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Form 990-PF

EXTENSION GRANTED TO 11/15/2012

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Form 990-PF (2011)

Depa Intern	rtnien al Rev	of the Treasury enue Service Note. The foundation may	be able to use a copy of this	return to satis	sty state rep	orting requirements	<u> ZUII</u>
For	alen	dar year 2011 or tax year beginning		, and e	nding		
Nar	ne of	foundation				A Employer identification	number
т	HE	BLEND FAMILY FOUNDATIO	N			27-3301498	
		nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number 415-912-87	0.5
		GEORGINA AVE				 	
		own, state, and ZIP code TA MONICA, CA 90402				C If exemption application is pe	ending, check here
G	heck	all that apply X Initial return	Initial return of a fo	rmer public c	harity	D 1 Foreign organizations	, check here 🕨 🗀
		Final return	Amended return			Foreign organizations me	eting the 85% test
		Address change	Name change			2 Foreign organizations med check here and attach cor	mputation
H (_	type of organization X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	kempt private foundation Other taxable private founda	tion		E If private foundation stat under section 507(b)(1):	_
_ <u></u>		rket value of all assets at end of year J Accounting		Accr	ual	1	-
		· 1	ther (specify)	L Acci	uar	F If the foundation is in a 6 under section 507(b)(1):	
	·\$	444,336. (Part I, colu		asis)			(2), 0.1001. 11010
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	1,199,741.			N/A	(cash basis only)
	2	Check If the foundation is not required to attach Sch B			······································	111 -1	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
eve	7	Capital gain net income (from Part IV, line 2)			0 .	•	
Œ	8	Net short-term capital gain			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	9	Income modifications					
	10a	Gross sales less returns and allowances		····			
	i	Less Cost of goods sold					
		Gross profit or (loss)					
		Other income	1,199,741.		0		······································
!	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	0.		0		0
i	14	Other employee salaries and wages			<u> </u>		
•	15	Pension plans, employee benefits					
Expenses	16a	Legal fees					
xpens	b	Accounting fees		٦			
ŭ	C	Other professional fees	ECENTED	<u> </u>			
tive	17	Interest 5	70				
Administrative	18		SEP 1 4 2012 9				
inis	19	Depreciation and depletion	, T 2 20.E 0	<u>'</u>	·	-	
, mb	20	Occupancy Travel, conferences, and meetings	EDEN III	 			
þ	22	Printing and publications	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>a</u>	23	Other expenses					
Operating and Administrative	24	Total operating and administrative					
per		expenses. Add lines 13 through 23	0.		0	•	0
0	25	Contributions, gifts, grants paid	0.				0
	26	Total expenses and disbursements.					
	_	Add lines 24 and 25	0.		0	•	0
	27	Subtract line 26 from line 12	1 100 741				
	1	Excess of revenue over expenses and disbursements	1,199,741.		0	<u> </u>	
	1	Net investment income (if negative, enter -0-)			U	N/A	
	ן נ	Adjusted net income (if negative, enter -0-)	<u></u>			11/11	

P	art l	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	
			(a) Book value	(b) Book value	(c) Fair Market Value
		Cash - non-interest-bearing		- 	
		Savings and temporary cash investments			
		Accounts receivable ►			
		Less allowance for doubtful accounts			· · · · · · · · · · · · · · · · · · ·
		Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
		Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
S		Inventories for sale or use	-		
Assets	-	Prepaid expenses and deferred charges			
As		Investments - U S and state government obligations			
		Investments - corporate stock Stmt 1	0.	1,199,741.	444,336.
		Investments - corporate bonds		2/2////	111/0000
	i	· • •			
	i	Investments - land buildings and equipment basis			
		Less. accumulated depreciation			
	i	Investments - mortgage loans		······································	
		Investments - other			
	l	Land, buildings, and equipment basis			
	ĺ	Less accumulated depreciation			
	15	Other assets (describe			
				1 100 541	444 226
_	16	Total assets (to be completed by all filers)	0.	1,199,741.	444,336.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
Bal		Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,199,741.	
et	30	Total net assets or fund balances	0.	1,199,741.	
Z	30	Total liet assets of fully parallees		2/200//120	
	24	Total liabilities and net assets/fund balances	0.	1,199,741.	
_				1/100//1110	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Total	not accepte or fund halaness at horizoning of user. Dort II. column (a) line	30		
1		net assets or fund balances at beginning of year - Part II, column (a), line	JU		Λ
_	•	st agree with end-of-year figure reported on prior year's return)		1	1,199,741.
		r amount from Part I, line 27a		2	1,199,741.
		r increases not included in line 2 (itemize)		3	1,199,741.
4		lines 1, 2, and 3		4	1,199,741.
5		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,199,741.
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Part IV Capital Gains a	and Losses for Tax on Ir	nvestment	Income				
(a) List and describe the kind(s) of property sold (e.g., fear colate,					How acquired - Purchase - Donation	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)
1a						<u> </u>	
b NOI	NE						
C			-	<u> </u>			
d							
е				_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (l (e) plus (f) min	
a							
b							
C							··
d							· · · · · · · · · · · · · · · · · · ·
е							
Complete only for assets showing	g gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col (h) (jain 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		С	ol (k), but not less Losses (from c	than -0-) or ol (h))
a							
b							
C							
d							
e							
	∫ If gain, also ente	r in Part I line	7)			
2 Capital gain net income or (net ca	pital loss) { If (loss), enter -()- in Part I, line	7	}	2		
3 Net short-term capital gain or (los							
If gain, also enter in Part I, line 8,	•	(0)		Ĵ			
If (loss), enter -0- in Part I, line 8				ſ	3		
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	: Inv	estment In	come	
(For optional use by domestic private	foundations subject to the section	4940(a) tax or	net investment ir	ncom	e)		N/A
If another 40.40/d\/O\ another Joseph	na and blook						
If section 4940(d)(2) applies, leave th	ns part blank						
Was the foundation liable for the sect	tion 4942 tax on the distributable ar	mount of any ye	ear in the base pe	uods			Yes No
If "Yes," the foundation does not qual-	ify under section 4940(e) Do not c	omplete this pa	art				
1 Enter the appropriate amount in e	each column for each year, see inst	ructions before	making any entri	es			
(a)	(b)			(c))	Di	(d) stribution ratio
Base period years Calendar year (or tax year beginnir	ng in) Adjusted qualifying di	stributions	Net value of no	oncha	ritable-use asse		divided by col (c))
2010							
2009							
2008							
2007							
2006							
							<u> </u>
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	r of ye	ears		
the foundation has been in exister		•	•	•		3	
	•						
4 Enter the net value of noncharitab	ele-use assets for 2011 from Part X	, line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	ne (1% [°] of Part I, line 27b)					6	
7 Add lines 5 and 6						7	
	o Port VII. line 4						
	n Part XII, line 4 I line 7, check the box in Part VI, lin	e 1b, and comp	plete that part usir	ng a 1	% tax rate	8_	
See the Part VI instructions					<u> </u>		

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	rt VI Excise Tax Based on Investment Income (Section 4940			940(e), or 4	1948	- see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	nter "N/A"	on line 1)					
	Date of ruling or determination letter (attach copy of letter if nec			ns)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	►	nd enter 1%	•	1				0.
	of Part I, line 27b					ļ			
C	All other domestic foundations enter 2% of line 27b $$ Exempt foreign organizations enter 4% $$	of Part I	, line 12, col	(b) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot	thers ente	er -0-)		2	ļ			0.
3	Add lines 1 and 2				3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Of	thers ent	er -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5				0.
6	Credits/Payments								
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a]				
b	Exempt foreign organizations - tax withheld at source	6b]				
C	Tax paid with application for extension of time to file (Form 8868)	6c]				
d	Backup withholding erroneously withheld	6 <u>d</u>]				
7	Total credits and payments Add lines 6a through 6d				7			_	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	ched			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9	ļ. <u>. </u>			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶	10				
	Enter the amount of line 10 to be Credited to 2012 estimated tax			Refunded 🟲	11	L			
Pa	rt VII-A Statements Regarding Activities						·····		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisle	lation or	did it particip	ate or intervene	ın :			Yes	
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see i	nstructions f	or definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies	s of any ma	tenals publish	ed or		1		
	distributed by the foundation in connection with the activities								
C	Did the foundation file Form 1120-POL for this year?						1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year		_					
	(1) On the foundation > \$ 0 • (2) On foundation managers			0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax ii	mposed on f	oundation					
	managers > \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?					2	ļ	X
	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 in		nt, articles of	incorporation,	or				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ır?			**	. / n	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?				IN	/A	4b	 -	V
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,					5		Х
_	If "Yes," attach the statement required by General Instruction T								
b	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	itner							
	By language in the governing instrument, or		41461						:
	By state legislation that effectively amends the governing instrument so that no mandatory	y airectio	ins that confi	ict with the stat	e iaw			1	v
_	remain in the governing instrument?						6	Х	X
,	Did the foundation have at least \$5,000 in assets at any time during the year?						7		
ο-	If "Yes," complete Part II, col. (c), and Part XV	.nc\ _							
Вa	Enter the states to which the foundation reports or with which it is registered (see instruction C.A.	ms) -							[
	CA	#arra:: 0	Conoral (a= 4	oranato,					
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	atorney G	ienerai (Of de	signate)			Oh.	Х	
	of each state as required by General Instruction G? If "No," attach explanation	otion 404	10/11/21 ~~ 40	A9/1\/E\ for a-!	nnda-		8b	_^_	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of services 2011, or the tayable year beginning in 2011 (see instructions for Part XIV/2 If "You" or			42(J)(5) 101 Cal	siiudl		9	1	Х
10	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," c	Junpiele	- rail AIV	c	:+m+	2	10	x	

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had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion 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		
		
Total number of others receiving over \$50,000 for professional services	······································	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conference	luced, etc	
1 <u>N/A</u>		
2		
3		
3		
4		_
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 <u>N/A</u>		
2		
		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	0.
Total / 100 m/00 T till Ough O	<u> </u>	

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, se	e 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	438,228.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	438,228.
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	438,228.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,573.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	431,655.
6	Minimum investment return. Enter 5% of line 5	6	21,583.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	21,583.
	Tax on investment income for 2011 from Part VI, line 5		
	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	21,583.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,583.
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	21,583.
P	art XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		0
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
b	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	
	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	<u> </u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0
	income Enter 1% of Part I, line 27b	5	<u> </u>
6	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	qualities for th	ie section
	4940(e) reduction of tax in those years		

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Part.XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Corpac	100.0 pilor to 20.0		
line 7				21,583.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$O.			_	
a Applied to 2010, 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 2011 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012			····	21,583.
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 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	0			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011	,		<u> </u>	Form 900 DF (2011)

	END FAMILY F			27-33	<u>0</u> 1 4 9 8 Page 10
Part XIV Private Operating I	-A, question 9)	N/A			
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective f	or 2011, enter the date of t	the ruling	▶		
b Check box to indicate whether the four	id <u>ation is a private operatii</u>	ng foundation described i		4942(j)(3) or49	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) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities			İ		
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				1	
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	ete this part only	if the foundatio	n had \$5,000 or mo	re in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundat	ion Managers:				
a List any managers of the foundation w	ho have contributed more	than 2% of the total cont	tributions received by th	ne foundation before the clos	e of any tax
year (but only if they have contributed	more than \$5,000) (See s	section 507(d)(2))			
MICHAEL LOUIS BLEND					
b List any managers of the foundation we other entity) of which the foundation h			(or an equally large por	tion of the ownership of a pa	rtnership or
MICHAEL LOUIS BLEND	•				
2 Information Regarding Contribu	ıtion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🔲 ıf the foundation	-	· · · · · · · · · · · · · · · · · · ·	-		
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations i	inder other conditions,	complete items 2a, b, c, and	<u>d</u>
a The name, address, and telephone nu BLEND FAMILY FOUNDA			addressed		
b The form in which applications should	be submitted and informa	ation and materials they s	hould include		
c Any submission deadlines		· · · · · · · · · · · · · · · · · · ·			
- rany outstands to a condition					
d Any restrictions or limitations on awar	rds, such as by geographic	cal areas, charitable fields	, kinds of institutions, o	r other factors	

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	Contribution				
a Paid during the year							
None							
				-			
Total b Approved for future payment		1	▶ 3a	0.			
a Approved for lattire payment							
None							
None							
Total			▶ 3b	0.			

Part XVI-A	Analysis of Income-Producing	Activities

ter gross amounts unless otherwise indicated		business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue	code		code		
a					_
b			+		
G		···			
d					
e			1		
f					
g Fees and contracts from government agencie	s				
Membership dues and assessments					
nterest on savings and temporary cash				-	
nvestments			l		
Dividends and interest from securities					·
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal			1 1		***
property					
Other investment income					
Gain or (loss) from sales of assets other					- ·
than inventory					
•					· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events			- -		
Gross profit or (loss) from sales of inventory					
Other revenue					
a				· ·	
b					
C					
d			+++		
e					
Subtotal Add columns (b), (d), and (e)		0		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
e worksheet in line 13 instructions to verify calcu	lations)				
art XVI-B Relationship of Act	ivities to the Accor	nplishment of E	Exempt	Purposes	
ne No Explain below how each activity for the foundation's exempt purposes (-A CONTRIBU	ted importantly to the accom	plishment of
the foundation's exempt purposes (other than by providing fund	3 for such purposes/			
	· -				
					
				•••	

		<u>-</u>			

(415) 278-8585 Form **990-PF** (2011)

Form 990-PF (2		TEND LAMI				and Dalest	2/-33(age 13
Part XVII	Exempt Organ	izations					ships With Nonch	arıtable		
1 Did the oi	rganization directly or indii	ectly engage in any o	f the following	g with an	y other organizatio	on described in se	ction 501(c) of		Yes	No
the Code	(other than section 501(c)	(3) organizations) or	in section 52	27, relatın	g to political organ	nizations?				
a Transfers	from the reporting founda	ation to a noncharitab	le exempt org	ganızatıoı	of .					
(1) Cash	l							1a(1)		X
(2) Othe	r assets							1a(2)		Х
b Other tran	b Other transactions									
(1) Sales	s of assets to a noncharital	ble exempt organizati	on					1b(1)		X
(2) Purc	hases of assets from a no	ncharitable exempt or	ganization					1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets						1b(3)		X
(4) Reim	nbursement arrangements							1b(4)		X
(5) Loan	is or loan guarantees							1b(5)		X
(6) Perfe	ormance of services or me	mbership or fundrais	ıng solicitatioi	ns				1b(6)		Х
c Sharing o	of facilities, equipment, ma	iling lists, other asset	s, or paid em	ployees				10		X
d If the ans	wer to any of the above is	"Yes," complete the fo	ollowing sche	dule Col	umn (b) should al	ways show the fair	market value of the goods	, other ass	sets,	
or service	es given by the reporting fo	oundation. If the foun-	dation receive	ed less th	an fair market vali	ue in any transactio	on or sharing arrangement,	, show in		
column (d) the value of the goods,	other assets, or service	ces received							
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt	organization	(d) Descripti	on of transfers, transactions, an	d shanng ar	rangeme	ents
			N/A							
	•									
						_				
					_					
	•									
									-	
					<u> </u>					-
										
2a Is the fou	undation directly or indirec	tiv affiliated with, or re	elated to, one	or more	tax-exempt organ	izations described				
	n 501(c) of the Code (othe	•	-					Yes	X	☐ No
	complete the following sch		(-//							
	(a) Name of org			(b) Typ	e of organization		(c) Description of relation	iship		
	N/A							<u>.</u>		
	· · · · · · · · · · · · · · · · · · ·				•					
Unde	er penalties of penury, I declare	that I have examined this	retum, includin	ng accomp	anying schedules and	statements, and to the	ne best of my knowledge	4		
Sign and t	belief, it is true, correct, and co	mplete Declaration of pre	parer (other that	ın taxpayer	is based on all inform	mation of which prepa	rei rias ariy kilowieuge	lay the IRS eturn with th	e prepai	rer
Here	yul r	l		1"	7 Au 2012	PRESI		hown below		No
Z	nature of officer or trustee				ate	Title		44 163	·	
	Print/Type preparer's n		Preparer's si			Date	Check If PTIN	J		
	, mig type properties o m						self- employed	•		
Paid	CRAIG LEWI	· s		2		8.29.12	1 ' 1	00743	732	
Preparer			SCO. 1	J.P		1001	Firm's EIN ► 94-3			
Use Only	, -	jadii d IId	200 , 1				Timin S Liny P J 4	, , ,	- 0	
Joe Only	Firm's address ▶ 5.7	5 Market	Street	Sı	ite 2000)	+			
	1	n Francis				•	Phone no / 11	5) 27	8-8	5.85
			Phone no (41)	1 41	5 - 0	202				

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

27-3301498 THE BLEND FAMILY FOUNDATION Organization type (check one): Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** X 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, line 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, total 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, charitable, etc., purposes, but these contributions did not total 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. 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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 Part I, line 2 of its Form 990-PF, to

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

Name of organization

Employer identification number

THE BLEND FAMILY FOUNDATION

27-3301498

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL BLEND 26 ARCADIA TERRACE SANTA MONICA, CA 90401	\$ <u>1,199,741</u> .	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

(a)

No.

Person Payroll Noncash

(c)

Total contributions

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(b)

Name, address, and ZIP + 4

Employer identification number

THE BLEND FAMILY FOUNDATION

27-3301498

No. Description of noncash property given 1	art II N	Noncash Property (see instructions) Use duplicate copies of Part	t II if additional space is needed.	
STOCKS (a) No. (b) Description of noncash property given (b) No. (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receiver (see instructions) (e) FMV (or estimate) (see instructions) (f) Date receiver (see instructions) (g) Date receiver (see instructions) (h) No. (h) Description of noncash property given (see instructions) (g) No. (h) Description of noncash property given (see instructions) (h) No. (h) Description of noncash property given (see instructions) (g) No. (h) Description of noncash property given (see instructions) (g) FMV (or estimate) (see instructions) (g) Date receiver (g) FMV (or estimate) (see instructions) (g) Date receiver (g) FMV (or estimate) (see instructions)	(a) No. from Part I	Description of noncash property given	FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given \$	-		 	01/31/11
(a) No. from Part I (a) No. Description of noncash property given S (c) FMV (or estimate) (see instructions) Date receiver (see instructions) (b) Description of noncash property given S (c) FMV (or estimate) (see instructions) (a) No. Description of noncash property given S (c) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) Date receiver (see instructions) (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) Date receiver (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receiver (see instructions) (e) FMV (or estimate) (see instructions) (for FMV (or estimate) (see instructions) (d) Date receiver (see instructions) (e) FMV (or estimate) (see instructions) (for FMV (or estimate) (see	No. from		(c) FMV (or estimate)	
No. or			\$	
(a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (see instructions)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (d) Date receiver (d) Date r				
(a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) Date received (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Date received (h) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) Part I Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ (a) No. (b) Poscription of noncash property given Description of noncash property given Description of noncash property given Part I Description of noncash property given Date received (c) FMV (or estimate) (see instructions) Date received			 \$	
(a) No. (b) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (see instructions) Date received			 \$	
	No. from		FMV (or estimate)	(d) Date received
	-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Employer identification number Name of organization 27-3301498 THE BLEND FAMILY FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once). Part III Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 9'90-PF	Corporate Stock		Statement	1	
Description		Book Value	Fair Marke Value	t	
66,667 SHARES DEMAND MEDIA	MEDIA CO STOCKS 1,199,741		444,336		
Total to Form 990-PF, Part	II, line 10b	1,199,741.	444,336.		
Form 990-PF List	of Substantial Contrib Part VII-A, Line 10	outors	Statement	2	
Name of Contributor	Address				
MICHAEL LOUIS BLEND	147 GEORGINA SANTA MONICA,				

Form 8868 (Rev 1-2012)	<u>-</u>				Page 2	
If you are filing for an Additional (Not Automatic) 3-Month E	Extension, c	complete only Part II and check this	box		ightharpoons	
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form 8	3868		
If you are filing for an Automatic 3-Month Extension, compl						
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the origin	al (no c	opies nee	ded)	
	Enter filer's identifying number, see instructions					
Type or Name of exempt organization or other filer, see insti	Name of exempt organization or other filer, see instructions			oyer identification number (EIN) or		
orint	-		[]	1 27 2201400		
THE BLEND FAMILY FOUNDATION	-		X			
Number, street, and room or suite no. If a P.O box, liling your etum See 147 GEORGINA AVE	" 147 CEODOCTNA AVE			cial security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
					· · · · · · · · · · · · · · · · · · ·	
Enter the Return code for the return that this application is for (f	file a separa	te application for each return)			0 4	
Application	Return	Application			Return	
s For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A	حلا		08	
Form 990-EZ	01	Form 4720	<u>57 77</u>		09	
Form 990-PF	04	Form 5227 (())	7		10	
Form 990-T (sec_401(a) or 408(a) trust)	05	Form 6069 ((_			
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant			iously file	d Form 886	8.	
CRAIG LEWIS, I			D 3 3 7 0 T	aao a	7 04105	
• The books are in the care of ► 575 MARKET STI	REET,		RANCI	SCO, C.	A 94105	
Telephone No ► <u>(415)</u> 278–8585		FAX No ▶			, —	
If the organization does not have an office or place of business.					• • • • • • • • • • • • • • • • • • •	
If this is for a Group Return, enter the organization's four dig				-	group, check this	
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs of	all memb	ers the exte	nsion is for	
4 I request an additional 3-month extension of time until	Novem	ber 15, 2012	_			
5 For calendar year 2011, or other tax year beginning	ab ank room	, and endin	9 Final r	oturn.		
6 If the tax year entered in line 5 is for less than 12 months	, cneck reas	on: A initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension THE INFORMATION NECESSARY TO	FILE	A COMPLETE AND ACC	URATE	TAX R	ETURN IS	
NOT AVAILABLE AT THIS TIME.		TO COMPANY THE PROPERTY OF THE	011111		2101111 15	
1101 1111111111111111111111111111111111						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	0 or 6069 e	enter the tentative tax, less any				
nonrefundable credits. See instructions.	0, 0, 0000, 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	9. enter any	refundable credits and estimated	1			
tax payments made. Include any prior year overpayment						
previously with Form 8868.	anomod ao	a oroan and any amount paid	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your	payment wi	th this form, if required, by using	<u> </u>			
EFTPS (Electronic Federal Tax Payment System). See ins			8c	\$	0.	
		st be completed for Part II				
Under penalties of perjury, I declare that I have examined this form, incl it is true, correct, and complete, and that I am authorized to prepare this	luding accom			f my knowled	ge and belief,	
Signature ▶ Title ▶	- ACCOU	NTANT	Date	>		
Signature Title	ACCOU	MIUNT	Date			

Form **8868**

(Rev. January 2012)

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. 1-2012)

If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			ightharpoonup	
• If you a	re filing for an Additional (Not Automatic) 3-Month E	xtension, d	complete only Part II (on page 2 of t	his form)			
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	orm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tim	ne to file (6 months for a c	crporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically fi	le Form 8	868 to request a	an extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	ransfers	Associated With	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions) For more details of	n the ele	ctronic filing of t	his form,	
	irs gov/efile and click on e-file for Chanties & Nonprofit		,		9	ŕ	
Part I			submit original (no copies ne	eded).			
A corpora	ition required to file Form 990-T and requesting an auto						
Part I only						▶ □	
	corporations (including 1120-C filers), partnerships, RENome tax returns.	MICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
Type or print	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification n	number (EIN) or	
File by the	THE BLEND FAMILY FOUNDATIO			X	X 27-3301498		
due date for filing your return See	Number, street, and room or suite no. If a P.O box, 147 GEORGINA AVE	see Instruc	tions.	Social se	ecurity number (3SN) 	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90402						
Enter the	Return code for the return that this application is for (fi	le a separa	ite application for each return)			04	
Applicati		Return	Application	 			
Is For	OII	Code	is For		Return		
Form 990		01	Form 990-T (corporation)		·	Code	
Form 990		02	Form 1041-A	7-		07	
Form 990		01	Form 4720				
Form 990		04	Form 5227				
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			10	
	-T (trust other than above)	06	Form 8870	-		11 12	
101111 330	Transcourse than above)	1 00	Tomicoro 77 A			12	
• The bo	ooks are in the care of		• •				
	one No ►		FAX No. ▶				
•	organization does not have an office or place of busines	ss in the Llr				>	
	s for a Group Return, enter the organization's four digit			f this is fo	or the whole arou	in check this	
box ▶ [If it is for part of the group, check this box	_			_		
	quest an automatic 3-month (6 months for a corporatio				ocio trie exteriole	21113101	
			ition return for the organization name		The extension		
us fo	or the organization's return for:	P. 0. 9	men return ter me erganization name		The extension		
	► X calendar year 2011 or						
▶.	tax year beginning	. an	nd ending				
		, , ~			 •		
2 If th	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 th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any				
non	refundable credits. See instructions.			3a	\$	0.	
b If th	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$			0.			
c Bal	ance due. Subtract line 3b from line 3a. Include your p	ayment wit	th this form, if required,				
by ı	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fo	rm 8879-	EO for payment	instructions.	

LHA

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