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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		t of the Treasury venue Service Note. The foundation may	be able to use a copy of this		rtina reauirements.	ZUU9
		ndar year 2009, or tax year beginning MAY	···	, and ending	APR 30, 2010	
		all that apply: Initial return		ormer public charity	Final return	
		Amended return	Address chan	ge 🔲	Name change	
Us	e the	IRS Name of foundation			A Employer identification n	umber
	label					
Ot	herwi				86-0872576	
,	print or type		•	Room/suite	B Telephone number	
	Spe		#10		480-396-794	
	tructio	I City of town. State, and Zir Code			D 1 Foreign organizations,	r1
-	heck	type of organization: X Section 501(c)(3) e.	yemnt private foundation		2 Foreign organizations meet check here and attach com	ing the 85% test,
<u> </u>			Other taxable private founda	ation		
; F		==	ing method: X Cash	Accrual	E If private foundation statu under section 507(b)(1)(/	
		Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a 60	**
	\$_	985,463. (Part I, colu	ımn (d) must be on cash l	basis)	under section 507(b)(1)(E	
P	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	,	necessarily equal the amounts in column (a))	expenses per books	income	income	(Lash basis only)
	1	Contributions, gifts, grants, etc., received	-		N/A	
		Chec. If the foundation is not required to attach Sch. 8 interest on savings and temporary	10 625	10 625		ma myserim 1
	3	interest on savings and temporary cash investments Lividends and interest from securities	10,625. 11,963.	10,625. 11,963.		TATEMENT 1
	50	Gross rents	11,903.	11,903.	<u> </u>	STATEMENT 2
	•	Not rental income or (loss)				
	60	Net gair, or (loss) from sale of assets not on tine 10	1,284.			
en:	t	Gross sales pine for all 9,568.				
Revenue	7	Capital gain net visions (from Part IV, line 2)		1,284.	, K	ECEIVED
α.	5	Net short-term capital gain			w	
	9	Income modifications Gioss sales less returns		· · · · · · · · · · · · · · · · · · ·	- 8 M	- '
	10a	and allowances			7	
	1	Less Cost of goods sold				GDEN. UT
	11	Gross profit or (loss) Other income			L.	
	12	Total. Add lines ! through 11	23,872.	23,872.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee henefits				
ses	16a	Legal fees	1.2			
pen	b	Accounting fees STMT 3	9,205.	3,682.		5,523.
Щ	C	Other professional fees			,	
ţį	17	Interest		-		
stra	18 19	Taxes Depreciation and depletion				
ij	20	Occupancy .		· · · · · · · · · · · · · · · · · · ·		*******
Adr	21	Travel, conferences, and meetings				
Ē	22	Printing and publications				
g B	23	Other expenses STMT 4	9,637.	6,760.		2,877.
Operating and Administrative Expenses	24	Total operating and administrative				
) Del		expenses Add lines 13 through 23	18,842.	10,442.		8,400.
J	25	Contributions, gifts, grants paid	45,550.			45,550.
	26	Total expenses and disbursements.	64 300	10 440		E2 0E0
	97	Add lines 24 and 25 Subtract line 26 from line 12;	64,392.	10,442.		53,950.
	ľ	Excess of revenue over expenses and disbursements	<40,520.	`		
	1	Net investment income (if negative, enter -0-)	120,520.	13,430.		
		Adjusted net income (if negative, enter -0-)			N/A	

923511

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

885,308.

Form 990-PF (2009)

_		BOREN FAMILY FO						86-0	0872	576	Page 3
L	Part IV Capital Gains	and Losses for Tax on In	vestmen	t Income	T						
		ribe the kind(s) of property sold (e.g. arehouse; or common stock, 200 shs			(b) F	low acqu - Purchas - Donatio	ired se on	(c) Date acquir (mo., day, yr.		(d) Date (mo., da	
	EMERSON ELEC C				<u> </u>	P		10/30/0		06/2	
_t	MERRILL LYNCH	- 4229 SEE STMT	ATTACH	ED	ļ	P		VARIOUS	3 ,	VARI(DUS
_(<u> </u>							·····			
_										·	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gaın or (e) plus (f) m			
_	759.			77	0.						<11.
L	8,809.			7,51	4.					1	,295.
_(
_(1										
_6			15 - 1 - d - 1 - 1	10/04/00						· · · · · · · · · · · · · · · · · · ·	
_	Complete only for assets snowin	ng gain in column (h) and owned by t			-		(I)	Gains (Col. (h) (k), but not les) gain mi se than -i	NUS N-V or	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any				Losses (from			
_8											<11.
_t										1	<u>,295.</u>
_					 - -						
_				···· -			_				
_6		C 11	L		╮┤	Ι'					
2	Capital gain net income or (net ca		n Part I, line - in Part I, line	7	}	2				1	284.
3		ss) as defined in sections 1222(5) an	nd (6):		٦١						
	if gain, also enter in Part I, line 8, If (loss), eriter -0- in Part I, line 8	column (c).			 	3		1	N/A		
F		nder Section 4940(e) for	Reduced	Tax on Net	Inv		nt Inc		N/ A		
_		foundations subject to the section 4							,		
			10 10(4) 14/1 011			-,					
lf :	section 4940(d)(2) applies, leave th	nis part blank.									
W	as the foundation liable for the sect	tion 4942 tax on the distributable am	nount of any ye	ear in the base per	riod?					Yes	X No
		lify under section 4940(e). Do not co									
1		each column for each year; see instru	uctions before	making any entri	es.						
	(a) Base period years	(b)			(c)			(d) Distributi) on ratio	
	Calendar year (or tax year beginnii			Net value of no	ncnar			(col. ((b) divide	d by col.	
	2008		3,880.				,441				56275
_	2007		2,166.				,190 743				51369
_	2006 2005		7,383. 6,188.	<u> </u>			,743 ,917				$\frac{31237}{39923}$
_	2004		3,077.				,212				38148
_	2004	_	3,011.			<u>, 147</u>	,414	-		• 0.	70140
2	Total of line 1, column (d)							2		. 2	L6952
		5-year base period - divide the total c	on line 2 by 5.	or by the number	of vea	ars					
	the foundation has been in exister		• •	•				3		.04	<u> 13390</u>
4	Enter the net value of noncharitab	ele-use assets for 2009 from Part X, I	line 5					4		945	,313.
_	Multiply long 4 by long 2										
כ	Multiply line 4 by line 3							5		41	,017.
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6			134.
7	Add lines 5 and 6							7		41	,151.
8	Enter qualifying distributions from	n Part XII, line 4						8		53	<u>,950.</u>
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, chećk the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax rate).				

_	n 990-PF (2009) THE BOREN FAMILY FOUNDATION		0872			Page 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	<u>- see ir</u>	nstru	ctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		}			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			1	<u>34.</u>
	of Part I, line 27b					
(: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	ı				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	İ			0.
3		3			1	34.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	34.
6	Credits/Payments:					
_	2 2009 estimated tax payments and 2008 overpayment credited to 2009	8.				
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)		1			
	Backup withholding erroneously withheld 6d					
	· · · · · · · · · · · · · · · · · · ·	-			1 6	98.
	Total credits and payments. Add lines 6a through 6d	7	-		Ι, Ο	30.
8	Enter any penalty for underpayment of estimated tax. Check here 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			1 6	<i>C A</i>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		Ι, ο	64.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	<u>▶ 11</u>	L			<u> </u>
	art VII-A Statements Regarding Activities				V	No
18	During the lax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	vene in			Yes	
	any political campaign?			1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	•		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	lished or				
	distributed by the foundation in connection with the activities					
	e Did the foundation file Form 1120-POL for this year?			1c		<u>X</u> _
(Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities		ļ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T		-			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state law	ļ			
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		Ţ	7	Х	
	If "Yes," complete Part II, col (c), and Part XV.					
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)		ŀ			
- •	AZ]
ł	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
•	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calendar				
,	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ł	10		X
	in rest, attach a schedule issuing their names and addresses		Forn		-PF	(2009)
				_		. ,

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (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)? (c) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (c) If the answer is "Yes" to question 5a(4), does the foundation 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 foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No Yes X No	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Post VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly	
Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation Managers, Fighty 1 List all officers, directors, trustees, foundation managers and their compensation.	
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (d) Contributions to employee benefit plans and deterred compensation allowances	other
SEE STATEMENT 9 0. 0. 0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week account, oth	ense
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation and deterred compensation allowances	
Total number of other employees paid over \$50,000	

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	794,982.
	Average of monthly cash balances	1b	164,727.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	959,709.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	959,709.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,396.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	945,313.
6_	Minimum investment return. Enter 5% of line 5	6	47,266.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	47,266.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	134.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	47,132.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	47,132.
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	47,132.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	53,950.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	53,950.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		404
_	income. Enter 1% of Part I, line 27b	5	134.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,816.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	·			
line 7				47,132.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	<u></u>
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:	-			
a From 2004				
b From 2005				
c From 2006				<u>.</u>
d From 2007 2,706.				
e From 2008 6,422.				
f Total of lines 3a through e	9,128.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 53,950.				
a Applied to 2008, but not more than line 2a			0.	
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 2009 distributable amount				47,132.
e Remaining amount distributed out of corpus	6,818.			
5 Excess distributions carryover applied to 2009	0.		· · · · · · · · · · · · · · · · · · ·	0.
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,946.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			****	- 17- 12- 12- 12- 12- 12- 12- 12- 12- 12- 12
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	15,946.			
0 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 2,706.				
d Excess from 2008 6,422.				
e Excess from 2009 6,818.				
				Form 990-PF (2009)

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	EN FAMILY F)872576 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo			▶ ∟_		
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	#1.0000	Prior 3 years	(1) 0000	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, 	1				
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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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	<u></u>				
Part XV Supplementary Info	•		if the foundation	on had \$5,000 or r	more in assets
at any time during t	he year-see the i	instructions.)			
Information Regarding Foundation List any managers of the foundation wh year (but only if they have contributed in	o have contributed more		ributions received by t	he foundation before the o	close of any tax
SEE STATEMENT 10		(-/\-/-/			
b List any managers of the foundation wh			or an equally large po	rtion of the ownership of a	a partnership or
other entity) of which the foundation ha	sa 1070 of greater filteres) L.			
NONE					
2 Information Regarding Contribut Check here ☐ if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable (organizations and doe	s not accept unsolicited re	•
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·				
SEE STATEMENT 11					
b The form in which applications should to	oe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines;					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, o	or other factors:	
					5 000 DE (0000)

Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
	;			
				,
SEE STATEMENT 12 Total			▶ 3a	45,55
Approved for future payment				
NONE				
		;		
	1			
Total 11 02-02-10			▶ 3b	orm 990-PF (20

THE BOREN FAMILY FOUNDATION

inter gross amounts unless otherwise indicated.	Unrelate	d business income		d by section 512, 513, or 514	(e)
That gross amount amous strot mos maisates.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
С					
d					
e					
f		<u> </u>			
g Fees and contracts from government agencie	s				
Membership dues and assessments					
Interest on savings and temporary cash			1 1		
investments			14	10,625.	
Dividends and interest from securities			14	11,963.	
Net rental income or (loss) from real estate:			-		
a Debt-financed property			1		
b Not debt-financed property					
Net rental income or (loss) from personal				_ 	_ .
property					
Other investment income		·			
Gain or (loss) from sales of assets other					
than inventory			18	1,284.	
Net income or (loss) from special events			1 10	1,204.	
Gross profit or (loss) from sales of inventory			1		•
Other revenue:			 	<u> </u>	
a			 		-
b	1		 		
C			1		
d		 "	 -		
Subtotal. Add columns (b), (d), and (e)		0.	 	23,872.	(
B Total. Add line 12, columns (b), (d), and (e)			<u> </u>		23,87
ee worksheet in line 13 instructions to verify calcu	lations \			13	23,01
ine No. Explain below how each activity for which the foundation's exempt purposes (continuous).	which income is reported ii	n column (e) of Part XVI-A			olishment of
			-		

		OREN FAMILY FO	OUNDATION	86-0	<u>872576</u>	Pag	je_ 13
F	Part XVII Information Re Exempt Organ		o and Transactions an	nd Relationships With Nonc	charitable		
1			owing with any other organization	described in section 501(c) of	TY	es	No
•	the Code (other than section 501(c)						
	a Transfers from the reporting founda			anons.			
	, ,	Alion to a noncharitable exemp	n organization of.		10(1)		v
	(1) Cash				1a(1)		X
	(2) Other assets				1a(2)		
	b Other transactions:						**
	(1) Sales of assets to a noncharital				1b(1)		X
	(2) Purchases of assets from a nor		on		1b(2)		X
	(3) Rental of facilities, equipment,				1b(3)		<u>X</u>
	(4) Reimbursement arrangements				1b(4)		X
	(5) Loans or loan guarantees				1b(5)		X
	(6) Performance of services or me	mbership or fundraising solici	tations		1b(6)		X
	c Sharing of facilities, equipment, ma				1c		X
	d If the answer to any of the above is	"Yes," complete the following s	schedule. Column (b) should alwa	ys show the fair market value of the god	ods, other asset	ts,	
	or services given by the reporting fo	oundation. If the foundation re	ceived less than fair market value	in any transaction or sharing arrangeme	ent, show in		
	column (d) the value of the goods,	other assets, or services receiv	ved.				
(a	l)Line no (b) Amount involved	(c) Name of noncharit	table exempt organization	(d) Description of transfers, transactions	, and sharing arran	ngemen	ıts
		N/Z	A				
		-					
_							
_							
_							
_							
			· · · · · · · · · · · · · · · · · · ·				
_							
_							
_			·				
		L 		<u> </u>			
2	la Is the foundation directly or indirect	· ·	· · ·	tions described	C		
	in section 501(c) of the Code (other		section 527?		Yes	X	No
_	b If "Yes," complete the following sche		T				
_	(a) Name of org	anization	(b) Type of organization	(c) Description of relat	ionship		
	N/A						
		 					
					·		
				its, and to the best of my knowledge and belief	, it is true, correct,		
	and complete Deltaration of preparer (other	than taxpayer or fiduciary) is base	d on all information of which preparer ha	as any knowledge	,		
	12 - Della H. I	Soles	¥ <i>3/7/2011</i>	Vice - treside	ッナ		
ē	Signature of officer or trustee		Date	Title			
Ĕ	Preparer's		Dat	· - - - - - - - - -	reparer's identifyin	g numl	per
sign Here	signature same signature same signature same signature same firm's name (or yours SCHM firm's name (or yours SCHM firm's name (or yours SCHM	s a schmi	ef CPA 3	/4/// self- employed ►			
J)	Firm's name (or tours SCHM			· / · Citiployed · L.			
	d self-employed), 77 W	EST UNIVERSIT	_	Line		-	
	address, and ZIP code MESA			Phone no. 48	0.834.6	U3(1
	T NGTH	<u>, 85 0350T-30</u>	<u> </u>	į Filoneno. 40	0.004.0	0.01	

480.834.6030 Form **990-PF** (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	• •	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Current Sec 179	0.	mercial Revita
Accumulated Depreciation	1,014.	vage, Bonus, Com
Basis For Depreciation	1,014.	; Section 179, Sal
Reduction In Rasis	0.	* ITC
Bus % Excl		
Unadjusted Cost Or Basis	1,014.	(D) - Asset disposed
Line	16	<u>(a</u>
Life	7.00	
Method		
Date Acquired	12099781	
Description	1FAX & COPY MACHINE * TOTAL 990-PF PG 1 DEPR	
Asset No		928102 06-24-09



Description

BOREN FAMILY FOUNDATION

Transaction

Date

FISCAL YEAR ACTIVITY

Price

			Other Activity			
04/06/10 Jou 04/07/10 Fgr 04/20/10 Fgr	n Div Tax n Div Tax	ROYAL DUTCH SHE ML CONSULTS FEE NOVO NORDISK A ROCHE HLDG LTD ROCHE HLDG LTD	ELL PLC I 2Q2010 S ADR SPN ADR		651 59 7 61 8 56 0 82	3 93
04/21/10 Cer	tIF fee n Div Tax	ROCHE HLDG LTD ROYAL DUTCH SHE	SPN ADR		0 14	1 61
		Net Total			2,483.95	15.92
		REALIZED CAPI	ITAL GAIN AND LOSS	SUMMARY		
Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
23 0000 42 0000 3,0000 3 0000 17 0000 13 0000 19 0000 6 0000 2 0000 1 0000 6 0000 21 0000 9 0000 2 0000 2 0000 2 0000 2 0000 2 0000 2 0000 2 0000	EMERSON ELEC CO ABB LTD SPON ADR TRANSOCEAN LTD TRANSOCEAN LTD FOMENTO ECNMCO MEX SPADR ENTERGY CORP NEW EXELON CORPORATION GENERAL ELECTRIC LAUDER ESTEE COS INC A TRANSOCEAN LTD TRANSOCEAN LTD TRANSOCEAN LTD TRANSOCEAN LTD INTEL CORP MC GRAW HILL COMPANIES TARGET CORP COM AMER EXPRESS COMPANY APPLE INC INTUITIVE SURGICAL INC	10/30/08 10/30/08 01/08/08 01/09/08 10/30/08 10/30/08 10/30/08 10/30/08 10/30/08 10/09/08 10/09/08 10/09/08 10/14/08 10/30/08 10/30/08 10/30/08 10/30/08 10/30/08	06/25/09 11/24/09 11/23/09 11/23/09 11/23/09 12/08/09 01/20/10 01/14/10 01/12/10 01/14/10 01/14/10 01/14/10 01/14/10 02/22/10 02/22/10 02/22/10 03/12/10 03/12/10 03/12/10 03/12/10	756 99 799 67 255 52 255 52 255 52 794 84 1,045 01 932 25 266 82 318 96 184 10 184 10 92 05 552 33 438 46 313 12 101 45 651 46 453 57 453.58 716 03	708 38 528 74 419 51 417 03 429 24 1,049 15 1,021 77 308 00 209 99 278 03 163 47 77 67 512 82 325 91 221 83 88 76 423 79 344 98 359 57 333 74	(10 55) ST 270 93 LT (163 99) LT (161 51) LT 365 60 LT (4 14) LT (89 52) LT (41 18) LT 108 97 LT (93 93) LT 20 63 LT 14 38 LT 39 51 LT 112 55 LT 91 29 LT 12 69 LT 227.67 LT 108 59 LT 94 01 LT 382 29 LT
X 99999999	PLEASE SEE REVERSE SIDE Page Statement Period 26 of 27 Year Ending 04/3			8808.84	7514.00	1294.84

FORM 990-PF · INTEREST ON SAVI	NGS AND TEM	PORARY CA	ASH IN	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MERRILL LYNCH - 4203					10,6	 25.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			10,62	25.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
MERRILL LYNCH - 4203 MERRILL LYNCH - 4228 MERRILL LYNCH - 4229		8,331. 660. 2,972.		0. 0. 0.	8,33 60 2,9	60.
TOTAL TO FM 990-PF, PART I, L	N 4	11,963.		0.	11,90	63.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	9,205.	3,	,682.		5,523	
TO FORM 990-PF, PG 1, LN 16B	9,205.	3,	,682.		5,5	23.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ADVISORY FEES	9,560.		,692. 62.		2,80	0.
FOREIGN TAXES PAID BANK FEES	15.		6.			9.

FORM 990-PF CORPORAT	TE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKET	ľ
MERRILL LYNCH STOCKS - 4228		230,843.	203,91	
MERRILL LYNCH STOCKS - 4229 MERRILL LYNCH STOCKS - 4203		102,434. 230,559.	122,10 325,69	
TOTAL TO FORM 990-PF, PART II, LINE 10B		563,836.	651,71	17.
FORM 990-PF CORPORAT	TE BONDS		STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
MERRILL LYNCH BONDS - 4203		198,802.	211,07	76.
TOTAL TO FORM 990-PF, PART II, LINE 10C		198,802.	211,07	76.
FORM 990-PF OTHER IN	/ESTMENTS		STATEMENT	7
	ALUATION METHOD	BOOK VALUE	FAIR MARKET	r
MERRILL LYNCH MONEY MARKET - 4203	COST	70,984.	70,98	
MERRILL LYNCH MONEY MARKET - 4226 MERRILL LYNCH MONEY MARKET - 4228 MERRILL LYNCH MONEY MARKET - 4229	COST COST COST	227. 1. 3,790.	3,79	27. 1. 90.
TOTAL TO FORM 990-PF, PART II, LINE 13		75,002.	75,00	02.
FORM 990-PF DEPRECIATION OF ASSETS NOT	r HELD FOR	INVESTMENT	STATEMENT	8
	ET OR R BASIS	ACCUMULATED DEPRECIATION	BOOK VALUI	E
FAX & COPY MACHINE	1,014.	1,014.	4.	

FORM 990-PF PART VIII TRUSTE	STATEMENT 9			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KENNETH R. BOREN 4222 E. MCLELLAN CIR. #10 MESA, AZ 85205	PRESIDENT 0.00	0.	0.	0.
REBECCA W. BOREN 4222 E. MCLELLAN CIR. #10 MESA, AZ 85205	VICE PRES/TREA 0.00	SURER 0.	0.	0.
JENNIFER B. WRIGHT 90 23RD AVE. MILTON, WA 98354	SECRETARY 0.00	0.	0.	0.
ALEXANDER WRIGHT 90 23RD AVE. MILTON, WA 98354	DIRECTOR 0.00	0.	0.	0.
MICHAEL BOREN 34029 SCHWARTZ RD. AVON, OH 44011	DIRECTOR 0.00	0.	0.	0.
DIANA BOREN 34029 SCHWARTZ RD. AVON, OH 44011	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.
FORM 990-PF	PART XV - LINE 1A F OF FOUNDATION MANAGE	RS	STATI	EMENT 10

NAME OF MANAGER

KENNETH R. BOREN REBECCA W. BOREN

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 11 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KENNETH R. BOREN 4222 EAST MCLELLAN CIR., #10 MESA, AZ 85205

TELEPHONE NUMBER

480-396-7945

FORM AND CONTENT OF APPLICATIONS

LETTER FORMAT STATING THE PROPOSED USE OF REQUESTED FUNDS WITH ANY DOCUMENTATION TO SUPPORT THE REQUEST

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE PURPOSE OF THE SOLICITED FUNDS MUST CONTRIBUTE TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES

FORM 990-PF

STATEMENT 12

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AMERICAN INDIAN SERVICES 1902 N. CANYON RD. PROVO, UT 84604	N/A COLLEGE SCHOLARSHIPS FOR NATIVE AMERICAN STUDENTS	OTHER PUBLIC CHARITY	5,000.
	N/A KIDS AUTHORS' LUNCHEON FUND RAISER FOR PATIENT AID,	OTHER PUBLIC CHARITY	5,000.
7090 N. ORACLE ROAD 178-184 TUCSON, AZ 85704	N/A HELPING NEWLY DIAGNOSED CANCER PATIENTS	OTHER PUBLIC CHARITY	2,000.
BOY SCOUTS OF AMERICA 2969 N. GREENFIELD RD. PHOENIX, AZ 85016			10,000.
CONFERENCE OF SOUTHWEST FOUNDATIONS 624 N. GOOD-LATIMER EXPY. STE 100 DALLAS, TX 75204	HELPING FOUNDATIONS THROUGH EDUCATION AND	OTHER PUBLIC CHARITY	350.
EAST VALLEY ADULT RESOURCES 45 W. UNIVERSITY, STE. A MESA, AZ 85201	N/A SUPPORT VARIOUS PROGRAMS AT SENIOR CTR.	OTHER PUBLIC CHARITY	2,000.
HUMAN FACTORS & ERGONOMICS SOCIETY P.O. BOX 1369 SANTA MONICA, CA 90406		OTHER PUBLIC CHARITY	450.
MARICOPA COLLEGES FOUNDATION 1833 W. SOUTHERN AVE. MESA, AZ 85202	N/A SUPPORT SERVICE LEARNING SCHOLARSHIPS	OTHER PUBLIC CHARITY	15,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE BOREN FAMILY FOUNDATION			86-0872576
MESA FOUNDATION FOR EDUCATIONAL EXCELLENCE 549 N. STAPLEY MESA, AZ 85203	N/A SUPPORT MESA SCHOOL TEACHERS AND STUDENTS	OTHER PUBLIC CHARITY	2,000.
PACIFIC BALLROOM DANCE 1604 15TH ST SW, SUITE 109 AUBURN, WA 98001	N/A SCHOLARSHIP AND OUTREACH PROGRAM	OTHER PUBLIC CHARITY	2,750.
UNITED FOOD BANK 358 E. JAVELINA AVE. MESA, AZ 85210	N/A FEEDING THE HUNGRY	OTHER PUBLIC CHARITY	1,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		45,550.

Form 8	868 (Rev. 4-2009)					Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check t	his box	(•	X
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously	filed F	Form 8	868.		
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no co	pies n	eeded).		
Туре	Name of Exempt Organization		Empl	oyer iden	tification	number
print THE BOREN FAMILY FOUNDATION 8						
extended due date	Number, street, and room or suite no. If a PO. box, see instructions	Î	For IF	IS use on	ly	
filing the return S instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	^				,
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	A [=	rm 5227 rm 6069	F	orm 8870
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a pr	evious	ly file	d Form 8	868.	
Tel If ti	KENNETH BOREN be books are in the care of ▶ 4222 E. MCLELLAN RD #10 MESA, AZ — ephone No. ▶ (480) 396-7945 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	 . If this	 s is for	the whol	_	
box		of all r	memb	ers the ex	tension is	s for.
-	I request an additional 3-month extension of time until MARCH 15, 2011		3 DD	20	2010	
	For calendar year, or other tax year beginning MAY 1, 2009, and end	ing	$\overline{}$			
-	If this tax year is for less than 12 months, check reason Initial return Final return		ш,	Change in	account	ing period
	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION	NE	CES	SARY	TO F	LE A
	COMPLETE AND ACCURATE RETURN.	 -				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					124
	nonrefundable credits. See instructions.		8a			134.
	If this application is for Form 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 and any amount paid		8b	\$		1,698.
	previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depos		<u> </u>	<u> </u>		1,000.
_	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc		8c	. \$		0.
	Signature and Verification	tions.	OC	Ψ		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
	ure Sama a Schmede Title > CPA		Date	▶ /2	18/10	Rev. 4-2009)
				Fo	.m 8868 (I	Rev. 4-2009)