAGNOSIS/INTERPRETATION SECTION, THEN THIS IS AN INCOMPLETE REPORT\*\*\*\*

Collected Date/Time: Received Date/Time: Pathologist: Accession Number:  
05/05/2014 10:49 05/05/2014 11:10 SIGAUKE MD, ELLEN SP-14-03435

- INVASIVE DUCTAL CARCINOMA OF BREAST, NOTTINGHAM GRADE 2 (MODERATELY DIFFERENTIATED).

THIS DOCUMENT IS ELECTRONICALLY SIGNED BY ELLEN SIGAUKE ON 05/06/2014 11:37  
ELLEN SIGAUKE  
ES/KJK

Performed at: Trinity Hospital Laboratory, One Burdick Expressway West, Minot, ND 58701

#### COMMENT

Prognostic/hormonal markers have been ordered and will be reported separately.

### Surgical Pathology Estrogen/Progesterone/Her2/neu Report

\*\*\*\*IF THIS REPORT DOES NOT CONTAIN A DIAGNOSIS/INTERPRETATION SECTION  
AND/OR DOES NOT DISPLAY AN ELECTRONIC SIGNATURE BELOW THE  
DIAGNOSIS/INTERPRETATION SECTION, THEN THIS IS AN INCOMPLETE REPORT\*\*\*\*

Collected Date/Time: Received Date/Time: Pathologist: Accession Number:  
05/05/2014 10:49 05/05/2014 11:10 SIGAUKE MD, ELLEN SP-14-03435

#### SPECIMEN SOURCE

Right breast at 3 o'clock

#### ER/PR DATE/TIME FIXATIVE ADDED

05/05/14 10:30:00 Tissue fixation time ended\_5-6-14 0200

#### ER/PR TYPE OF FIXATIVE ADDED

Formalin

Lab Legend	(u) = Corrected	A = Abnormal	C = Critical	I = Low	II = High	R = Ref Lab	f = Footnote	* = Interpretive Data

Patient Name: MAGNUSON, MARLYS A  
DOB: 02/26/1963  
MR#: 124086 Enc#: 1412501552  
Date Printed 05/19/2014 08:33 AM Page 2 of 3 Req ID: 27174754

Trinity Hospitals  
One Burdick Expressway West  
Minot, ND 58702-5020

**Surgical Pathology**  
**Estrogen/Progesterone/Her2/neu Report**

\*\*\*\*IF THIS REPORT DOES NOT CONTAIN A DIAGNOSIS/INTERPRETATION SECTION  
AND/OR DOES NOT DISPLAY AN ELECTRONIC SIGNATURE BELOW THE  
DIAGNOSIS/INTERPRETATION SECTION, THEN THIS IS AN INCOMPLETE REPORT\*\*\*\*

Collected Date/Time: **Received Date/Time:** **Pathologist:** **Accession Number:**  
05/05/2014 10:49 05/05/2014 11:10 SIGAUKE MD, ELLEN SP-14-03435

**INTERPRETATION**

ER(Clone SP1) /PR(Clone 1E2) by immunohistochemistry (Ventana Benchmark IHC with cell conditioner CC1), formalin fixed, paraffin tissue section. Manual nuclear staining interpretation. External and internal controls are adequate. Standard assay conditions met.

**Estrogen Receptor: Positive (strong intensity >90%)**

**Progesterone Receptor: Positive (strong intensity >90%)**

Comment:

THIS DOCUMENT IS ELECTRONICALLY SIGNED BY ELLEN SIGAUKE ON 05/16/2014 09:43  
ELLEN SIGAUKE  
ES/KJK

Performed at: Trinity Hospital Laboratory, One Burdick Expressway West, Minot, ND 58701

**COMMENT**

Please see a separate report (Mayo Clinic), for Her-2-Neu results

Lab Legend	(a) = Corrected	A = Abnormal	C = Critical	L = Low	H = High	R = Ref Lab	f = Footnote	* = Interpretive Data

Patient Name: MAGNUSON, MARLYS A  
DOB: 02/26/1963  
MR#: 124086 Enc#: 1412501552  
Date Printed 05/19/2014 08:33 AM Page 3 of 3 Req ID: 27174754

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ▶

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ▶

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ▶

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions  <b>OPPEN FAMILY GUIDANCE INSTITUTE, INC.</b>	Employer identification number (EIN) or  <b>23-7186904</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions  <b>P.O. BOX 200</b>	Social security number (SSN)  <b>MINOT, ND 58702-0200</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **MARLYS MAGNUSON**

Telephone No. ▶ **701-837-0348** Fax No. ▶ **701-858-0785**

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶  If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15**, 20 **14**, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

►  calendar year 20 **13** or

►  tax year beginning , 20 , and ending , 20 .

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <b>1,798.</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <b>2,040.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <b>0.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.