

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2014 or tax year beginning	and ending	ott dottons to	<u> </u>	o.govnomovopi.	
_	me of fo				A Emplo	oyer identification number	
		TED AND LORRAINE GLASRUD FAM	ILY				
		DATION, INC			30	-0094715	
		d street (or P O box number if mail is not delivered to street address)	F	Room/suite	1	hone number (see instruction:	s)
		E COCHISE RD In state or province, country, and ZIP or foreign postal code			480	0-926-0666	
	-	DISE VALLEY AZ 85253-1	068		C If exer	mption application is pending,	check here
			rn of a former public of	charity	D 1. Fo	reign organizations, check he	ere 🕨 🗍
		Final return Amended	•		}	reign organizations meeting t	
		Address change Name cha	inge			% test, check here and attach	
н (heck	type of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was tem	ninated linder
			le private foundation			n 507(b)(1)(A), check here	▶ □
		ket value of all assets at J Accounting method		crual	F If the f	oundation is in a 60-month te	rmination
		ear (from Part II, col (c), Other (specify)			l	section 507(b)(1)(B), check h	
	•	▶ \$ 4,742,518 (Part I, column (d) must	be on cash basis)		ł		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	/h) Natura		(a) A division di sia	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	14						(cash basis only)
	1 2	Contributions, gifts, grants, etc , received (attach schedule) Check ► X if the foundation is not required to attach Sch B		+		·	
	3	Interest on savings and temporary cash investments	65	5	65		
	4	Dividends and interest from securities	15,288		15,288		
	5a	Gross rents		<u></u>	-0/200	; SEP	7 (15)
a	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	78,386	5		<u> </u>	
Ş	b	Gross sales price for all assets on line 6a 809, 951					
Re	7	Capital gain net income (from Part IV, line 2)			78,386		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 1	228,821		28,821		
	12	Total. Add lines 1 through 11	322,560		22,560	0	***************************************
S	13	Compensation of officers, directors, trustees, etc		 -			
enses	14	Other employee salaries and wages		 			
	15	Pension plans, employee benefits		 			
Exp	16a	Legal fees (attach schedule) Accounting fees (attach schedule) Stmt 2	5,875		2,937		2,938
S C	b	Other professional fees (attach schedule)		' 	2,331		
ıiñistrati	17	Interest		-			
str	18	Taxes Tattach schedule) (see instructions) Stmt 3	2,944		150	-	
Ē	19	Depreciation (attach schedule) and depletion		<u> </u>			
D U	20	Occupancy		1			···
Z	21	Travel, conferences, and meetings					
.≌	22	Printing and publications					
g	23	Other expenses (att sch) Stmt 4	10,492	2	10,467		25
끑	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	19,311		L3,554	0	2,963
ď	25	Contributions, gifts, grants paid	232,500				232,500
Operating and	26	Total expenses and disbursements. Add lines 24 and 25	251,811		L3,554	0	235,463
	27	Subtract line 26 from line 12]		
	а	Excess of revenue over expenses and disbursements	70,749				
	b	Net investment income (if negative, enter -0-)		30	9,006		
	С	Adjusted net income (if negative, enter -0-)		F	- 1	ol	X.

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	raiti	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	14,648	355,052	355,052
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule) > See Wrk 3,678,501			
	[Less allowance for doubtful accounts ▶ 0	3,813,677	3,678,501	3,678,501
ιņ	8	Inventories for sale or use			·
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	investments – corporate stock (attach schedule) See Stmt 5	663,285	528,806	708,965
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			······································
		Less accumulated depreciation (attach sch.)		į	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			······································
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the			
i		instructions Also, see page 1, item I)	4,491,610	4,562,359	4,742,518
1	17	Accounts payable and accrued expenses	<u>'</u>		
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
Į	23	Total liabilities (add lines 17 through 22)	o	0	
1		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
ဦ	24	Unrestricted	4,491,610	4,562,359	
ā	25	Temporarily restricted	5,102,020	3/332/333	
Net Assets or Fund Balar	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
쾨		and complete lines 27 through 31.	ĺ		
히	27	Capital stock, trust principal, or current funds			
뙯	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
٢	30	Total net assets or fund balances (see instructions)	4,491,610	4,562,359	
읭	31	Total liabilities and net assets/fund balances (see	4,451,010	4,502,555	
	31	instructions)	4,491,610	4,562,359	
4	Part II		4,451,010	4,502,559	
_			et agree with		
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must be figure reported on prior year's return)	si agree willi		A AQ1 610
_		f-year figure reported on prior year's return)		1 1	4,491,610
		amount from Part I, line 27a		2	70,749
		Increases not included in line 2 (itemize) ▶		3	A E62 2E0
		nes 1, 2, and 3		4	4,562,359
		ases not included in line 2 (itemize)	\	5	4 560 050
b	rotal	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (t	o), line 30	6	4,562,359

Pa	а	А	3
Гα	u		•

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
12 See Worksheet						
b						
С						
d						
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or other basis s expense of sale		(h) Gain or ((e) plus (f) mii	
_a						
<u>b</u>				·		
<u>-c</u>				-		
_d						
Complete only for assets shown	g gain in column (h) and owned by the fo	Lundation on 12	131/60			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of col (i)	col (Gains (Col. (h) (k), but not less Losses (from c	s than -0-) or
			or cor gy, it dity		<u>·</u>	
<u>a</u> b						
			··· ·			
d						
e						
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in		}	2		78,386
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	-	-	-		
_	, column (c) (see instructions) If (loss),	·	7			
Part I, line 8]	3		27,378
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax on N	let Investment Incon	10		
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net ır	ivestment income)			
If section 4940(d)(2) applies, leave th	nis part blank					
Was the foundation liable for the sec	tion 4942 tax on the distributable amoun	t of any year in	the base period?		Г	Yes X No
	lify under section 4940(e) Do not complete		the base period?		L.	_ 1es 21 NO
	each column for each year; see the instr		naking any entries			
(a)	(b)	T TOTAL				d)
Base period years Calendar year (or tax year beginning in	Automate describinates de la companya de la company	Ne	(c) t value of noncharitable-use assets			tion ratio led by col. (c))
2013		,413	4,677,9	32	(00) (0) (1)	0.047331
2012		,276	4,564,7			0.048037
2011		,440	4,469,2			0.037465
2010		,200	3,409,0	28		0.002112
2009	1	,838	139,0	75		0.013216
2 Total of line 1, column (d)				_2		0.148161
3 Average distribution ratio for the	5-year base period – divide the total on I	ne 2 by 5, or by	the			
number of years the foundation h	has been in existence if less than 5 years	i		3		0.029632
4 Enter the net value of noncharital	ble-use assets for 2014 from Part X, line	5		4	4	1,780,748
5 Multiply line 4 by line 3				5		<u>141,663</u>
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		3,090
						144 550
7 Add lines 5 and 6				7		144,753
0. Enter auglifium distributions for	a Dark VIII. lima A					225 462
8 Enter qualifying distributions from		١٠٠٠ اسمو	that want order = 400 to 1	<u>8</u>		235,463
Part VI instructions	n line 7, check the box in Part VI, line 1b	, and complete	inai pari using a 1% tax rat	e See the		
r art vi motructions						

Forn	1 990-PF (2014) THE TED AND LORRAINE GLASRUD FAMILY 30-0094715			F	Page 4
_P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			3,	090
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2			_3,	090
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			3,	090
6	Credits/Payments Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached				59
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			3,	149
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 2015 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	$\neg \neg$		Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	Ī			
	Instructions for the definition)?	ľ	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	Γ			
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?	ĺ	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	İ	2		x
	If "Yes," attach a detailed description of the activities		_		
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? If "Yes," attach a conformed copy of the changes		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_ T	4a		x
b		<i>•</i> ⊢	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	-	X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	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?	Ì	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	<u> </u>	7	<u>x</u>	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)		İ		
	MN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
5	(or designate) of each state as required by General Instruction G? If "No," attach explanation	F	8ь	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	F	~~		
•	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	Ì	1		
	complete Part XIV	Ì	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	-		-22
	names and addresses		10		X
	Herrico and additioned		10		47

Form	990-PF (2014) THE TED AND LORRAINE GLASRUD FAMILY 30-0094715			Pa	<u>age 5</u>
_Pa	urt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		1		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)		12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	_X_	
	Website address ► N/A				
14	The books are in care of ▶ Deborah Lentsch Telephone no.	▶ 480-9	926-	066	6
	5032 E Cochise Road				
	Located at ▶ Paradise Valley AZ ZIP+4	▶ 8525	3		
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	15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If				
	"Yes," enter the name of the foreign country				
P	rt 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.			Yes	No
1a	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?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_			
	disqualified person? Yes				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<u></u>			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X 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)?	X 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)	X 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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
С	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 2014?	N/A	1c		
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))				
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2014?	X No		l	
	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)	N/A	2b		
С	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				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2014 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			l	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			1	
	foundation had excess business holdings in 2014)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b	1	X
		I	Form 99	0-PF	(2014)

		D LORRAINE GLASRUD					<u>F</u>	Page 6
P	rt VII-B Statements Regar	ding Activities for Which For	<u>rm 4720 May Be F</u>	Required (con	tinued)	,	,	
5a	During the year did the foundation pay	or incur any amount to		_				
	(1) Carry on propaganda, or otherwis	e attempt to influence legislation (sect	ion 4945(e))?		Yes X No			
	(2) Influence the outcome of any spec	cific public election (see section 4955)	, or to carry on,	_				
	directly or indirectly, any voter reg	stration drive?			Yes X No			
	(3) Provide a grant to an individual fo	r travel, study, or other sımılar purpose	es?		Yes X No			
	(4) Provide a grant to an organization	other than a charitable, etc , organiza	ition described in	_				
	section 4945(d)(4)(A)? (see instru	ctions)			Yes X No		1	
	(5) Provide for any purpose other than	n religious, charitable, scientific, literar	ry, or educational		_			
	purposes, or for the prevention of	cruelty to children or animals?			Yes X No			
ь	If any answer is "Yes" to 5a(1)–(5), did	i any of the transactions fail to qualify	under the exceptions of	described in	_			
	Regulations section 53 4945 or in a cu	ırrent notice regarding disaster assista	ance (see instructions)	?	N/A	5b_		↓_
	Organizations relying on a current not	• •			▶ □			
C	if the answer is "Yes" to question 5a(4		n from the tax	4				
	because it maintained expenditure res			N/A	Yes No			
	If "Yes," attach the statement required							
6a	Did the foundation, during the year, re	ceive any funds, directly or indirectly, t	to pay premiums					
	on a personal benefit contract?				Yes X No			
ь	Did the foundation, during the year, pa	ay premiums, directly or indirectly, on a	a personal benefit cont	ract?		6b		X
_	If "Yes" to 6b, file Form 8870				- হিল			
	At any time during the tax year, was the				Yes X No			
	If "Yes," did the foundation receive any				N/A	7b	Ш	<u> </u>
Pa	rt VIII Information About (and Contractors	Officers, Directors, Trustees,	roundation wan	agers, Hignly	Paid Employ	ees,		
1 1	ist all officers, directors, trustees, fo	undation managers and their comp	onestion (eas instruc	tions)				
<u> </u>	ist an omocis, ancotors, nustees, re	andation managers and their comp	lensation (see instruc		(d) Contributions to	T -		
	(a) Name an	d address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Ex	pense a	ccount,
	fay Haine an	d addition	devoted to position	enter -0-)	plans and deferred compensation	othe	er allowa	nces
	aron E Glasrud	Woodbury	Secretary		1	 		
	46 Sunbury Drive	MN 55125	1.00	١ .	.			0
	borah Lentsch	Paradise Valley	CEO	<u>_</u>	<u>-</u>	1 -		
	32 E Cochise Road	AZ 85253	2.00		.	,		0
	Compensation of five highest-paid	employees (other than those include	ed on line 1 - see ins	tructions). If non	e, enter			
	"NONE."	. , .						
			(b) Title, and average		(d) Contributions to	<u> </u>		
	(a) Name and address of each employe	ee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		релse ad r allowa	
			devoted to position		compensation	Oute	anowa	1003
NO.	NE .							
						l		
								
							_	
							_	_
				<u></u>	l	L		
otal	number of other employees paid over	\$50,000				<u> </u>		0
					F	orm 99	0-PF	(2014)

Form 990-PF (2	2014) THE TED AND LORRAINE GLASRUD FAMI	LY 30-0094715	Page
Part VIII	Information About Officers, Directors, Trustees, Found and Contractors (continued)		
3 Five high	nest-paid independent contractors for professional services (see instru	ictions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	· · · · · · · · · · · · · · · · · · ·		
Total number of	f others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	i's four largest direct charitable activities during the tax year. Include relevant statistical information s other beneficiaries served, conferences convened, research papers produced, etc	such as the number of	Expenses
1 See S	Statement 6		
2	<u> </u>		
3			
4			
5 JIV 5	Owner of Branch Balance I beautiful to the state of the s		L
Part IX-B	Summary of Program-Related Investments (see Instru-	ctions)	Amount
1 N/A	angust program rotated in control made by the todated on daming the tax year of mice in an a		Amount
2			
All other program-r	related investments. See instructions		
3	•		
Total. Add lines	1 through 3	>	

Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 235,463 Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 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 Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 235,463 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2014)

Page	C

P	art XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7				235,947
2	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			231,259	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2014				***************************************
а	From 2009				
b	From 2010				
С	From 2011				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$235,463				
а	Applied to 2013, but not more than line 2a			231,259	
b	Applied to undistributed income of prior years			· · · · · · · · · · · · · · · · · · ·	
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2014 distributable amount				4,204
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract	······································			
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	***************************************	<u> </u>		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	***************************************	-		
	amount – see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2014 Subtract lines			····	
	4d and 5 from line 1. This amount must be				
	distributed in 2015				231,743
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
В	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				***************************************
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
_			I		

P	art XIV Private Operating For	ındations (see ır	structions and Pa	rt VII-A, question 9					
1a	If the foundation has received a ruling or	determination letter t	hat it is a private opera	iting					
	foundation, and the ruling is effective for 2014, enter the date of the ruling								
b									
2a	Enter the lesser of the adjusted net	Tax year	3 :22::24:07: 40001	Prior 3 years		W/\~/			
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total			
	investment return from Part X for	121	15,20,0	(0,2512	(9/2011				
_	each year listed		 	 					
þ	85% of line 2a		 		 				
С	Qualifying distributions from Part XII,								
	line 4 for each year listed			 					
d	Amounts included in line 2c not used directly								
	for active conduct of exempt activities		 						
е	Qualifying distributions made directly								
	for active conduct of exempt activities								
	Subtract line 2d from line 2c			<u> </u>					
3	Complete 3a, b, or c for the								
	alternative test relied upon								
а	"Assets" alternative test – enter								
	(1) Value of all assets								
	(2) Value of assets qualifying under								
	section 4942(j)(3)(B)(i)			<u> </u>					
b	"Endowment" alternative test – enter 2/3								
-	of minimum investment return shown in			1					
	Part X, line 6 for each year listed								
С	"Support" alternative test – enter					- -			
Ŭ	(1) Total support other than gross								
	investment income (interest,		†						
	dividends, rents, payments on			lii					
	securities loans (section				ĺ				
	512(a)(5)), or royalties)		_						
	(2) Support from general public								
	and 5 or more exempt								
	organizations as provided in								
	section 4942(j)(3)(B)(III)		 	 					
	(3) Largest amount of support from			i					
	an exempt organization	-· - 							
	(4) Gross investment income		41.1	41 5 14	107.000				
Pa	rt XV Supplementary Inform		-	the foundation ha	ad \$5,000 or more	in assets at			
	any time during the ye		tions.)						
1	Information Regarding Foundation Ma	-							
а	List any managers of the foundation who				•				
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2))				
	_N/A								
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	ion (or an equally large	portion of the				
	ownership of a partnership or other entity)	of which the foundat	tion has a 10% or grea	ter interest					
	N/A								
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	nolarship, etc., Progra	ams:					
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charital	ole organizations and d	oes not accept				
	unsolicited requests for funds If the found	dation makes gifts, gr	ants, etc (see instruct	ions) to individuals or c	organizations under				
	other conditions, complete items 2a, b, c,								
a	The name, address, and telephone numb		of the person to whom	applications should be	addressed				
~	Deborah Lentsch								
	5032 E Cochise Rd Pa	radise Val	lev AZ 8525	3-1068					
h	The form in which applications should be								
Ŋ	N/A	SUDMINICO AND INIUM	ianon and materials th	sy should include					
		·							
С	Any submission deadlines								
•	N/A								
d	Any restrictions or limitations on awards,	such as by geograph	ıcaı areas, charıtable fi	eids, kinds of institution	ns, or other				
	factors								
	N/A								

Form 990-PF (2014) THE TED AND LORRAINE GLASRUD FAMILY 30-0094715

F	a	g	е	1	•

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient or substantial contributor Name and address (home or business) a Paid during the year See Statement 7 232,500 232,500 Total **▶** 3a b Approved for future payment N/A Total ▶ 3b

Part XVI-A	Analysis of Income-Producing Act	tivities				1 490 11
	ounts unless otherwise indicated		d business income	Excluded by	section 512, 513, or 514	· · · · · · · · · · · · · · · · · · ·
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program se	ervice revenue	 	<u> </u>			(See Instructions)
		 		 		
		ļ .		+	_	
f						
_	nd contracts from government agencies	1		-		
	p dues and assessments			14	65	
	savings and temporary cash investments	-		14	15,288	·
_	and interest from securities			1.4	13,200	
	ncome or (loss) from real estate nanced property	 				
	nanced property ot-financed property					
	ncome or (loss) from personal property	 		+		
7 Other inves		 		14	228,821	
	s) from sales of assets other than inventory			18	78,386	
	e or (loss) from special events			+		
	t or (loss) from sales of inventory					
	nue a			+		
						· · · · · · · · · · · · · · · · · · ·
е						
12 Subtotal A	dd columns (b), (d), and (e)			0	322,560	C
13 Total. Add	line 12, columns (b), (d), and (e)				13	322,560
(See worksheet	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the Ac	ccomplishme	ent of Exempt I	Purposes		
Line No.	Explain below how each activity for which income					
▼	accomplishment of the foundation's exempt purpo	oses (other than	by providing funds f	for such purpo	ses) (See instruction	ons)
N/A						
						
						
						
		<u> </u>				
						
			· · · · · · · · · · · · · · · · · · ·			
		<u> </u>				
			····			
_ 			· · · · · · · · · · · · · · · · · · ·			
			·			
		· · · · · · · · · · · · · · · · · · ·				
		· ·				
		-				
		-				
	 					

Form 990								/ith Noncharitable	Pa	age 1
		Exempt Organiz	_				ationships vi			
		inization directly or inc				-			Yes	No
		01(c) of the Code (oth	er than secti	ion 501(c)(3) orga	inizations) or in se	ection 527, rela	ting to political			
•	anization	is? om the reporting found	dation to a n	ancharitable aven	nnt organization s	.e		į		
	Cash	on the reporting round	Janon to a m	Onchantable exem	npt organization t	N		1a(1)	x
٠,	Other a	ssets						1a(X
	ner transa									
		f assets to a noncharit	table exempt	t organization				16(1)	x
(2)	Purchas	ses of assets from a ne	oncharitable	exempt organiza	tion			1b(2)	X
(3)	Rental o	of facilities, equipment	t, or other as	sets				<u>1b(</u>	3)	X
		rsement arrangement	S					<u>1b(</u>		X
		r loan guarantees						<u>1b(</u>		X
		ance of services or m	· · · · · · · · · · · · · · · · · · ·	=				1b(X
	-	acılıtıes, equipment, m r to any of the above i	-	· ·		mn (h) abauld	ahuaya ahay tha	four market	<u>. l</u>	<u> </u>
		goods, other assets,			-		-			
		transaction or sharing								
(a) Lin		(b) Amount involved		ne of noncharitable exe				transactions, and sharing arrange	ments	
N/A										
			ļ							
			 							
			 							
			 -							
										
			 -		_	<u> </u>				
			 							
								······································		
			1							
					<u> </u>					
			<u> </u>							
		ation directly or indirec	-				ızatıons		_	=
		section 501(c) of the	•	than section 501	(c)(3)) or in sectio	n 527?			Yes 2	No.
b If "Y		plete the following sc	hedule							
N/F	<u>_</u>) Name of organization		(b) Type of	organization		(c) Descr	iption of relationship		
										
		· · · · · · · · · · · · · · · · · · ·								
		alties of perjury, I declare the decomplete Declaration of p						f my knowledge and belief, it is t	rue,	
1	-	a complete Books attended of	propuror (outor	and (axpayor) to bace	a on all illiorniadon of	million proparet had	any knomeage	May the IRS discuss the		
Sigh /								with the preparer show (see instructions)?	i below 【 Yes [No
Here		1 Lace		⇒ _	1 6	11	\	<u> </u>		
Λ	<u> </u>	turo of affice or building				114/15		ICER		
		ture of officer or trustee			Date		Title			
	Print/Typ	oe preparer's name			Preparer's signatu	re		Date	Check	
Paid	Darce	M. Rasmussei	n		Den	1 Lower	user 1	CPA 18/28/19	- self-er	mployed
Preparer	Firm's na			Butler, G	erlach &	Brazil	, LTD	PTIN	- .l	
Use Only					Suite 30			Firm's EIN ▶		
		St. I			-1800	-		Phone no 651-6	90-1	040

651-690-1040 Form 990-PF (2014)

5,034

				GLASRUI
000 DE	Capital Gains and Losse	es for Tax on Investment Inc	ome	2044
Form 990-PF			ľ	2014
	alendar year 2014, or tax year beginning	, and ending		
Name THE TED AND LOT	RRAINE GLASRUD FAMIL	♥	Employer ide	ntification Number
FOUNDATION, IN		1	30-0094	715
		(b) How acquired	(c) Date acquired	(d) Date sold
2-story bri	escribe the kind(s) of property sold, e.g., real estate, ck warehouse, or common stock, 200 shs. MLC Co	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
(1) ANADARKO PETI	ROLEUM CORP	P	03/06/14	04/04/14
(2) ANADARKO PETI	ROLEUM CORP	P	03/06/14	06/12/14
(3) BANK AMERICA	CORP	P	02/28/14	05/07/14
(4) BOEING		P	03/06/14	10/23/14
(5) CAPITAL ONE I		P	03/04/13	02/05/14
(6) CAPITAL ONE I	FINL CORP	P	01/18/13	02/05/14
(7) CELGENE CORP		P	04/11/14	04/29/14
(8) COMCAST CORP		P P	01/07/13	07/08/14
(9) COMCAST CORP (10) DELTA AIRLINE	ES INC	P	11/21/13	07/08/14
(11) DISCOVER FINI		P	03/20/13	01/23/14
(12) DOW CHEMICAL		P	07/22/14	12/08/14
(13) GOOGLE INC		P	11/27/13	12/05/14
(14) GOOGLE INC		P	11/27/13	12/05/14
(15) L BRANDS		P	03/09/11	12/08/14
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	(h) Gam (e) plus (f)	or (loss)
00 100	(or allowable)	plus expense of sale	(e) plus (t)	
(1) 20,180		17,243		2,937
(2) 32,238 (3) 29,532		25,864 33,596		6,374 -4,064
10 100		51,583		-3,084 -3,097
(4) 48,486 (5) 20,493		15,866		4,627
(6) 20,493		17,155		3,338
(7) 29,170		27,452		1,718
(8) 26,917		18,997	_	7,920
(9) 26,917		20,197		6,720
(10) 52,347		42,203		10,144
(11) 52,792		45,157		7,635
(12) 48,331		52,475		-4,144
(13) 21,014		21,277		-263
(14) 21,192		21,346		-154
(15) 8,193		3,159		5,034
Complete only for accets she	owing gain in column (h) and owned by th	on foundation on 12/21/60		
	owing gain in column (h) and owned by th		(I) Gains (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col* (k), but not les Losses (from	s than -0-) Or
(1)				2,937
(2)				6,374
(3)				-4,064
(4)				-3,097
(5)				4,627
(6)				3,338
(7)				1,718
(8)				7,920
(9)				6,720
(10)			<u> </u>	10,144 7,635
(11)			<u> </u>	7,635
(12)				-4,144 -263
(13)				-263 -154
(14)				134

(15)

Form 990-PF	Capital Gains and Losses	s for Tax on Inve	estment Ind	come	2014		
For calen	dar year 2014, or tax year beginning		, and ending				
Name	ATAMA OT A COLOR DANCTEN			Employer Ider	ntification Number		
THE TED AND LORRE FOUNDATION, INC	AINE GLASRUD FAMILY	···		30-0094715			
(a) List and describ 2-story brick wa	be the kind(s) of property sold, e.g., real estate, arehouse, or common stock, 200 shs. MLC Co	(b) How acquired P-Purchase D-Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
(1) L BRANDS			P	06/08/11	12/08/14		
(2) MACYS			P	03/04/13	02/06/14		
(3) MACYS			P	03/09/12	02/06/14		
(4) NIKE INC			<u> P</u>	12/17/13	05/07/14		
(5) NIKE INC	20.20		<u>P</u>	03/06/14	05/07/20		
(6) OCCIDENTAL PETI			<u>P</u>	03/02/12	12/08/14 12/08/14		
(7) OCCIDENTAL PETI	·		P P	10/13/11	07/08/14		
7			P	03/06/12	07/08/14		
	<u> </u>		 P	03/06/12	12/08/14		
(10) VF CORP (11) WHOLE FOODS MAI	RKET INC		P	09/29/11	05/07/14		
(12) WHOLE FOODS MAI			P	03/02/12	05/07/14		
(13) WHOLE FOODS MAI			P	03/04/13	05/01/71		
(14) VINGRD S&9 500			P	10/15/14	10/31/14		
(15)			·				
(10)				L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other b	pasis pale	(h) Gain (e) plus (f)	or (loss) minus (g)		
(1) 32,772		14	,443		18,329		
(2) 15,677			2,530		3,147		
(3) 36,581			3,013		8,568		
(4) 36,079			,525		-2,446		
(5) 21,647			3,591		-1,944		
(6) 22,848			,271		-7,423		
(7) 22,848			3,591		-743		
(8) 19,853		12	2,580		7,273		
(9) 19,853		16	5,538		3,315		
(10) 14,520			,022		2,498		
(11) 23,017			,652		2,365		
(12) 15,345			, 672		-1,327		
(13) 15,345			,220	<u></u>	-1,875		
(14) 55,271		51	.,347		3,924		
(15)							
Complete only for assets showing	g gain in column (h) and owned by the	foundation on 12/31/69		<i>m</i>	4.		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of co over col (j), if a	ol (i) any	(I) Gains (Col col (k), but not less Losses (from	(h) gain minus s than -0-) Of col (h))		
(1)					18,329		
(2)					3,147		
(3)					8,568		
(4)					-2,446		
(5)					-1,944		
(6)					-7,423		
(7)		ļ			-743		
(8)		 			7,273		
(9)					3,315		
(10)			·		2,498		
(11)		<u> </u>			2,365		
(12)		 			-1,327		
(13)		<u> </u>			-1,875		
(14)		<u> </u>			3,924		
(15)	L			L ,			

4 2,938 2,938 Adjusted Net Charitable Charitable Charitable Purpose Purpose Purpose ncome Ś Ś Net Investment 228,821 228,821 Adjusted Net Adjusted Net Adjusted Income Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 11 - Other Income Statement 3 - Form 990-PF, Part I, Line 18 - Taxes S 2,937 150 150 2,937 10,467 10,467 228,821 228,821 Revenue per Investment Investment Investment GLASRUD THE TED AND LORRAINE GLASRUD FAMILY

Federal Statements Books Net S 25 10,467 2,794 150 2,944 5,875 5,875 10,492 Total Total Total Ś Description MN FILING FEE INVESTMENT MANAGEMENT FEE PROMISSORY NOTE INTEREST Description Description Description ACCOUNTING FEES FYE: 12/31/2014 FEDERAL TAX FOREIGN TAX Total Total Total Total Expenses

GLASRUD THE TED AND LORRAINE GLASRUD FAMILY 30-0094715 FYE: 12/31/2014

Investments
ock
St
rporate
Co
10b -
Line
t II,
Par
님
990
orm 9
비
Statement 5

Fair Market Value	49,42	3,71	19	59,030	, 32	67.116	+ -	70,875				50.064		43.275	1	62 424	75 / 7		47,280)	1.02	4,61	28,668	4,94		708,965	
Basis of Valuation	Cost	0.5	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost) ((((((((((((((((((() (C	Cost	Cost	Cost	Cost	1000 Table	Cost	Cost	0	€¢.	
End of Year	\$ 49,170	2,88	0,30	2, LL 1 01	r /	41,178		41,470				47,186		23,057	•	55,933			36,414		7,96	2,07	21,039	6,06		528,806	
Beginning of Year	L	42,883	T	7717	33,020		9,19	41,470	2,20	5,15	2,62		7,60	3,05			8.52	55,807	6,41	9,11	7,96		21,039		54,543	\$ 663,285 \$	
Description	AMERICAN TOWER CORP 500 SH	500 AUC	O1. 00	SOURCES 240 S	T 600	CORP	T CORP 1000 SH	LE 500	LINES 1500 SH	R FINAN	NC 40 SH	MORGAN CHAS	BRANDS 500	വ	1000	MARRIOTT INTL 800 SH	NIKE 500 SH	AL E	200	NES 600 SH	CORP 500	124	ONTO DOMI	RP 600 SH	WHOLE FOODS MARKET 500 SH	Total	

GLASRUD THE TED AND LORRAINE GLASRUD FAMILY 30-0094715 Federal Statements

FYE: 12/31/2014

Statement 6 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

The Ted and Lorraine Glasrud Family Foundation solicits and reviews grant applications associated with the charitable goals and interest of the members of the Foundation.

GLASRUD THE TED AND LORRAINE GLASRUD FAMILY 30-0094715 FYE: 12/31/2014

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount		10,000	10,000	10,000	5.000) (0) (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	15,000	4,000	10.000	0000	20,000		15,000	15.000)))	10,000	10,000	L	000'51	7,500	000		10,000	10,000
	Purpose	OLDITATIO MEMILI TIME HIMTEGI	nealin and noman services	HEALTH AND HUMAN SERVICES	EDUCATION	HEALTH AND HUMAN SERVICES		EDUCALION	HEALTH AND HUMAN SERVICES	ENVIRONMENTAL STEWARDSHIP		EDUCATION		HEALTH AND HUMAN SERVICES	HEALTH AND HUMAN SERVICES		HEALTH AND HUMAN SERVICES	HEALTH AND HUMAN SERVICES	VOITHE DEVIET OPMENT		YOUTH DEVELOPMENT	YOUTH DEVELOPMENT		EDUCATION	HEALTH AND HUMAN SERVICES
Address	Relationship Status	5035 SE FEDERAL HIGHWAY	11500 SE LARES AVENUE	501C(3)	501 (C) (3)	3915 GOLDEN VALLEY ROAD 501C(3)	550 SOUTH ALBERT STREET	3124 W ROYAL OAKS DRIVE	501(C) (3)		P.O. BOX 2276		2000 ST ANTHONY AVE	501(C)(3)		P.O. BOX 251488	501(C)(3) 430 SF OSCEOIN STEEF	501C	505 NORTH COURT STREET	3585 SE ST I	E	3525 WEST MIDWAY ROAD 501(C)(3)	172 EAST FOURTH STREET	501C(3) 3577 CORPORATE PARKWAY	501(C)(3)
Name	Address	BIG BROTHERS BIG SISTERS	BOYS AND GIRLS CLUBS	HOBE SOUND FL 33475 COE FUND COE COLLEGE		COURAGE CENTER MINNEAPOLIS MN 55422	CRETIN-DERHAM HALL ST PAIIT MN 55116	ENCHANTED EVENING PROJECT	VISALIA CA 93277	UART FL 34996	IGH BEST FOUNDATION	INVER GROVE HEIGHTS MN 55	KEYSTONE COMMUNITY SERVICES	SI FAUL MN 33104 MARTIN MEMORTAI, FOUNDATION		MILK & HONEY MISSIONS, INC	WOODBURY MN 55125 MOLLY'S HOUSE	STUART FL 34994	PRO YOUTH HEART VISALTA CA 93291	_	STUART FL 34997		PUBLIC 1	SAINT PAUL MN 55101 TYKES AND TEENS	

GLASRUD THE TED AND LORRAINE GLASRUD FAMILY 30-0094715 30-0094715 FYE: 12/31/2014

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	20.000	•	2,500		10,000		5,000		10,000		3,500	232,500
	Am												
į	Purpose	EDUCATION		ENVIRONMENTAL STEWARDSHIP		HEALTH & HUMAN SERVICES		HEALTH & HUMAN SERVICES		HEALTH & HUMAN SERVICES		HEALTH & HUMAN SERVICES	
Address	Status	AVENUE 501C(3)	MAITLAND AVE.	501(C)(3)	DIXIE HIGHWAY	501(C)(3)	CLECKLEY WAY	501(C)(3)	NLAP ST.	501(C)(3)	DE LEON BLVD	501(C)(3)	
Ado	Relationship	FOUN 4855 BLOOM A	500 N. MAITI		2400 NE DIXI		4434 SE CLEC		409 NORTH DUNLAP ST.		2555 PONCE D		
Name	Address	WHITE BEAR LAKE AREA EDUCATION FOUN 4855 BLOOM AVENUE WHITE BEAR LAKE MN 55110	SAVE THE MANATEE CLUB	MAITLAND FL 32751	HIBISCUS CHILDREN'S CENTER	JENSE BEACH FL 34957	MISS INC.	STUART FL 34997	OPEN CITIES HEALTH CENTER	ST. PAUL MN 55104	EARLY LEARNING COALITION	CORAL GABLES FL 33134	Total

THE TED AND LORRAINE GLASRUD FAMILY FOUNDATION, INC 30-0094715

Part II Balance Sheets
7) Other notes and loans receivable schedule

	Beginning	End	FMV	Beginning	End	FMV
Description	Rec/loan	Rec/Loan	rec/Loan	Allowance	Allowance	Allowance
Promissory Note assignments from Theodore Glasrud 2009 Revocable Trust 3 Promissory Notes, each principal sum of \$502,704, 6% per annum _. payable ın 20 equal annual installments of principal and interest	1,377,593	1,328,766	1,328,766			
Promissory Note assignment from Sharon E. Glasrud Promissory Note, principal sum of \$888,963, 6% per annum payable in 20 equal annual installments of principal and interest	812,028	783,245	783,245			
Promissory Note assignment from Deborah G. Lentsch Promissory Note, principal sum of \$888,963, 6% per annum payable in 20 equal annual installments of principal and interest	812,028	783,245	783,245			
Promissory Note assignment from Theodore G. Glasrud Promissory Note, principal sum of \$888,963, 6% per annum payable in 20 equal annual installments of principal and interest	812,028	783,245	783,245			
TOTALS	3,813,677	3,678,501	3,678,501			

GLASRUD THE TED AND LORRAINE GLASRUD FAMILY **Federal Statements** 30-0094715 FYE: 12/31/2014 **Taxable Interest on Investments** US Unrelated Exclusion Postal Description Amount Business Code Code Code Obs (\$ or %) BAIRD 14 MN 65 Total **Taxable Dividends from Securities** Unrelated **Exclusion Postal** US Business Code Code Code Obs (\$ or %) Description Amount 15,288 BAIRD 14 MN 15,288 Total Other Investment Income Unrelated Exclusion Postal Description Amount **Business Code** Code Code PROMISSORY NOTE INTEREST 228,821 14 MN 228,821 Total

(Rev January 2014)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

Inte	mal Revenue Service	Information about Form 8868 and its instructions is at www.irs.gov/form8868.	
•	If you are filing for an Au	tomatic 3-Month Extension, complete only Part and check this box	► X
•	If you are filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part (bn page 2 of this form).	
Do	not complete Part II un	lessyou have already been granted an automatic 3-month extension 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 and click on e-file for Charities & Nonprofits 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	Name of exempt organization or other filer, see instructions THE TED AND LORRAINE GLASRUD FAMILY	Employer identification number (EIN) or
•	FOUNDATION, INC	30-0094715
File by the	Number, street, and room or suite no. If a P.O box, see instructions. 5032 E COCHISE RD	Social security number (SSN)
due date for filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
return See instructions	PARADISE VALLEY AZ 85253-1068	

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

04

Return	Application	Return
Code	ls For	Code
01	Form 990-T (corporation)	07
02	Form 1041-A	08
03	Form 4720 (other than individual)	09
04	Form 5227	10
05	Form 6069	11
06	Form 8870	12
	Code 01 02 03 04 05	Code Is For 01 Form 990-T (corporation) 02 Form 1041-A 03 Form 4720 (other than individual) 04 Form 5227 05 Form 6069

Deborah Lentsch 5032 E Cochise Road

•	The books are in the care of ▶ Paradise Valley		AZ	85253	
•	Telephone No. ► 480 - 926 - 0666 FAX No ► If the organization does not have an office or place of business in the United States, check this box				▶ []
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is			
	ne whole group, check this box If it is for part of the group, check this box and attach				
	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 08/17/15, to file the exempt organization return for the organization named above. The extension is				
	for the organization's return for:				
	► X calendar year 2014 or				
	tax year beginning , and ending				
2	If the tax year entered in line 1 is for less than 12 months, check reason Initial 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	\$		0
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.	3ь	\$		0
С	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.	3с	\$		0
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-FO and Form 8879-FO for r	avmen	t instructions		

Form 8868 (R	ev. 1-2014)					Page 2		
• If you are	filing for an Additional (Not Automatic) 3-Mo	onth Extension, co	mplete only Part and che	ck this box		► X		
Note. Only co	mplete Part II if you have already been granted	l an automatic 3-mor	nth extension on a previousl	y filed Form 8868.				
If you are	filing for an Automatic 3-Month Extension, of	complete only Part	(on page 1)					
Part II	Additional (Not Automatic) 3-Mor	nth Extension o	f Time. Only file the o	original (no copies	s needed).			
				Enter filer's identi	ifying numbe	r, see instruction		
Type or	Name of exempt organization or other filer, s	or other filer, see instructions Employer			/er identification number (EIN) or			
print	THE TED AND LORRAINE	GLASRUD FA	MILY					
	FOUNDATION, INC 30-0					0094715		
	Number, street, and room or suite no. If a P O. box, see instructions. Social se				security number (SSN)			
File by the due date for	5032 E COCHISE RD							
filing your	City, town or post office, state, and ZIP code	. For a foreign addre	ess, see instructions.					
return See								
instructions								
	PARADISE VALLEY	AZ 85253	-1068					
Enter the Retu	ım code for the return that this application is for	r (file a separate app	lication for each return)			04		
			·		•			
Application	1	Return	Application			Return		
ls For		Code	ls For					
Form 990 or	r Form 990-EZ	01		· · · · · · · · · · · · · · · · · · ·				
Form 990-B		02	Form 1041-A	orm 1041-A				
Form 4720 (03		Form 4720 (other than individual)				
Form 990-P		04	Form 5227			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11				
	(trust other than above)	06	Form 8870			12		
	t complete Part II if you were not already g		<u> </u>					
 If the orga If this is fo for the whole g list with the na 4 I reques 5 For cale 6 If the tax Cha 7 State in Addi 	e No. 480-926-0666 nization does not have an office or place of bus r a Group Return, enter the organization's four group, check this box The sand EINs of all members the extension is to the an additional 3-month extension of time until indar year 2014, or other tax year began year entered in line 5 is for less than 12 monthinge in accounting period detail why you need the extension tional time is requested accurate return.	digit Group Exemptor for part of the group for. 08/17/15 ginning as, check reason:	States, check this box on Number (GEN) , check this box and ending Initial return	If this is If this is and attach a Final return to prepare	e a com	▶ □		
			·					
	plication is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069, enter ti	ne tentative tax, less any			-		
nonrefundable credits. See instructions.				8a	\$	0		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	d tax payments made. Include any prior year o	verpayment allowed	as a credit and any	ļ	4	_		
	paid previously with Form 8868.	8b	\$	0				
	e due. Subtract line 8b from line 8a. Include you	FTPS		_				
(Electror	nic Federal Tax Payment System). See instruct	ions.		8c	\$	0		
	Signature and V	erification mus	t be completed for P	art II only.				
	s of perjury, I declare that I have examined this I belief, it is true, correct, and complete, and the	_	prepare this form.	tatements, and to the	Date ▶	8 / 3 //5 8868 (Rev 1-2014)		
	()				Form	. UOUO (Rev. 1-2014)		

DAA