Public Inspection CopyEXEMPT ORGANIZATION RETURNS

For The Year Ended December 31, 2008

C.K. BLANDIN FOUNDATION

CLIENT COPY RETAIN FOR YOUR RECORDS

A Claric brow Carebook Ca	Form 990-T	E	xempt Organization Bus	ine	ss Income	Tax Returr) <u> </u>	2008	
A	Department of the Treasury Internal Revenue Service	(and proxy tax under section 6033(e)) For calendar year 2008 or other tax year beginning and ending Open to Public Inspect 501(c)(3) Organization							
Spice 1200 1		Name of organization (Check box if name changed and see instructions.)						DEmployer identification number (Employees' trust, see instructions	
Spice 1200 1	B Exempt under section	Print	C.K. BLANDIN FOUNDATIO	41-6038619					
300 300		07		E Unrela	ted business activity codes				
GRAND RAPIDS MN 55744 531120		Туре		,					
C Book value of all assets Forum parametric number (See instructions for Blook F.) 3.2, 9.25, 6.35. 4 Describe the organizations of primary unrelated business activity. ▶ SEE STATEMENT 1 Juring the tax year, was the corporation is subsidiary in an affiliated group or a parent-subsidiary contrade group? ▶ Yes X No Juring the tax year, was the corporation is subsidiary in an affiliated group or a parent-subsidiary contrade group? ▶ Yes X No Juring the Xuey, was the corporation is subsidiary in an affiliated group or a parent-subsidiary contrade group? ▶ Yes X No Juring the Xuey, was the corporation in a affiliated group or a parent-subsidiary contrade group? ▶ Yes X No Juring the Xuey and the group of the parent corporation. ▶ July 19 He books are in cars of ▶ JEAN LANE Telephone number ▶ 218 - 326 - 052.3 Part I Unrelated Trade or Business Incorne (A) Incorne (B) Exposes (C) Not 1 Consideration or all selevances C Not 1 Consideration or all selevances	408A 530(a)		City or town, state, and ZIP code				1		
Solicy			<u> </u>				531120		
331, 925, 635.					501(c) truet	401(a) trust		Other truct	
H Describe the organization's primary unrelated usainess activity. ▶ SEE STATEMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a perint-laudidary controlled group? ▶ 1 Yes	331,825,635.	011001	To guination type P		50 N(a) 11 doi:		_		
If Yes, other the name and identifying number of the parent corporation. →		n's prim	ary unrelated business activity. 🕨 💍 S	EE	STATEMENT	1:			
The books are in earn of FIRAN LANE Telephone number 218-326-0523				nt-subs	diary controlled groι	ıp? ▶ [Ye	s X No	
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net									
1									
Descriptions and allowances Description Control growth of the Composition Control growth of the Composition Control growth of the Composition Control growth of the			de or Business Income		(A) Income	(B) Expense	\$	(C) Net	
2	· ·			1.					
Section Content Cont			c Balance						
Capital gain net income (attach Schedule D) Her pain (loss) (Form 4797, Part II, Ihr 17) (attach Form 4797) Ab									
b let glain (loss) (Form 4797, Part II, line 17) (attach Form 4797)									
Comparison of Officers of Income (Sos deduction for trusts Sincome (loss) from partnerships and S corporations (attach statument) Sincome (Sos deductions (Sos deduction									
Topic Companies Companie				 -					
Rent Income (Schedule C) 7 Unrelated debt-linanced Income (Schedule E) 7	c Capital loss deductio	n ior trus	ing and Coornerations (attach statement)		20 57	7 CIIMI	¬ —	20 577	
Intreated debt-financed income (Schedule E)				H	20,37	/ DIMI	-	40,317.	
Interest, annuitles, royalities, and rents from controlled organizations (Sch.F.). 8	7 Uprelated debt finance	ule () and inno	ma (Sahadula E)						
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				 	<u></u> .				
Schedule G 9 9				P					
10 Exploited exempt activity income (Schedule I) 10 11 11 12 12 13 17 12 13 17 14 15 15 18 18 18 18 18 18				ا ، ا					
11 Advertising income (Schedule J) 12 13 70tal. Combine lines 3 through 12 28 , 577 28 58 , 58 , 58 , 58 , 58 , 58 , 58 , 5	10 Evaluited everant set	iuitu inac	uma (Cahadula I)	-					
12 Other Income (See instructions; attach schedule.) 12 28 , 577 . 28 , 577 .									
	11 Advertising income (otruction	s J)						
Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)					28 57	7		28 577	
Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 15 15 15 15 16 16 16 16								20,377.	
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules.) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Contributions to deferred compensation plans 24 25 24 Contributions to deferred compensation plans 24 25 25 Excess exempt expenses (Schedule J) 25 26 26 Excess exempt expenses (Schedule J) 27 28 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 28 29 0 29 Total deduction schedule of the amount on line 30 31 30 28,577. 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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Specific deduction (Generally \$1,000, but see instructions for exceptions) 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 27,577.	Not operating toos occurrency (institution and allowing of the state of the st							00 EEE	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	oz Unrelated Dusiness	iaxadie i "avaacad	mourne before specific deduction. Subtract line 31 ft	rom line	: ა∪	***************************************	-		
of zero or line 32	3/ Haralated busts	oee ter	y \$ 1,000, but see ilistructions for exceptions)	20 to	roator than line an	ntar the amellar	33	T,000.	
							Form 990-T (2008)		

	Tax Computation		
35 Orga	anizations Taxable as Corporations. See instructions for tax computation.		
Con	trolled group members (sections 1561 and 1563) check here See instructions and:		
a Ente	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	er organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
	Additional 3% tax (not more than \$100,000)		
e Inco	ome tax on the amount on line 34	950	4,137.
	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from;	► 35c	4,13/•
30 1108		.	
07 D	Tax rate schedule or Schedule D (Form 1041)	36	
	xy tax. See instructions		
38 Alter	mative minimum tax	38	4 4 5 =
	at. Add lines 37 and 38 to line 35c or 36, whichever applies	39	4,137.
	Tax and Payments		
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
	er credits (see instructions) 40b		
c Gend	eral business credit. Attach Form 3800 40c		
d Cred	dit for prior year minimum tax (attach Form 8801 or 8827) 40d		
e Tota	al credits. Add lines 40a through 40d	40e	
41 Subt	tract line 40e from line 39	41	4,137.
42 Othe	tract line 40e from line 39 or taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	e) 42	
43 Tota	or taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduled tax. Add lines 41 and 42	43	4,137.
	ments: A 2007 overpayment credited to 2008 44a 6 , 2 3 6	; -	4,1371
	8 estimated tax payments 44b	''	
e Tay	deposited with Form 8868 44c	.	
d Foro	ign organizations: Tax paid or withheld at source (see instructions) 44d	_	
a Pask	sign organizations, has paid or withheld at Source (see instructions)	_	
f Other	sup withholding (see instructions) 44e		
ı Otne	er credits and payments: Form 2439 Other Total ▶ 44f		
نــــا	Form 4136	_	
45 Tota	ul payments. Add lines 44a through 44f	45	6,236.
46 Estin	nated tax penalty (see instructions). Check if Form 2220 is attached LX.	. 46	
47 Tax	due. If line 45 is less than the total of lines 43 and 46, enter amount owed	▶ 47	
48 Over	rpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	▶ 48	2,099.
49 Ente	r the amount of line 48 you want: Credited to 2009 estimated tax 🕨 2,099. Refunded	▶ 49	0.
	Statements Regarding Certain Activities and Other Information (See instructions on p		
1 At any tin	ne during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial	account	Yes No
(bank, se	curities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Ba	nk and	Х
Financial	Accounts If VES, enter the name of the foreign country here		
2 During the If YES, see	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? page 5 of the Instructions for other forms the organization may have to file.		X
3 Enter the	amount of tax-exempt interest received or accrued during the tax year ▶\$	**********	
	A - Cost of Goods Sold. Enter method of inventory valuation	 	
	N/A		
1 Inventory	y at beginning of year 1 6 inventory at end of year	6	
2 Purchase		· ·	<u></u>
	abor 3 from line 5. Enter here and in Part I, line 2	7	
4 a Additions		1	1
	****		Yes No
	dd lines 1 through 4b 5 the organization?		X
Sign	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowledge a	nd bellef, it is true,
Here S	all days	May the IR	discuss this return with
licie	toom 1 (18) 89 reasures Finances		r shown below (see
	Signature of officer Date Title Director	instructions)? X Yes No
Paid	Preparer's Date Check if	Preparer's	SSN or PTIN
Paid Preparer's	signature South 1111313001 self-employed		0078514
Use Only		41-07	
	employed), address and 220 SOUTH SIXTH STREET, SUITE 300 Phone no		
	ZIP code MINNEAPOLIS, MN 55402		-376-4500
			Form 000-T (2000)

1 Description of property									
(1)									
(2)									
(3)									
(4)						I			
	2 Rent receive					3/a\Deductions direc	tly con	nnected with the income in	
(a) From personal property (if the rent for personal property is 10% but not more than	more than	of rent for i	and personal proper personal property ex int is based on profit	ceeds 50% or	ntage if	columns 2(a)	and 2((b) (attach schedule)	
(1)		<u> </u>							
(2)		 						***************************************	
(3)									
(4) Fotal	0.	Total			0.				
c) Total income. Add totals of colu		1			<u> </u>	(b) Total deductions.			
ere and on page 1, Part I, line 6, co					0.	Enter here and on page 1, Part I, line 6, column (B)		. 0	
Schedule E - Unrelated			e instructions of	n page 19)		Tarti, into c, column (b)			
						3 Deductions directly co			
			2 Gross ind or allocable	come from e to debt-	/01	to debt-fina	nced p		
1 Description of d	lebt-financed property		financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		· · · · · · · · · · · · · · · · · · ·							
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average acquisition 5 Average debt on or allocable to debt-financed of or a property (attach schedule) debt-fina			6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
	(ariac	ch schedule)					_		
(1)	1		<u> </u>	%					
(2)				%					
(3)	<u> </u>	 		<u>%</u>					
(4)				%	-		-	Catan bear and an area of	
						ere and on page 1, ne 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals				.	▶	(0.	0	
Total dividends-received deduction					<u> </u>			0	
Schedule F - Interest, A	nnuities, Roya	Ities, and Re	nts From C	ontrolle	d Orga	nizations (See in	struc	ctions on page 20)	
· · · · · · · · · · · · · · · · · · ·	T i		pt Controlled C			· · · · · · · · · · · · · · · · · · ·			
1 Name of controlled organizatio	n i	2	3	1	4	5 Part of column 4 ti	hat is	6 Deductions directly	
·	Employer lo				f specified Ints made	included in the controlling organization's gross incom		ling connected with income	
	<u> </u>								
(1)		 		<u> </u>					
(2)				<u> </u>					
(3)				<u> </u>					
(4)	ations			<u> </u>					
Nonexempt Controlled Organiza									
7 Taxable Income	8 Net unrelated incor (see Instruction		lotal of specified pay made	made in the cor		of column 9 that is included controlling organization's gross income		11 Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)									
) <i>(</i>					Add column	s 5 and 10	Add	columns 6 and 14	
				E		nd on page 1, Part I,	Enter	columns 6 and 11. r here and on page 1, Part I, 3, column (B).	
Totals						0.		(
323721 03-09-09								Form 990-T (20	

	DIETHDIN I CO					. 003001.	
Schedule G - Investme	ent Income of a tructions on page 21)	Section 501(c)	(7), (9), or (17) O	ganizati	ion		
1 Description of Income			2 Amount of income	3 Dedu directly co (attach se	onnected	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col, 3 plus col, 4)
(1)							(00, 0 p.a. 00, 1)
			<u> </u>				-
(2)							
(4)							
,			Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals			0.				0.
Schedule I - Exploited			er Than Advertis	ing Inco	me		- h
1 Description of exploited activity	2 Gross unrelated business thooms from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5	5 Gross from activis not un business	vity that related	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			through 7.				· · · · · · · · · · · · · · · · · · ·
(2)							
(3)		* .					
(4)				*			
· · ·	Enter here and on page 1, Part 1, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			·. · · · · · · · · · · · · · · · · · ·		Enter here and on page 1, Part II, line 26.
Totals	0.	0					0.
Schedule J - Advertis							
Part I Income From	Periodicals Rep	orted on a Co	nsolidated Basis	i			
1 Name of periodical	2 Gross advertising Income	3 Direct advertising cos	4 Advertising gain or (loss) (col. 2 minus ts col. 3). if a gain, compucols. 5 through 7.	5 Circ	culation come	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							*
(2)							
(3)						•	
(4)							
		0.	0.				0
Totals (carry to Part II, line (5)) Part II Income From	Periodicals Rep	orted on a Se		 each perio	dical listed in	n Part II, fill in	0 .
columns 2 unrough	h 7 on a line-by-line ba	asis.)		-1			
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	4 Advertising gain or (loss) (col. 2 minus col. 3), If a gain, computed s. 5 through 7.		culation come	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							<u>-</u>
(5) Totals from Part I	Enter here and		0.				0.
	page 1, Part I	page 1, Part I,					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)			0.	inetruotio	ne on hade (0
Solieudie K - Comper	isation of Office	ia, Directors,	anu mustees (set	ononiaen e	ns on page 2		
1 Name			2 Title		time devoted to business to un		ensation attributable related business
						%	
						%	
						%	

823731 03-09-09 0.

%

Total, Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DEBT FINANCED RENTAL REAL ESTATE FROM PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHI	PS STATEMENT
DESCRIPTION	AMOUNT
SEE STATEMENT 3	28,577.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	28,577.

	2008
	UBIT
	Income
G&I II Ten Brookline Place LLC	3,446
Baker Communications Fund II	(10)
European Strategic Parnters II	(167)
Lyme Northern Forest Products	6,077
Metropolitan RE II	812
Portfolio Advisors II	3,099
RCP QP I	1,113
RCP QP II	2,218
Rosemont Partners II, LP	11,989
Totals	28,577
	28,577