# Form **990-PF**

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

2005

OMB No. 1545-0052

For calendar year 2005, or tax year beginning and ending X Amended return Final return G Check all that apply: Initial return Address change Name change Name of organization A Employer identification number Use the IRS label. Otherwise, C.K. BLANDIN FOUNDATION 41-6038619 print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type. 218-326-0523 100 N POKEGAMA AVENUE See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. 1. Foreign organizations, check here <u>GRAND RAPIDS, MN</u> 55744 2. Foreign organizations meeting the 85% test, check here and attach computation ...... X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated X Accrual I Fair market value of all assets at end of year J Accounting method: under section 507(b)(1)(A), check here ... > (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 423,323,009. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ... ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 17,806,844 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 908,828 STATEMENT 908,828 5a Gross rents b Net rental income or (loss) 3,559,322 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 7 Capital gain net income (from Part IV, line 2) 2,284,457 8 Net short-term capital gain Income modifications 9 Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 160,509 0.STATEMENT 2 11 Other income 251,473 3,353,794. Total. Add lines 1 through 11 22,526,467 Ο. 12 Compensation of officers, directors, trustees, etc. 51MT 626,827 0. 0. 620,443. 13 Other employee salaries and wages 1,100,359 0. 0. 1,097,723. 14 Pension plans, employee benefits 0 509,758. 0. <u>625,154.</u> 15 16a Legal fees STMT 3 152,525. О. 152,525. 0. b Accounting fees STMT 4 52,700. 0. 0. 52,700. c Other professional fees STMT 5 1,810,907. 209,965. 0. 1,601,812. Administrative 758,529. 0. 761,054. 0. 17 Interest Taxes STMT 6 1,150. 19,565. 0. 0. 18 261,608. 0. 19 Depreciation and depletion 0. 125,562 124,559. 20 Occupancy 0 0 21 Travel, conferences, and meetings STMT 684,674. 0. 0. 686,352. and, Printing and publications 112,716. 0. 0 108,947. 22 426,942 Other expenses STMT 0. 436,601. 23 0. Operating Total operating and administrative SEE 24 expenses. Add lines 13 through 23 FOOTNOTE 0 6,642,672 209,965 <u>6,269,020.</u> 16,700,302. 25 Contributions, gifts, grants paid ..... 8,976,419. 26 Total expenses and disbursements. 15,245,439. Add lines 24 and 25 23,342,974. 209,965 27 Subtract line 26 from line 12: -816,507 a Excess of revenue over expenses and disbursements 3,143,829 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2005)

# 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	381,127,309.
2	Enter amount from Part I, line 27a	2	816,507.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 8	3	5,019,754.
4	Add lines 1, 2, and 3	4	385,330,556.
	Decreases not included in line 2 (itemize) ► UNREALIZED GAIN(LOSS) ON INVESTMENTS	5	819,317.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	384,511,239.

Form **990-PF** (2005)

	BLANDIN FOUNDA  Ind Losses for Tax on In		Income			_	<u>41-603</u>	8619 Page 3
(a) List and describe	e the kind(s) of property sold (e.g.	., real estate,		( <b>b)</b> Ho	ow acquired Purchase Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
		WILO 00.)		D -	Donation	- (1110:		(, day, y)
SEE ATTACHED	STATEMENT 25							
<u> </u>				Щ.				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	t or other basis of sale				Gain or (loss lus (f) minus	
1								
1								
								2,284,457
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains	(Col. (h) gai	
(I) E M V == = ( 10/01/00	(j) Adjusted basis	(k) Exc	cess of col. (i)		(	còi. (k), bi	ut not less that	an -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any			Loss	es (from col.	(n)) —
		_						
<u> </u>								2 204 457
								2,284,457
Capital gain net income or (net capi	tal loss). { If gain, also ente	r in Part I, line	7 }		2			2,284,457
			<i>(</i> )	····  -	-			2,201,157
Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co	) as defined in sections (222(5) al plumn (c).	na (6):		7				
If (loss), enter -0- in Part I, line 8				}	3		N/2	Α
Part V Qualification Un	der Section 4940(e) for	r Reduced	Tax on Net	t Inve	stment l	ncome		
section 4940(d)(2) applies, leave this as the organization liable for the sect "Yes," the organization does not qual Enter the appropriate amount in ea	ion 4942 tax on the distributable a	complete this p	art.			······		Yes X No
(a) Base period years Calendar year (or tax year beginning	(b)		Net value of n	(c)	table-use ass	ets	Dist	ibution ratio livided by col. (c))
2004	3 111/	7,818.			609,18		(00: (0) (	• 77147
2003		3,174.			584,48			.38659
2002		38,906.			020,79			.45349
2001		04,222.			270,42			.45412
2000	18,43	37,638.		42	497,7	57.		
Total of line 1, column (d)							2	2.499 <u>5</u> 4
Average distribution ratio for the 5			•	•				40000
the foundation has been in existen	ce it less than 5 years						3	.49990
Enter the net value of nencheritable	a usa sasata far 2005 from Dart V	line E						50,212,507
Enter the net value of noncharitable	e-use assets for 2005 from Part A	, 11110 5	•••••			····· —	4	<u>50,212,507</u>
Multiply line 4 by line 3							5	25,101,634
manapiy into a by into o								<u>~~, ~</u> 0
Enter 1% of net investment income	e (1% of Part I, line 27b)						6	31,438
	,							
Add lines 5 and 6							7	25,133,072
Enter qualifying distributions from	Part XII, line 4					L	8	<u>15,417,367</u>
If line 8 is equal to or greater than	line 7, check the box in Part VI, lin	e 1b, and comp	olete that part usi	ing a 19	% tax rate.			
See the Part VI instructions.								
23521/01-05-06								Form <b>990-PF</b> (200

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e		$\frac{41-6038}{948-500}$			age 4	
		, 01 4	940 - 566	msuuc	LIOII	5)	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)						
	Domestic organizations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<b>P</b>	1	62	, 87	<u>/ •                                    </u>	
	of Part I, line 27b						
	All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			<u> </u>	
_	Add lines 1 and 2		3	62	8,87		
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	62	2,8	<u> 17.</u>	
	Credits/Payments:						
		<u>753.</u>					
	Exempt foreign organizations - tax withheld at source 6b						
		000.					
	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d		7	111	.,7!	<u>53.</u>	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	48	3,8'	76.	
11	Enter the amount of line 10 to be: Credited to 2006 estimated tax	ded 🖊	11			0.	
_	rt VII-A Statements Regarding Activities			1		<u> </u>	
1a	During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or			_	Yes		
	any political campaign?			1a		_X_	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for define	nition)?		1b		<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	s <i>publi</i> s	hed or	1 1	Ì		
	distributed by the organization in connection with the activities.						
C	Did the organization file Form 1120-POL for this year?			10		_X_	
d					1		
	(1) On the organization. ► \$ O . (2) On organization managers. ►\$	0.	_	1 (		1	
е	Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization	nization		1 (	1		
	managers. ► \$ 0 •						
2	2 Has the organization engaged in any activities that have not previously been reported to the IRS?						
	If "Yes," attach a detailed description of the activities.						
3	Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incor	poration	, or		ı	1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		Х	
4a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				Х		
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					Х	
	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:					1	
	By language in the governing instrument, or					1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the stat	e law				
	remain in the governing instrument?			6	X		
7	Did the organization have at least \$5,000 in assets at any time during the year?			7	X		
·	If "Yes," complete Part II, col. (c), and Part XV.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			-			
-	MN			-		1	
h	of the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or design	ate\		-			
	of each state as required by General Instruction G? If "No," attach explanation			Вb	Х		
9	Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)			50	- 41		
3				9		x	
10	year 2005 or the taxable year beginning in 2005 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.						
					v	X	
11	Web site address ► <u>WWW.BLANDINFOUNDATION.ORG</u>		•••••	11	X		
40			N 21 0 '	226 0	E22	,	
12	The books are in care of JEAN LANE  Teleph					,	
40	Located at > 100 N. POKEGAMA AVE., GRAND RAPIDS, MN						
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				▶	▶	
5235	and enter the amount of tax-exempt interest received or accrued during the year				/A	/00007	
01-0	5-06			Form <b>99(</b>	,-PF	(2005)	

rm 990-PF (2005) C.K. BLANDIN FOUNDATION 41-6038 Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u>619</u>	F	Page 5
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the organization (either directly or indirectly):		-	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?		1	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		Ì	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		Ì	
(5) Transfer any income or assets to a disqualified person (or make any of either available		Ì	
for the benefit or use of a disqualified person)?		i	
(6) Agree to pay money or property to a government official? (Exception, Check "No"		1	
if the organization agreed to make a grant to or to employ the official for a period after		. 1	
termination of government service, if terminating within 90 days.)			
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 page 20 of the instructions)?	1b		X
Organizations relying on a current notice regarding disaster assistance check here			
c Did the organization 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 2005?	1c		Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2005, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			1
before 2005? Yes X No	1	1	
If "Yes," list the years	1	1	
b Are there any years listed in 2a for which the organization is <b>not</b> 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			l
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<b>&gt;</b>		1	}
3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time	Ì	1	1
during the year? Yes X No		1	1
b If "Yes," did it have excess business holdings in 2005 as a result of (1) any purchase by the organization or disqualified persons after			ì
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			1
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 organization had excess business holdings in 2005.) N/A	3b		
4a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
<b>b</b> Did the organization 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 2005?	4b		Х
5a During the year did the organization pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	1	1	1
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,			
any voter registration drive? Yes X No		1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		1	1
(4) Provide a grant to an organization other than a charitable, etc., organization described in section		1	
509(a)(1), (2), or (3), or section 4940(d)(2)?	1	-	-
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for	1	1	1
the prevention of cruelty to children or animals?	1	1	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b	X	
Organizations relying on a current notice regarding disaster assistance check here	.	1	
c If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained			
expenditure responsibility for the grant?			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal benefit contract?			
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		x
= 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.		_	

Form **990-PF** (2005)

10310214 131839 15511

If you answered "Yes" to 6b, also file Form 8870.

Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devote to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		626,827.	27,088	19,799.
		-		
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If no	ne, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	PROGRAM DIR	ECTOR		
100 N. POKEGAMA AVE. GRAND RAPIDS, MN		125,643.	15,077	987.
GENE RADECKI SEE FOOTNOTE				
100 N. POKEGAMA AVE. GRAND RAPIDS, MN WADE FAUTH	45.00 SENIOR PROG	159,672. OFFICER		
100 N. POKEGAMA AVE. GRAND RAPIDS, MN	1	96,599.	11,520	. 1,968.
	PROGRAM DIR		11,520	. 1,500.
100 N. POKEGAMA AVE. GRAND RAPIDS, MN		101,275	12,115	. 3,857.
PATRICK MARX	COMMUNICATI			
100 N. POKEGAMA AVE. GRAND RAPIDS, MN	45.00	113,129	13,503	. 3,633
Total number of other employees paid over \$50,000			<b>&gt;</b>	
3 Five highest-paid independent contractors for professional service				
(a) Name and address of each person paid more than \$50,000		(b) Type of ser	vice	(c) Compensation
CINDY WILCOX		ADERSHIP		100 550
14510 WOODRUFF RD., WAYZATA, MN 5539			SENIOR	100,550
MEASE & TRUDEAU 821 RAYMOND AVE, #300, ST. PAUL, MN		ADERSHIP DI AINING	ESIGN &	82,500
SEE CHANGE		ADERSHIP P	ROGRAM	02,500
37 EDNA ST, SAN FRANCISCO, CA 94112		ALUATORS	.cogidai	96,000
GARY FIELDS DEVELOPMENT STRATEGIES		BLIC		30,000
1759 YORKSHIRE AVE, ST PAUL, MN 55116		LICY/BROAD	BAND CON	62,565
MOSS CAIRNS LLC		JBLIC		
1766 JAMES AVE S, MINNEAPOLIS, MN 554	103 PC	LICY/FORES'	TRY CONS	68,700
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<u></u>		<b>&gt;</b>	
List the foundation's four largest direct charitable activities during the tax year. Incl number of organizations and other beneficiaries served, conferences convened, re-				Expenses
1 SEE STATEMENTS 18 & 26 FOR DETAIL OF	DIRECT CHA	RITABLE		
ACTIVITIES.				,656,672
2				,030,012
3				
4				
4				

Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 NE VENTURE CORP		
		FF 000
		<u>75,000.</u>
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<u>75,000.</u>
Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations, s	ee 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	50 <u>,</u> 309,775.
b Average of monthly cash balances	1b	<u>290,216.</u>
c Fair market value of all other assets		<u>377,173.</u>
d Total (add lines 1a, b, and c)		50,977,164.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d		50,977,164.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		764,657.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		50,212,507.
6 Minimum investment return. Enter 5% of line 5		2,510,625.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations of the foreign organizations check here and do not complete this part.)		2,510,625.
1 Minimum investment return from Part X, line 6	77	<u> </u>
2a Tax on investment income for 2005 from Part VI, line 5 2a 62,8	7.7	
b Income tax for 2005. (This does not include the tax from Part VI.)  2b 1,6	04/.	64 524
c Add lines 2a and 2b		64,524. 2,446,101.
3 Distributable amount before adjustments. Subtract line 2c from line 1		
4 Recoveries of amounts treated as qualifying distributions		3,866.
5 Add lines 3 and 4	5	2,449,967.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,449,967.
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	15,245,439
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	<u>96,928</u>
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	За	
b Cash distribution test (attach the required schedule)		
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		15,417,367
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,417,367
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe		
4940(e) reduction of tax in those years.		
		Form <b>990-PF</b> (2005

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2004	(c) 2004	(d) 2005
1 Distributable amount for 2005 from Part XI,	СОУРАС			
line 7				<u>2,449,967.</u>
2 Undistributed income, if any, as of the end of 2004:				
a Enter amount for 2004 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2005:				
- Fram 0000				
b From 2001				
c From 2002				
d From 2003				
e From 2004 17908468.			)	
f Total of lines 3a through e	17,908,468.			
4 Qualifying distributions for 2005 from				
Part XII, line 4: ►\$ 15,417,367.				
a Applied to 2004, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2005 distributable amount				2,449,967.
e Remaining amount distributed out of corpus	12,967,400.			
Excess distributions carryover applied to 2005 (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:				
2 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,875,868.			
<b>b</b> Prior years' undistributed income. Subtract	0070.07000			
line 4b from line 2b		0.		
c 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				
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2004. Subtract line			•	
4a from line 2a. Taxable amount - see instr	<u> </u>		0.	
f Undistributed income for 2005. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2006				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	17,091,503.			
section 170(b)(1)(E) or 4942(g)(3)  8 Excess distributions carryover from 2000	17,091,503.	<del>-</del>		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2006.				
Subtract lines 7 and 8 from line 6a	13,784,365.			
10 Analysis of line 9:	13,701,303.			
a Excess from 2001				
b Excess from 2002				
c Excess from 2003	1			
d Excess from 2004 816,965.				
e Excess from 2005 12,967,400.	]			
				Form 990-PF (2005)

10400214 131839 15511

Part XIV Private Operating For	ANDIN FOUNDA		A guestion (1)		-6038619 Page 9		
			A, question 9)	N/A			
	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2005, enter the date of the ruling						
				7 40 40 (1) 40	10.10(7)(5)		
b Check box to indicate whether the organ		ng foundation described		4942(j)(3) or	4942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year	#N 000 4	Prior 3 years		(0) Total		
income from Part I or the minimum	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	(e) Total		
investment return from Part X for							
each year listed							
<b>b</b> 85% of line 2a							
c 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							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the							
alternative test relied upon:							
"Assets" alternative test - enter:     (1) Value of all assets					1		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b "Endowment" alternative test - enter							
2/3 of minimum investment return	1			ľ			
shown in Part X, line 6 for each year	1						
listed							
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest, dividends, rents, payments on							
securities loans (section							
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							
an exempt organization							
(4) Gross investment income							
Part XV Supplementary Info	rmation (Comple	te this part only	if the organiza	tion had \$5,00	0 or more in assets		
at any time during t	he year-see page	e 26 of the instru	ctions.)				
1 Information Regarding Foundation	on Managers:						
a List any managers of the foundation wh		than 2% of the total cont	ributions received by	the foundation befor	e the close of any tax		
year (but only if they have contributed n			,		•		
NONE							
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	or an equally large po	ortion of the ownersh	nin of a partnership or		
other entity) of which the foundation ha			(or an equally large pe	or the emplorer	np or a paranoromp or		
NONE	-						
	ion Cront Cift Loon	Cabalanahin ata Di					
2 Information Regarding Contribut					lisited as accepts for freedo. If		
Check here  if the organization the organization makes gifts, grants, etc.							
	<u> </u>			- Complete items 2	a, b, c, and d.		
a The name, address, and telephone num	iber of the person to whor	m applications should be	addressed:				
SEE STATEMENT 19							
<b>b</b> The form in which applications should I	be submitted and informat	tion and materials they s	hould include:				
SEE STATEMENT 19							
c Any submission deadlines:							
SEE STATEMENT 19							
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions,	or other factors:			
SEE STATEMENT 19			,				
523581/01-05-06					Form <b>990-PF</b> (2005)		

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY GRANTS - SEE 465,031. STATEMENT 20 GRAND RAPIDS/ITASCA COUNTY AREA GRANTS - SEE STATEMENT 20 6062078. STATEWIDE GRANTS - SEE STATEMENT 20 2449,310. Total ➤ 3a 8976419. b Approved for future payment COMMUNITY GRANTS - SEE 512,200. STATEMENT 22 -963,247. DISCOUNTS GRAND RAPIDS/ITASCA COUNTY AREA GRANTS - SEE STATEMENT 22 14,709,820. STATEWIDE GRANTS - SEE 4,724,705. STATEMENT 22 Total 18,983,478,

523601/01-05-06

Form **990-PF** (2005)

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

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded	by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	7 inount	code	Amount	
a					
b	_				
·					
d			<del>                                     </del>		_
e	_				
g Fees and contracts from government agencies	_				
•					
2 Membership dues and assessments 3 Interest on savings and temporary cash			+ +-		
investments	j .				
4 Dividends and interest from securities			14	908,828.	
5 Net rental income or (loss) from real estate:			111		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1		
property 7 Other investment income			14	251,473.	
8 Gain or (loss) from sales of assets other			1 1 1		
than inventory			18	3,559,322.	
9 Net income or (loss) from special events			10	3,333,344.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			+ +-		
b			+		
c					
d	_				
6	_			4,719,623.	
12 Subtotal. Add columns (b), (d), and (e)			_		4,719,623
13 Total. Add line 12, columns (b), (d), and (e)			•	10	_4,113,043
(See worksheet in line 13 instructions to verify calculations					
Part XVI-B Relationship of Activitie	s to the Accor	mplishment of E	exempt	Purposes	
Line No. Explain below how each activity for which i				ted importantly to the accom	plishment of
the organization's exempt purposes (other	than by providing fu	nds for such purposes).			
NOT APPLICABLE					
		_	_		

V N-	Pa	Information Regarding Tr Exempt Organizations	ansfers To and T	ransactions	and Relation	onships With Nonch	aritable	•	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  1 Transfers from the reporting organization to a noncharitable exempt organization ot:  (1) Cash	1		any of the following with	anv other organizat	ion described in	section 501(c) of		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:  (1) Cash (2) Other assets (3) Other assets (3) Other assets (4) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renation of adulties, outperment, or other assets (4) Renation of adulties, outperment, or other assets (5) Loans or from guarantees (6) Ferformance of services or membership or fundrassing solicitations (7) Ferformance of services or membership or fundrassing solicitations (8) Ferformance of services or membership or fundrassing solicitations (8) Ferformance of services or membership or fundrassing solicitations (8) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (9) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance of services or membership or fundrassing solicitations (10) Ferformance or services of the fundrassing solicitations (10)	'					30000011 301(0) 01			
(1) Cash   14(1)   X   X   X   X   X   X   X   X   X	а		•		inizationo.				
(2) Purchases of assets to a noncharitable exempt organization  (3) Sales of assets to a noncharitable exempt organization  (3) Pental of foliatiles, equipment of other assets  (4) Reinbursement arrangements  (5) Loans or dana guarantees  (6) Loans or dana guarantees  (7) Sharing of Isodities, equipment, mailing lists, other assets, or past employees  (8) Performance of services of membership or fundraising solicitations, the light of the services of the ser	_						1a(1)		Х
Differ transactions:   15 class of assets to a noncharitable exempt organization   16 cl.   X   19 cl.									
(1) Sales of assets to an anoncharitable evempt organization  (2) Purchases of assets from a noncharitable evempt organization  (3) Rental of facilities, equipment, or other assets  (4) Relimbursement arrangements  (5) Loans or foat guarantees  (6) Loans or foat guarantees  (7) Sharing of Ecitilies, equipment, milling lists, other assets, or paid employees  (8) Performance of services or membership or fundralising solicitations  (9) Performance of services or membership or fundralising solicitations  (9) Rental or any or the above is "ves," complete the following schedule. Column (g) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in occlumn (g) the value of the goods, other assets, or services received.  (9) Amount involved  (9) Rame of monthar table exampt organization  (9) Amount involved  (9) Rame of monthar table exampt organization  (9) Amount involved  (9) Rame of monthar table exampt organization  (10) Amount involved  (10) Rame of monthar table exampt organization  (10) Description of transfers, manactions, and alvering arrangements  (10) Amount involved  (11) Amount involved  (12) Amount involved  (13) Amount involved  (14) Amount involved  (15) Amount involved  (16) Amount involve	b						=,=,		
(2) Purchases of assets from a noncharitable exempt organization	•								х
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations. (7) Loans or loan guarantees (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (9) All 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 organization. If the organization 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.  2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements.  2a Is the organization 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?  3. If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1. If yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Descr		(2) Purchases of assets from a noncharitable exer	npt organization	•••••			1b(2)		
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Each of tacilities, equipment, mailing lists, other assets, or paid employees (8) It the answer to any of the above is "Yes," complete the following specialization received less than fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (a) Imm on (b) Amount involved (c) Name of nonchar fable exempt organization (d) Description of transfers, transactions, and athering arrangements  N/A  (a) Imm on (b) Amount involved (c) Name of nonchar fable exempt organizations (d) Description of relationship  10 If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Type of organization (e) Description of relationship  N/A  Under persistes of perjacy, I excluse that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is thus, correct, and complete. Deficial and organization of prepare their than taxquiyer of flockarry is based on all information of micro prepare has any knowledge.    Preparer's SN or FTIN   Preparer's SN or FTIN   SSI, and the property of the property of the following property the first time target of the property of the following property of the following property than the property of the following property than the property of the following property to the following property to the property of the following property is such as any knowledge.    Preparer's SN or FTIN   STREET, SUITE 300   Property SN or FTIN									
(6) Performance of services or membership or fundraising solicitations									Х
(6) Performance of services or membership or fundraising solicitations.  Sharing of facilities, equipment, mailing lists, other assets, or paid employees  It I X  If X  If I X  If I X  If I X  If I X  If I I X		(5) Loans or loan guarantees					1b(5)		
Sharing of facilities, equipment, meiling lists, other assets, or paid employees		(6) Performance of services or membership or fur	ndraising solicitations				1b(6)		X
d If the answer to any of the above is Yes,* complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization 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.    3  Line no.   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements   N/A	C								X
N/A  2a Is the organization 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?	d	or services given by the reporting organization. If the	ne organization received I	, ,	-	*			
2a Is the organization 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?    b   If "Yes," complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship	(a) L	Line no. (b) Amount involved (c) Nar	ne of noncharitable exem	pt organization	(d) Desc	ription of transfers, transactions, a	nd sharing a	rrangem	ents
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500			N/A						
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500				_					
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500							_		
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500	_					- <del></del>			
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500	_								
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500	_								
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500	_								
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed  Firm's name (or yours it self-employed).  address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500					•				
to be a signature of officer or trustee  Date    Check if   Self-employed   Freparer's   Signature	2a							_	_
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 or fiduciary) is based on all information of which preparer has any knowledge.    Value   Date   Date   Date   Check if   Preparer's SSN or PTIN   Self-employed   Proparer's SSN or PTIN   Preparer's SSN or PTIN   Preparer's SSN or PTIN   Self-employed   Proparer's SSN or PTIN   Preparer's SSN or PTIN				27?			Ye:	s [2	<b>∑</b> No
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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Signature  Firm's name (or yours if self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500	<u>_b</u>			T ( ) 1 11					
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 or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN  Signature  Preparer's SSN or PTIN  Signature  Firm's name (or yours it self-employed)  Address, and ZIP code  MINNEAPOLIS, MN 55402  Phone no. 612-376-4500			(b)	Type of organization	1	(c) Description of relation	onship		
and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed Firm's name (or yours it self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Page 18		N/A							
and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed Firm's name (or yours it self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Page 18	_				<u> </u>				
and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed Firm's name (or yours it self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Page 18									
and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed Firm's name (or yours if self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Page 18									
and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Title  Preparer's SSN or PTIN Self-employed Firm's name (or yours if self-employed), address, and ZIP code  MINNEAPOLIS, MN 55402  Page 18		Under negatives of periory I declare that I have examined this	s return, including accompany	ing schedules and stat	tements and to the	hest of my knowledge and heliaf	it is true co	rect	
Firm's name (or yours if self-employed). address, and ZIP code MINNEAPOLIS, MN 55402  EIN  41-0746749  Phone no. 612-376-4500	-			-		,	10 40, 00		
Firm's name (or yours if self-employed). address, and ZIP code MINNEAPOLIS, MN 55402  EIN  41-0746749  Phone no. 612-376-4500				1					
Firm's name (or yours if self-employed). address, and ZIP code MINNEAPOLIS, MN 55402  EIN  41-0746749  Phone no. 612-376-4500	ம	Signature of officer or trustee		Data	Title				
Firm's name (or yours if self-employed). address, and ZIP code MINNEAPOLIS, MN 55402  EIN  41-0746749  Phone no. 612-376-4500	훈	Drapararia A		Date		Check if Pre	parer's SSN	or PTIN	
Firm's name (or yours if self-employed). address, and ZIP code MINNEAPOLIS, MN 55402  EIN  41-0746749  Phone no. 612-376-4500	B	y ≥ signature			שמוכ	self-	•		
address, and ZIP code MINNEAPOLIS, MN 55402 Phone no. 612-376-4500	S	DE SIGNATURE TARGONALTER	T T D						U
address, and ZIP code MINNEAPOLIS, MN 55402 Phone no. 612-376-4500		Hrm's name (or yours LARSONALLE)		n Giitme	300	EIN - 41-0	40/4	<u> </u>	
MINNEAPOLIS, MN 55402 PHONE NO. 612-576-4500		address, and ZIP code MTXTXTEX DOT T		I, SULTE	300	Dhona no 61	276	_15	<b>n</b> n
		MINNEASOLI,	5, FIN 55402			FIIOHE IIO. OLZ			

Form	3271   Investor Reporting of Tax Shelter I	Registration Number	OMB No: 1545-0881
(Rev.	July 1998)  Attach to your tax returned in a partnership, S corporate the form from a partnership.	n. ration, or trust, see the instructions.	Altachment Sequence No. 71
	or's name(s) shown on return PARTNER # 11	Investor's identifying number	Investor's lax year ended
CHA	RLES K. BLANDIN FOUNDATION	41-6038619	12/31/2005
	(a) Tax Sheller Name	(b) Tax Shelter Registration Number (11-digit number)	(c) Tax Sheller Identifying Number
1	ABS CAPITAL PARTNERS II, L.P.	96044000154	52-1972908
	<u> </u>		
3		ļ	<del></del>
-4		ļ <u>-</u>	
5_			
7			
8			
. 9			
10		1	

#### General Instructions

Section references are to the Internal Revenue Code.

#### Purpose of Form

Use Form 8271 to report the tax shelter registration number the IRS assigns to certain tax shelters required to be registered under section 6111 ("registration-required tax shelters") and to report the name identifying number of the tax shelter. This information must be reported even if the particular interest is producing net income for the filer of Form 8271. Use additional forms to report more than 10 tax shelter registration numbers. Note: A tax shelter registration number does not indicate that the tax shelter or its claimed tax benefits have been reviewed, examined, or approved by the IRS.

#### Who Must File

Any person claiming or reporting any deduction, loss, credit, or other tax benefit, or reporting any income on any tax return from an interest purchased or otherwise acquired in a registrationrequired tax shelter must file Form 8271. If you are an investor in a partnership or an S corporation, look at item G, Schedule K-1 (Form 1065), or item C, Schedule K-1 (Form 1120S). If a tax shelter registration number or the words "Applied for" appear there, then the entity is a registration-required tax shelter, If the interest is purchased or otherwise acquired by a pass-through entity, both the pass-through entity and its partners, shareholders, or beneficiaries must file Form 8271.

A pass-through entity that is the registration-required tax shelter does not have to prepare Form 8271 and give copies to its partners, shareholders, or beneficiaries unless the pass-through entity itself has invested in a registration-required tax shelter.

In certain cases, a tax shelter that does not expect to reduce the cumulative tax liability of any investor during the 5-year period ending after the date the investment is first offered for sale may be considered a "projected income investment." Such a tax shelter will not have to register, and thus not have to furnish a tax shelter registration number to investors, unless and until it ceases to be a projected income investment. It is possible, therefore, that you may not be furnished a tax shelter registration number, and not have to report it, for several years after you purchase or otherwise acquire your interest in the tax shelter. If you are later furnished a tax shelter registration number because the tax shelter ceased to be a projected income investment, follow these instructions. However, you must file Form 8271 only for tax years ending on or after the date the tax shelter ceases to be a projected income investment.

Note: Even if you have an interest in a registration-required tax shelter, you do not have to file Form 8271 if you did not claim or report any deduction, loss, credit, or other tax benefit, or report any income on your tax return from an interest in the registration-required tax shelter. This could occur, for example, if for a particular year you are unable to claim any portion of a loss because of the passive activity loss limitations, and that loss is the only tax item reported to you from the shelter.

### Filing Form 8271

Attach Form 8271 to any return on which a deduction, loss, credit, or other tax benefit is claimed or reported, or any income reported, from an interest in a registration-required tax shelter. These returns include applications for tentative refunds (Form 1045 and 1139) and amended returns. (Form 1040X and 1120X).

### Furnishing Copies of Form 8271 to Investors

A pass-through entity that has invested in a registration-required tax shelter must furnish copies of its Form 8271 to its partners, shareholders, or beneficiaries.

However, in the case where (a) the pass-through entity acquired at least a 50% interest in one tax year in a registered tax sheller (and in which it had not held an interest in a prior year), and (b) the investment would not meet the definition of a tax shelter immediately following the acquisition if it had been offered for sale at that time, the pass-through entity need not distribute copies of Form 8271 to its investors. The pass-through entity alone is required to prepare Form 8271 and include it with the entity tax return.

#### Penalty for Not Including Registration Number on Return

A \$250 penalty will be charged for each failure to include a tax shelter registration number on a return on which it is required to be included unless the failure is due to reasonable cause.

### Specific Instructions Investor's Identifying Number

Enter the social security number or employer identification number shown on the return to which this Form 8271 is attached.

## Investor's Tax Year Ended

Enter the date the tax year ended for the return to which this Form 8271 is attached.

JSA 5X5400 1 000

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization		Employer identification number
C.	K. BLANDIN FOUNDATION	41-6038619
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
ya in kata	527 political organization	eport of the second
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m plete Parts I and II.)	oney or property) from any one
sections 1.509(a)-	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of 3/1.170A-9(e) and received from any one contributor, during the year, a contribution of line 1 of these forms. (Complete Parts I and II.)	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any outions or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	
some contribution \$1,000. (If this bo charitable, etc., p	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any ones for use exclusively for religious, charitable, etc., purposes, but these contributions of a schecked, enter here the total contributions that were received during the year for a surpose. Do not complete any of the Parts unless the General Rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	lid not aggregate to more than an exclusively religious,
they must check the box is	at are not covered by the General Rule and/or the Special Rules do not file Schedule B n the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to cel B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2005)	<u> </u>	Page 1 of 1 of Parti
Name of organization		Employe	r identification number
C.K.	BLANDIN FOUNDATION	41	-6038619
Part II	Contributors (See Specific Instructions.)		
(a)	<b>(b)</b>	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	C.K. BLANDIN RESIDUARY TRUST, EIN: 41-6012374, ACCOUNT 11596200	_	Person X
	100 N POKEGAMA AVENUE	\$ 17,806,844. Noncash (Complete Part II if there is a noncash contribution.)	
	GRAND RAPIDS, MN 55744		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		_	Person Payroll Noncash
		\$	(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
140.	ridine, aud ess, and LIF 7 4	Aggregate contributions  \$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

523452 02-01-06

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)