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Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

		nue Service Note. The foundation may I						
		ar year 2009, or tax year beginning JUL	1,	2009	, and e		JUN 30, 2010	
G (heck a	Il that apply: L loital return Amended return	Ц	Initial return of a fe	•	harity	Final return	
	-	No		Address chan	ge	لِياً	Name change	
	the IR	s Name of foundation					A Employer identification	number
	abel. Ierwise	BLUTH FAMILY FOUNDATI	ОN				20-3406111	
	print	Number and street (or P O box number if mail is not de		street address)		Room/suite	B Telephone number	
0	r type.	2610 EAST UNIVERSITY	DRIV	Έ			480-892-84	00
	Specif	City or town state and ZIP code					C If exemption application is pe	
Inst	ruction	MESA, AZ 85213					D 1. Foreign organizations	, check here
H_C	heck t	ype of organization; X Section 501(c)(3) ex	xempt pr	vate foundation			Foreign organizations med check here and attach cor	eting the 85% test, nputation
<u> </u>				cable private found	ation		E If private foundation stat	us was terminated
		ket value of all assets at end of year J Accounti	-		Accr	ual	under section 507(b)(1)	(A), check here 🕨 🗀
			ther (spe)		F If the foundation is in a 6	
	·\$	411,738. (Part I, colu	T				under section 507(b)(1)	
P		(The total of amounts in columns (b) (c) and (d) may not		Revenue and enses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	- OVA	30,000.			11001110	(cash basis only)
		Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch B		30,000.				
	نا ما	nterest on savings and temporary						
	_ ~	Dividends and interest from securities						
	5a (Gross rents						
	b١	let rental income or (loss)						
a		let gain or (loss) from sale of assets not on line 10						
Revenue		Gross sales price for allssets on line 6a						
ě	7 0	Capital gain net income (from Part IV, line 2)				0.		
ш,		let short-term capital gain						
	l a	ncome modifications Gross sales less returns						
		and allowances	1					· · · · · · · · · · · · · · · · · · ·
		ess Cost of goods sold						
	1	Other Income RECEIVED						· · · · · · · · · · · · · · · · · · ·
		Total Add lines through 11	101	30,000.		0.	0.	
		11111	8	0.		0.	0.	0
	14 (Compensation of officers directors, trustees, etc. Other employee salaries and wages 3 2010	الما					
۰,	15 P	ension plans, employee benefits	l E					
ses		egal fees OGDEN UT						
per	l			900.		0.	0.	0
Ä	l	Other professional fees						
ţį		nterest			_			
stra	ì	axes Depreciation and depletion						
and Administrative Expens	i e	Occupancy						
Adr		ravel, conferences, and meetings	-					
Pu		Printing and publications						
		Other expenses STMT 2		130.		0.	0.	0
atiı		otal operating and administrative						
Operating		xpenses Add lines 13 through 23		1,030.		0.	0.	0
J		Contributions, gifts, grants paid		26,955.				26,955
	i .	otal expenses and disbursements		07 005		^		06 0==
		add lines 24 and 25		27,985.		0.	0.	26,955
		Subtract line 26 from line 12:		2 015				
		xcess of revenue over expenses and disbursements let investment income (if negative, enter -0-)		2,015.		0.		·····
		djusted net income (if negative, enter -0-)		· ·		<u> </u>	0.	
2350	11	rejected not modifie (i negative, citel -0-)	 				U • J	- 000 DE

411.738.

Form 990-PF (2009)

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

	varehouse; or common stock, 200 sh	., real estate, s. MLC Co.)		P -	low acquired - Purchase - Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
a				<u> </u>				
	ONE			-				
<u>c </u>				\vdash				
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) s (f) minus (
<u>a</u>								
<u> </u>								
<u>c </u>			···	+				
e							 .	
Complete only for assets show	ing gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	Col. (h) gain	minus
(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			ol. (k), but Losses	not less than (from col. (1 -U-) or h))
<u>a</u>				\dashv				
<u>b</u>								· · ·
<u>c</u>		 					· ·	
e								
Capital gain net income or (net i	capital loss) { If gain, also ente If (loss), enter -0	r ın Part I, line I- ın Part I, line	7	}	2			
,	oss) as defined in sections 1222(5) ar		•	7				
If gain, also enter in Part I, line 8		10 (0).		1				
If (loss), enter -0- in Part I, line		D 1			3			
	Under Section 4940(e) for					come		
For optional use by domestic priva	te foundations subject to the section	4940(a) tax on	net investment if	icome	-)			
fanation 4040/30/00 a colored.	Alexander de la calc							
i section 4940(a)(2) applies, leave	this part biank.							
,	this part clank. ection 4942 tax on the distributable an	nount of any ye	ear in the base pe	rıod?				Yes X No
Vas the foundation liable for the se f "Yes," the foundation does not qu	ction 4942 tax on the distributable an alify under section 4940(e). Do not co	omplete this pa	rt.					Yes X No
f "Yes," the foundation does not qu Enter the appropriate amount in	ection 4942 tax on the distributable an	omplete this pa	rt.					
Vas the foundation liable for the set "Yes," the foundation does not queen the appropriate amount in (a) Base period years	alify under section 4940(e). Do not con each column for each year; see instruction (b)	omplete this pa auctions before	rt. making any entri	es.	itable-iise asse	9		(d) (d) ution ratio
Vas the foundation liable for the set "Yes," the foundation does not que Enter the appropriate amount in (a) Base period years Calendar year (or tax year begini	action 4942 tax on the distributable an alify under section 4940(e). Do not con each column for each year; see instruction (b) Adjusted qualifying dis	omplete this pa actions before stributions	rt. making any entri	es.	itable-use asset			(d) oution ratio ided by col. (c))
Vas the foundation liable for the set "Yes," the foundation does not que Enter the appropriate amount in Base period years Calendar year (or tax year begins 2008	action 4942 tax on the distributable an alify under section 4940(e). Do not con each column for each year; see instruction (b) Adjusted qualifying dis	omplete this paractions before stributions	rt. making any entri	es.	223,52	0.		(d) oution ratio ided by col. (c)) • 0 9 3 0 5
Vas the foundation liable for the set "Yes," the foundation does not que Enter the appropriate amount in (a) Base period years Calendar year (or tax year begini	ection 4942 tax on the distributable an alify under section 4940(e). Do not content act column for each year; see instruction (b) Adjusted qualifying dis	omplete this pa actions before stributions	rt. making any entri	es.	223,52 3,17	0. 7.		(d) vition ratio ided by col. (c)) 09305 1.74976
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	990-PF (2009) BLUTH FAMILY FOUNDATION		3406			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see II	ıstru	ction	<u>sj</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here L and enter 1%	1_				0.
	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)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
	Add lines 1 and 2	3	_			0.
	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
	Credits/Payments:					
	2009 estimated tax payments and 2008 overpayment credited to 2009					
	Exempt foreign organizations - tax withheld at source		İ			
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d 6	_	ŀ			^
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10_	<u> </u>			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11	<u> </u>	-		
	rt VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			165	
	any political campaign?			1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		_ <u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities			١. ا		37
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0 .			ا ۾ ا		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,)r				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	·	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ν.	r / 7	4a		
_	If "Yes," has it filed a tax return on Form 990-T for this year?	1/	I/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
_	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:				İ	
	By language in the governing instrument, or By language in t	o love				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state that the state of the sta	e law		6		Х
_	remain in the governing instrument?			7	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?				- 11	
۰.	If "Yes," complete Part II, col. (c), and Part XV.					
В	Enter the states to which the foundation reports or with which it is registered (see instructions)					
L	AZ If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
0	of each state as required by General Instruction G? If "No," attach explanation SEE STATEM	EMI	3	8b		Х
٨	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call					
9	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10		rmT	1 4	10	X	
10_	DIG WILL PATOVING DESCRIPTION OF COMMENCE OF THE PATOVING THE PATOVING WILL PATOVING THE PATOVING WILL PATOVING THE PATOVING WILL PATOVING THE PATOVING WILL PATOVING THE PATOVING WILL PATOVING THE PATOVING WILL P			m 990		2009)

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

Form 990-PF (2009) BLUTH FAMILY FOUNDATION			<u> 20-34061</u>	<u> 11 </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			l	
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		-
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		- 1	
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			
expenditure responsibility for the grant?		// A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	F 2) F 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a s	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Information About Officers Directors Truck		nagers, Highly			
Part VIII Paid Employees, and Contractors	•				
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
L. LOTHAIRE BLUTH	PRESIDENT				-
676 EAST SAN PEDRO]				
GILBERT, AZ 85234	0.00	0.	0.		0.
CONNIE W. BLUTH	VICE PRESIDEN	r T			
676 EAST SAN PEDRO]				
GILBERT, AZ 85234	0.00	0.	0.		0.
VERN WATKINS	DIRECTOR				
2219 EAST PALMAIRE]				
PHOENIX, AZ 85020	0.00	0.	0.	l	0.
]				
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(4)	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	Expense unt, other wances
(a) Name and address of each employee paid more than \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	hours per week devoted to position	(C) compensation	and deferred compensation	allo	wances
NONE					
]]			
				 	
	1	1			
					
	_				
				—	
	4				
	<u> </u>	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>		0

Form 990-PF (2009) BLUTH FAMILY FOUNDATION	20-:	3406111 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the iced, etc.	Expenses
1 N/A	•	
2		
3		-
A		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on li	noc 1 and 2	Amount
1 N/A	iits Tallu Z.	Amount
1 14/21		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
Total, Aud into 1 through 5		

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 407,991. a Average monthly fair market value of securities 1a 228. Average of monthly cash balances 1b c Fair market value of all other assets 1c 408,219. Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 408,219. Subtract line 2 from line 1d 3 4 6,123. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4 402,096. 5 20,105. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here > [and do not complete this part.) 20,105. Minimum investment return from Part X, line 6 1 Tax on investment income for 2009 from Part VI, line 5 2a 2b Income tax for 2009. (This does not include the tax from Part VI.) C Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 20 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 105 Part 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 26,955. 1a Program-related investments - total from Part IX-B 1b b 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: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b h 26,955. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2009)

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		·		20,105.
2 Undistributed income, if any, as of the end of 2009			_	
a Enter amount for 2008 only			0.	
b Total for prior years:		•		
		0.		<u> </u>
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006 10,926.				
d From 2007 5,400. e From 2008 9,624.	,			
	25,950.			
f Total of lines 3a through e 4 Qualifying distributions for 2009 from	43,330.			
Part XII, line 4: ►\$ 26, 955.				
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	•			20,105.
e Remaining amount distributed out of corpus	6,850.			20,200
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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	32,800.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		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.	22 000			
Subtract lines 7 and 8 from line 6a	32,800.			
10 Analysis of line 9:				
a Excess from 2005 b Excess from 2006 10,926.				
b Excess from 2006 10,926. c Excess from 2007 5,400.				
d Excess from 2008 9, 624.				
e Excess from 2009 6,850.	1			
0 LA0033 HOIR 2003 0 LO 3 0 +				Form 990-DE (2000)

	AMILY FOUND			20-34	06111 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	•		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	in section] 4942(j)(3) or <u> </u>)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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		-	<u> </u>		
c Qualifying distributions from Part XII,				-	
line 4 for each year listed					
d Amounts included in line 2c not					· · · · · · · · · · · · · · · · · · ·
•					
used directly for active conduct of	<u> </u>				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
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	1		· · · · · · · · · · · · · · · · · · ·	- t - t &c 000	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wi			tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000). (See :	section 507(d)(2).)			
SEE STATEMENT 5					
b List any managers of the foundation wh	no own 10% or more of the	he stock of a corporation	(or an equally large port	tion of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	est.			
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	, Scholarship, etc., P	rograms		
Check here ► X if the foundation				not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
a 1110 hamo, accircos, and isospinate ham					
b The form in which applications should	be submitted and informa	ation and materials they s	hould include:		
			. == .= .		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by deodraphic	al areas, charitable fields	kinds of institutions or	other factors:	
a rang room of our minimum on aware	, 525 20 0, goog.apine	s. oco, enernado notas	, C. memanono, VI		

923611 02-02-10

Form **990-PF** (2009)

.	Year or Approved for Future	1	 	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year NE LIFE AT A TIME O BOX 21205 MESA, AZ 5277	N/A		EDUCATE AND TRAIN YOUNG ADULTS IN CENTRAL AMERICA	25,000.
RIZONA HOTSHOTS SOFTBALI O. BOX 847 CHANDLER, Z 85244	L N/A	501 (C)(3	YOUTH SERVICES & ACTIVIES	75.
HOENIX ZOO 55 N. GALVIN PARKWAY HOENIX, AZ 85008	N/A	501 (C)(3) COMMUNITY PROGRAM	880.
ELP INTERNATIONAL 370 S. PANTANO RD JCSON, AZ 85730	N/A	501 (C)(3	FEED THE POOR	500.
AMILIES FOR RPHANS/GLOBAL HAWC 32 EAST SAN REMO ILBERT, AZ 85299	N/A	501 (C)(3	CHILD/FAMILY PLACEMENT	500.
Total Approved for future payment NONE			▶ 3a	26,955.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	COUC		3000		. <u>-</u>
a	_		 		
b			 		
<u> </u>			 		
d					
e			-		
f			-		
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities	ļ				
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property			ļ		
b Not debt-financed property	ļ				
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	i	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	<u> </u>		0.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom					nnighment of
the foundation's exempt purposes (other than b			COINT	outed importantly to the accor	inpliatinient of
in roundation a crompt parposas (cinar analis	y providing it				
					
				· · · - · · · · · · · · · · · · · · · ·	
					
		 			
					
		· · · · · · · · · · · · · · · · · · ·			
				 	
					
23621					F 000 DE (0000)

20-3406111 BLUTH FAMILY FOUNDATION Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) Х (1) Cash X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X 1b(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) X 1b(4) (4) Reimbursement arrangements X (5) Loans or toan guarantees 1b(5) Х (6) Performance of services or membership or fundraising solicitations 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declar PRESIDENT Date Signature of officer or trustee Title Check if Preparer's identifying number Date Preparer's

& ASSØC/IATES,

16TH

7150 N.

STREET

602-943-1984 Form 990-PF (2009)

self

EIN ▶

Phone no.

11/30/10 employed ►

Paid reparer's Jse Only

signature

Firm's name (or yours

address, and ZIP code

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization BLUTH FAMILY FOUNDATION 20-3406111 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, Ine 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Name of organization

Employer identification number

BLUTH FAMILY FOUNDATION

20-3406111

Part I	Contributors (see instructions)	1 20	-3400111
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JORDAN BLUTH 670 E. SAN PEDRO GILBERT, AZ 85234	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AMY FORBIS 4446 E LOS ALTOS DR GILBERT, AZ 85297	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	BRIDGET PETERSON 701 E. SAN PEDRO AVE GILBERT, AZ 85234	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	CHELSEA ARMSTRONG 1731 S. COLE DRIVE GILBERT, AZ 85295	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	MEAGAN BLUTH 670 E. SAN PEDRO GILBERT, AZ 85234	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	NICOLE BLUTH 4353 E SANTE FE COURT GILBERT, AZ 85297	\$5,000.	Person X Payroll

Name of organization

Employer identification number

BLUTH FAMILY FOUNDATION

20-3406111

Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (g) FMV (or estimate) (see instructions) (h) Description of noncash property given

(e) Transfer of gift

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Relationship of transferor to transferee

FORM 990-PF	ACCOUNTI	NG FEES	Si	CATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	900.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	900.	0.	0.	0.	
			STATEMENT		
FORM 990-PF	OTHER E	XPENSES	S1	PATEMENT 2	
DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	

EXPLANATION

N/A

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR	ADDRESS		
JORDAN BLUTH	670 E SAN PEDRO GILBERT, AZ 85234		
AMY FORBIS	4446 E LOS ALTOS DR GILBERT, AZ 85297		
BRIDGET PETERSON	701 E SAN PEDRO AVE GILBERT, AZ 85234		
CHELSEA ARMSTRONG	1731 S COLE DRIVE GILBERT, AZ 85295		
MEAGAN BLUTH	670 E SAN PEDRO GILBERT, AZ 85234		
NICOLE BLUTH	4353 E SANTA FE COURT GILBERT, AZ 85297		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	5

NAME OF MANAGER

L. LOTHAIRE BLUTH CONNIE W. BLUTH

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed For	m 8868		
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 co	mplete			
Part i only		▶ □		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a o file income tax returns	an exten	sion of time		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronot automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coron must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www. If s gov/efile and click on e-file for Charities & Nonprofits	nically if onsolida	(1) you want the additional ated Form 990-T Instead,		
Type or Name of Exempt Organization	Empl	oyer identification number		
BLUTH FAMILY FOUNDATION	2	0-3406111		
Number, street, and room or suite no. If a P O. box, see instructions 2610 EAST UNIVERSITY DRIVE				
City, town or post office, state, and ZIP code For a foreign address, see instructions MESA, AZ 85213				
Check type of return to be filed (file a separate application for each return).				
Form 990 Form 990-T (corporation) Form 4	4720			
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227				
Form 990-EZ Form 990-T (trust other than above) Form 6069				
X Form 990-PF	8870			
THE FOUNDATION ■ The books are in the care of ► 2610 EAST UNIVERSITY DRIVE - MESA, AZ	8521	3		
Telephone No ► 480-892-8400 FAX No ►	0,721	<u> </u>		
If the organization does not have an office or place of business in the United States, check this box		•		
·	his is fo	r 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 a		•		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time up	ntıl			
FEBRUARY 15, 2011 , to file the exempt organization return for the organization named	above	The extension		
is for the organization's return for				
calendar year or or				
► X tax year beginning <u>JUL 1, 2009</u> , and ending <u>JUN 30, 2010</u>				
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated. 	3a	\$ 0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 		\$ 0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, 	3a	\$ 0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 	3a	\$ 0.		

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.