

EXTENDED TO NOVEMBER 15, 2016

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2015

For calendar year 2015 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	C. K. BLANDIN FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 100 N POKEGAMA AVENUE City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MN 55744	41-6038619 E Unrelated business activity codes (See instructions.) 525990
C Book value of all assets at end of year 409006400.		F Group exemption number (See instructions.)	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 18**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JEAN LANE** Telephone number ▶ **218-326-0523**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)	<126,954.>		<126,954.>
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	<126,954.>		<126,954.>

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.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	13,900.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 21 SEE STATEMENT 20		20	0.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	13,900.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<140,854.>
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 22		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	<140,854.>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
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		34	<140,854.>

Part III Tax Computation			
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____			
c Income tax on the amount on line 34			35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
37 Proxy tax. See instructions			37
38 Alternative minimum tax			38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies			39 0.

Part IV Tax and Payments			
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		40a	
b Other credits (see instructions)		40b	
c General business credit. Attach Form 3800		40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		40d	
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	0.
44 a Payments: A 2014 overpayment credited to 2015		44a	5,000.
b 2015 estimated tax payments		44b	
c Tax deposited with Form 8868		44c	5,000.
d Foreign organizations: Tax paid or withheld at source (see instructions)		44d	
e Backup withholding (see instructions)		44e	
f Credit for small employer health insurance premiums (Attach Form 8941)		44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other		44g	
45 Total payments. Add lines 44a through 44g		45	10,000.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	10,000.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49	10,000.

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see 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 \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A			
1 Inventory at beginning of year	1		6
2 Purchases	2		
3 Cost of labor	3		
4 a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		
6 Inventory at end of year	6		
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer: <i>Kathleen Gnette</i>	Date: <i>11/8/16</i>	Title: PRESIDENT/CEO
May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name: MARY BETH SANTORI	Preparer's signature: <i>Mary Beth Santori</i>	Date: <i>11/2/16</i>
	Firm's name: RSM US LLP	Firm's EIN: 42-0714325	
	Firm's address: 227 W FIRST ST, STE 700 DULUTH, MN 55802-1926		Phone no.: (218) 727-5025

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt on or allocable to debt-financed property, 5. Average adjusted basis of or allocable to debt-financed property, 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)).

Totals 0. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals 0. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income 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 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	18
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ALL INCOME IS FROM UNRELATED BUSINESS ACTIVITIES REPORTED ON PARTNERSHIP SCHEDULES K-1S

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 19

STATEMENT FOR TRANSFERS OF INTERESTS IN PARTNERSHIPS
HOLDING SECTION 751 ASSETS

THIS STATEMENT MUST BE FILED BY ANY PARTNER SELLING OR EXCHANGING ALL OR A PORTION OF A PARTNERSHIP INTEREST WITH THE PARTNER'S TAX RETURN FOR THE YEAR OF THE SALE OR EXCHANGE.

PARTNER'S NAME: C. K. BLANDIN FONDATION

PARTNER'S SOCIAL SECURITY NUMBER: 41-6038619

PARTNERSHIP'S NAME: DCP MIDSTREAM PARTNERS, LP

PARTNERSHIP'S EIN: 03-0567133

THE DATE OF THE SALE OR EXCHANGE WAS: 12/23/2015

GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 2,763.

GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 1,590.

PARTNERSHIP'S NAME: ENBRIDGE ENERGY PARTNERS, LP

PARTNERSHIP'S EIN: 39-1715850

THE DATE OF THE SALE OR EXCHANGE WAS: 12/22/2015

GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 2,896.

GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 1,620.

PARTNERSHIP'S NAME: ENERGY TRANSFER EQUITY, LP

PARTNERSHIP'S EIN: 30-0108820

THE DATE OF THE SALE OR EXCHANGE WAS: 09/17/2015

GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 3,190.

GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 2,608.

PARTNERSHIP'S NAME: ENLINK MISDTREAM PARTNERS, LP
PARTNERSHIP'S EIN: 16-1616605
THE DATE OF THE SALE OR EXCHANGE WAS: 07/28/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 436.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 2,652.

PARTNERSHIP'S NAME: ENTERPRISE PRODUCTS PARTNERS, LP
PARTNERSHIP'S EIN: 76-0568219
THE DATE OF THE SALE OR EXCHANGE WAS: 06/06/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 2,665.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 2,478.

PARTNERSHIP'S NAME: MAGELLAN MIDSTREAM PARTNERS, LP
PARTNERSHIP'S EIN: 43-1599053
THE DATE OF THE SALE OR EXCHANGE WAS: 12/31/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 1,863.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 2,456.

PARTNERSHIP'S NAME: MPLX, LP
PARTNERSHIP'S EIN: 27-0005456
THE DATE OF THE SALE OR EXCHANGE WAS: 11/30/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 1,356.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 1,914.

PARTNERSHIP'S NAME: MPLX, LP
PARTNERSHIP'S EIN: 45-5010536
THE DATE OF THE SALE OR EXCHANGE WAS: 07/13/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 523.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: <94.>

PARTNERSHIP'S NAME: PLAINS ALL AMERICAN PIPELINE, LP
PARTNERSHIP'S EIN: 76-0582150
THE DATE OF THE SALE OR EXCHANGE WAS: 03/31/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 298.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 166.

PARTNERSHIP'S NAME: REGENCY ENERGY PARTNERS, LP
PARTNERSHIP'S EIN: 16-1731691
THE DATE OF THE SALE OR EXCHANGE WAS: 04/22/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 5,389.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 1,534.

PARTNERSHIP'S NAME: TARGA RESOURCES PARTNERS, LP
PARTNERSHIP'S EIN: 65-1295427
THE DATE OF THE SALE OR EXCHANGE WAS: 03/23/2015
GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 2,607.
GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 2,311.

PARTNERSHIP'S NAME: WILLIAMS PARTNERS, LP

PARTNERSHIP'S EIN: 20-2485124

THE DATE OF THE SALE OR EXCHANGE WAS: 02/19/2015

GAIN/LOSS ATTRIBUTABLE TO THE SECTION 751 PROPERTY ON THE SALE OF THE PARTNERSHIP INTEREST: 1,661.

GAIN/LOSS ATTRIBUTABLE TO CAPITAL GAIN/LOSS ON THE SALE OF THE PARTNERSHIP INTEREST: 983.

FORM 990-T

CONTRIBUTIONS

STATEMENT 20

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - PASS-THROUGH FROM VARIOUS K-1S	N/A	147.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		147.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 21

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

202

TOTAL CARRYOVER

202

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

147

TOTAL CONTRIBUTIONS AVAILABLE

349

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

349

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

349

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	7,187.	0.	7,187.	7,187.
NOL CARRYOVER AVAILABLE THIS YEAR			7,187.	7,187.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 23

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
DBL PARTNERS III - EIN:47-2525593	<198.>	0.	<198.>
LYME FOREST FUND IV TE, LP - EIN:45-5189160	<700.>	0.	<700.>
MERCED PARTNERS IV, L.P. - EIN:36-4756959	<360.>	0.	<360.>
METROPOLITAN REAL ESTATE PARTNERS II, LP - EIN:90-0116116	<59.>	0.	<59.>
NEW BOSTON INSTITUTIONAL FUND LP, VII - EIN: 20-5713362	1,146.	0.	1,146.
NGP NATURAL GAS PARTNERS XI - EIN:47-1245315	<11,662.>	0.	<11,662.>
PORTFOLIO ADVISORS PVT II - EIN:01-0649364	<977.>	0.	<977.>
RCP QP FUND II - EIN:86-1091586	<327.>	0.	<327.>
ROSEMONT PARTNERS II - EIN:11-3682739	8,513.	0.	8,513.
VCFA PRIVATE EQUITY PARTNERS IV, LP - EIN:20-0434784	<2.>	0.	<2.>
WCP REAL ESTATE FUND III LP - EIN:27-4591086	<1,472.>	0.	<1,472.>
ACCESS MIDSTREAM PARTNERS LP - EIN:80-0534394	<324.>	0.	<324.>
ANTERO MIDSTREAM PARTNERS LP - EIN:46-4109058	<620.>	0.	<620.>
APOLLO GLOBAL MANAGEMENT LLC - EIN: 20-8880053	7.	0.	7.
BUCKEYE PARTNERS LP - EIN:23-2432497	<5,197.>	0.	<5,197.>
COLUMBIA PIPELINE PARTNERS, LP - EIN: 51-0658510	<104.>	0.	<104.>
DCP MIDSTREAM PARTNERS, LP - EIN:03-0567133	<1,729.>	0.	<1,729.>
DOMINION MIDSTREAM PARTNERS, LP - EIN:46-5135781	<72.>	0.	<72.>
ENBRIDGE ENERGY PARTNERS, LP - EIN:39-1715850	<3,793.>	0.	<3,793.>
MIDCOAST ENERGY PARTNERS, LP - EIN:61-1714064	<693.>	0.	<693.>
ENERGY TRANSFER EQUITY LP - EIN:30-0108820	<6,840.>	0.	<6,840.>
ENERGY TRANSFER PARTNERS LP - EIN:73-1493906	<6,294.>	0.	<6,294.>
REGENCY ENERGY PARTNERS - EIN:16-1731691	<653.>	0.	<653.>
SUNOCO LOGISTICS PARTNERS LP - EIN:23-3096839	<1,185.>	0.	<1,185.>
SUNOCO LP - EIN:30-0740483	<50.>	0.	<50.>

ENLINK MIDSTREAM PARTNERS, LP - EIN:16-1616605	<1,257.>	0.	<1,257.>
ENTERPRISE PRODUCTS PARTNERSHIP - EIN:76-0568219	<19,319.>	0.	<19,319.>
OILTANKING PARTNERS LP - EIN:45-0684578	<88.>	0.	<88.>
EQT MIDSTREAM PARTNERS, LP - EIN:37-1661577	<2,201.>	0.	<2,201.>
EQT GP HOLDINGS, LP - EIN:30-0855134	<276.>	0.	<276.>
GENESIS ENERGY LP - EIN:76-0513049	<5,011.>	0.	<5,011.>
MAGELLAN MIDSTREAM PARTNERS LP - EIN:73-1599053	<9,711.>	0.	<9,711.>
MARKWEST ENERGY PARTNERS, LP - EIN:27-0005456	<10,215.>	0.	<10,215.>
MPLX LP - EIN:45-5010536	<1,482.>	0.	<1,482.>
OILTANKING PARTNERS LP - EIN:45-0684578	<234.>	0.	<234.>
ONEOK PARTNERS, LP - EIN:93-1120873	<5,424.>	0.	<5,424.>
PHILLIPS 66 PARTNERSHIP LP - EIN:38-3899432	<1,973.>	0.	<1,973.>
PLAINS ALL AMERICAN PIPELINE, LP - EIN:76-0582150	<14,807.>	0.	<14,807.>
REGENCY ENERGY PARTNERS, LP - EIN:16-1731691	<1,332.>	0.	<1,332.>
SHELL MIDSTREAM PARTNERS, LP - EIN:46-5223743	<749.>	0.	<749.>
SPECTRA ENERGY PARTNERS LP - EIN:41-2232463	<6,578.>	0.	<6,578.>
SUNOCO LOGISTICS PARTNERS LP - EIN:23-3096839	<17,843.>	0.	<17,843.>
TARGA RESOURCES PARTNERS LP - EIN:65-1295427	<1,383.>	0.	<1,383.>
TESORO LOGISTICS LP - EIN:27-4151603	<7,777.>	0.	<7,777.>
QEP MIDSTREAM PARTNERS LP - EIN:80-0918184	<323.>	0.	<323.>
VALERO ENERGY PARTNERSHIP LP - EIN:90-1006559	<282.>	0.	<282.>
WESTERN GAS PARTNERS LP - EIN:26-1075808	<8,667.>	0.	<8,667.>
WESTERN GAS EQUITY PARTNERS, LP - EIN:46-0967367	<1,634.>	0.	<1,634.>
WILLIAMS PARTNERSHIP LP - EIN:20-2485124	<390.>	0.	<390.>
ORDINARY GAIN FROM SALE OF PTP - DCP MIDSTREAM PARTNERS,LP	2,763.	0.	2,763.
ORDINARY GAIN FROM SALE OF PTP - ENBRIDGE ENERGY PARTNERS, LP	2,896.	0.	2,896.
ORDINARY GAIN FROM SALE OF PTP - ENERGY TRANSFER EQUITY, LP	3,190.	0.	3,190.
ORDINARY GAIN FROM SALE OF PTP - ENLINK MIDSTREAM PARTNERS, LP	436.	0.	436.
ORDINARY GAIN FROM SALE OF PTP - ENTERPRISE PRODUCTS PARTNERSHIP	2,665.	0.	2,665.

C. K. BLANDIN FOUNDATION

41-6038619

ORDINARY GAIN FROM SALE OF PTP - MAGELLAN MIDSTREAM PARTNERS, LP	1,863.	0.	1,863.
ORDINARY GAIN FROM SALE OF PTP - MPLX ENERGY LOGISTICS	1,356.	0.	1,356.
ORDINARY GAIN FROM SALE OF PTP - MARKWEST ENERGY PARTNERS, LP	523.	0.	523.
ORDINARY GAIN FROM SALE OF PTP - PLAINS ALL AMERICAN PIPELINE, LP	298.	0.	298.
ORDINARY GAIN FROM SALE OF PTP - REGENCY ENERGY PARTNERS, LP	5,389.	0.	5,389.
ORDINARY GAIN FROM SALE OF PTP - TARGA RESOURCES PARTNERS, LP	2,607.	0.	2,607.
ORDINARY GAIN FROM SALE OF PTP - WILLIAMS PARTNERSHIP, LP	1,661.	0.	1,661.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	<126,954.>	0.	<126,954.>

Name

C. K. BLANDIN FOUNDATION

Employer identification number

41-6038619

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				30.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 30.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				<933.>
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 <933.>

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 0.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Sales and Other Dispositions of Capital Assets

2015

Attachment Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

C. K. BLANDIN FOUNDATION

41-6038619

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NGP NATURAL GAS PARTNERS XI							30.

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

30.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

41-6038619

C. K. BLANDIN FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(X) (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include NEW BOSTON INSTITUTIONAL FUND LP, VII, WCP REAL ESTATE FUND III LP, APOLLO GLOBAL MANAGEMENT LLC, and a Totals row at the bottom.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Reportable Transaction Disclosure Statement

▶ **Attach to your tax return.**
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial) **C. K. BLANDIN FOUNDATION** Identifying number **41-6038619**

Number, street, and room or suite no. **100 N POKEGAMA AVENUE** City or town, state, and ZIP code **GRAND RAPIDS, MN 55744**

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number of
B Enter the form number of the tax return to which this form is attached or related ▶ **990-T**
 Enter the year of the tax return identified above ▶ **2015**
 Is this Form 8886 being filed with an amended tax return? ▶ Yes No
C Check the box(es) that apply (see instructions). Initial year filer Protective disclosure

1a Name of reportable transaction
SECTION 988 LOSS

1b Initial year participated in transaction **2013** **1c** Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ **7**

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign
b Name
 ▶ **SEE STATEMENT 23**
c Employer identification number (EIN), if known ▶
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a	Name	Identifying number (if known)	Fees paid
	Number, street, and room or suite no.		\$
	City or town, State, and ZIP code		

b	Name	Identifying number (if known)	Fees paid
	Number, street, and room or suite no.		\$
	City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- Deductions Exclusions from gross income Absence of adjustments to basis Tax Credits
- Capital loss Nonrecognition of gain Deferral
- Ordinary loss Adjustments to basis Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 24

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH STATEMENT 23
ANOTHER ENTITY

TRANSACTION NAME: SECTION 988 LOSS

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
SPRUCEGROVE US INTERNATIONAL INVESTMENT FUND 51-0375537	X				05/15/2016
WGI EMERGING MARKETS FUND, LLC 20-3377269	X				05/15/2016
THE HIGHCLERE INTERNATIONAL INVESTORS SMID FUND 26-3835870	X				05/15/2016
WELLINGTON TRUST COMPANY 20-1786368	X				05/15/2016
MERCED PARTNERS IV, LP 36-4756959	X				08/15/2016
KINDERHOOK CAPITAL FUND I L.P. 03-0516004	X				08/15/2016
WCP REAL ESTATE FUND III 27-4591086	X				08/15/2016

FORM 8886

STATEMENT 24

THE TAXPAYER RECEIVED SCHEDULE K-1S FROM THE FOLLOWING ENTITIES REPORTING THE NOTED SECTION 988 LOSSES:

THE HICHCLERE INTERNATIONAL INVESTORS SMID FUND	\$ (1,570)
SPRUCEGROVE US INTERNATIONAL INVESTMENT FUND	\$ (1,917)
WELLINGTON TRUST COMPANY	\$(30,773)
WGI EMERGING MARKETS FUND, LLC	\$ (3,927)
MERCED PARTNERS V, L.P.	\$ (290)
KINDERHOOK CAPITAL FUND I, L.P.	\$ (4,719)
WCP REAL ESTATE FUND III, LP	\$ (1,202)
TOTAL SECTION 988 LOSSES	\$(44,398)

THE TAXPAYER HAS INCLUDED THE UBI PORTION OF THIS AMOUNT ON LINE 5 OF FORM 990-T. THE TAXPAYER IS FILING FORM 8886 AS A PROTECTIVE MEASURE.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.

Attachment
 Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor C. K. BLANDIN FOUNDATION	Identifying number (see instructions) 41-6038619
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.
- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
APOLLO GLOBAL MANAGEMENT, LLC	20-8880053

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its entire interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) APO (FC) LLC	4a Identifying number, if any 98-0592490
5 Address (including country) C/O FINSKO LIMITED PO BOX 174, MITCHELL HOUSE THE VALLEY ANGUILLA, ANGUILLA	4b Reference ID number APOFCLLC

6 Country code of country of incorporation or organization
AV

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
	12/31/2015	PTP INTEREST	50.	50.	
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0000 %

10 Type of nonrecognition transaction (see instructions) IRC 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for describing the nature of the rights to the intangible property.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
C. K. BLANDIN FOUNDATION

Identifying number (see instructions)
41-6038619

1 If the transferor was a corporation, complete questions 1a through 1d.

- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its entire interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)
PORTFOLIO ADVISORS SECONDARY FUND II (OFFSHORE) LP

4a Identifying number, if any
98-1033628

5 Address (including country)
**190 ELGIN AVENUE
 GEORGE TOWN, KY1-9005 CAYMAN ISLANDS**

4b Reference ID number

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2015		144,716.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .2326 % (b) After .2333 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Do not complete Part II unless you have already been granted an automatic 3-month 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*.

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

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

Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. C. K. BLANDIN FOUNDATION	Employer identification number (EIN) or 41-6038619
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 N POKEGAMA AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND RAPIDS, MN 55744	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

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

JEAN LANE

• The books are in the care of ▶ **100 N POKEGAMA AVENUE - GRAND RAPIDS, MN 55744**

Telephone No. ▶ **218-326-0523** 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) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** 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 Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	20,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	15,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,000.

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

C. K. BLANDIN FOUNDATION
FEIN: 41-6038619
FOR THE YEAR ENDED 12/31/2015

NOL CARRYFORWARD AVAILABLE

990-T

	<u>Generated</u>	<u>Used</u>	<u>Available</u>
2014	(7,187)	-	(7,187)
2015	(140,854)	-	(140,854)
			<u>(148,041)</u>

ELECTION TO RELINQUISH NET OPERATING LOSS
CARRYBACK PERIOD

C. K. BLANDIN FOUNDATION
FEIN: 41-6038619
FORM 990-T, TAX YEAR ENDING DECEMBER 31, 2015

The above mentioned taxpayer incurred a net operating loss in its tax year ended December 31, 2015, and is entitled to a carry-back period of two years with respect to such loss under Section 172(b)(1) of the Internal Revenue Code.

In accordance with Section 172(b)(3) of the Internal Revenue Code, taxpayer hereby elects to relinquish the entire carry-back with respect to the current net operating loss incurred in its tax year ending December 31, 2015.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Do not complete Part II unless you have already been granted an automatic 3-month 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**.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. C. K. BLANDIN FOUNDATION	Enter filer's identifying number Employer identification number (EIN) or 41-6038619
	File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 100 N POKEGAMA AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND RAPIDS, MN 55744	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

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

JEAN LANE
 • The books are in the care of ▶ **100 N POKEGAMA AVENUE - GRAND RAPIDS, MN 55744**
 Telephone No. ▶ **218-326-0523** 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) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2015** 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 Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	20,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	15,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,000.

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