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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	caler	idar year 2012 or tax year beginning			, and er	nding		
Na	me of	foundation					A Employer identificatio	n number
		BLEND FAMILY FOUNDAT and street (or PO box number if mail is not delivered to s				December 1	27-3301498	3
							B Telephone number	705
			AVARRO ST.			600	415-912-8	
		own, state, and ZIP code ANTONIO , TX 78205					C If exemption application is	pending, check here
		all that apply: Initial return	Initial retu	rn of a for	mer public c	harity	D 1 Foreign organization	s chack hara
	J11001	Final return	Amended		mor public c	ilatity	b i rorcigii organization	is, check field
		X Address change	Name cha				Foreign organizations m check here and attach c	eeting the 85% test,
H	Check	type of organization: X Section 501(c)(3		<u> </u>			E If private foundation st	
	Se	ction 4947(a)(1) nonexempt charitable trust			tion		under section 507(b)(1	
F	air ma	arket value of all assets at end of year J Acco	unting method: X] Cash	Accr	ual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)	Other (specify)				under section 507(b)(1)(B), check here 🕨 🔲
	<u>\$</u>	1,194,669. (Part I, c	olumn (d) must be o	n cash b	asıs)			
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	expenses per	oooks	(b) Net inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	581,	500.			N/A	
	2	Check fithe foundation is not required to attach Sch. Einterest on savings and temporary	<u></u>					
	3	cash investments						
	4	Dividends and interest from securities						1
	'."	Gross rents Net rental income or (loss)		·				
	62	Net gain or (loss) from sale of assets not on line 10	-561,	138.				Statement 1
Revenue	b	Gross sales price for all assets on line 6a 1,220,103						Deacement 1
eVel	7	Capital gain net income (from Part IV, line 2)	 		1,14	7,769.	· · · · · · · · · · · · · · · · · · ·	
ď	8	Net short-term capital gain						
	9	Income modifications						1
ဗ္ဂ	10a	Gross sales less returns and allowances						
SCANNED	1	Less Cost of goods sold	- 	-+				
ź	11	Gross profit or (loss) Other income					<u> </u>	,
Щ	12	Total Add lines 1 through 11	20	362.	1.14	7,769.		
	13	Compensation of officers, directors, trustees, etc		0.		0.		0.
VOV	14	Other employee salaries and wages			-			
	15	Pension plans, employee benefits						
Ses.	16a	Legal fees						
<u>~</u> ē	b	Accounting fees Stmt 2		909.		1,909.		0.
3	C	Other professional fees Stmt 3 Interest		125.		125.		0.
ati	18	Taxes						
$(0) \frac{1}{2}$	19-							
Ē	20	Depreciation and depletion Occupanty CEIVED						""
Ad	21	Travel, conferences, and meetings						
and	22	Printingland publications 13						
b u	23							
erat	24	Total operating and administrative expenses Admines 13 through 23		024		2 024		
Ö	25	Contributions, gifts, grants paid	23,	034.	<u> </u>	2,034.		23,400.
	1	Total expenses and disbursements.	45,					23,400.
		Add lines 24 and 25	25,	434.		2,034.		23,400.
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	-5,	072.				
		Net investment income (if negative, enter -0-)			1,14	<u>5,735.</u>		
2005		Adjusted net income (if negative, enter -0-)				,	N/A	<u> </u>

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223511 12-05-12

Add lines 1, 2, and 3

Other increases 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

Decreases not included in line 2 (itemize)

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4

5

194,669.

1,194,669.

7

8

11,457.

23,400.

Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	n 990-PF (2012) THE BLEND FAMILY FOUNDATION			<u>3301</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 4	1948 -	- see i	nstru	ctio	ns)
1a	a 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 🕒 🗓 and enter 1%	}	1		1	1,4	<u>57.</u>
	of Part I, line 27b						
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. Others enter -0-)		2				0.
3	Add lines 1 and 2		3_		1	1,4	<u>57.</u>
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	1,4	<u>57.</u>
6	Credits/Payments:						
а	a 2012 estimated tax payments and 2011 overpayment credited to 2012		<u> </u>				
b	Exempt foreign organizations - tax withheld at source 6b]				
C	Tax paid with application for extension of time to file (Form 8868)		<u> </u>				
d	1 Backup withholding erroneously withheld 6d		Ţ				
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8				<u>70.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed See Statement	5 ▶	9		1	1,6	<u> 27.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
		funded ►	11				
Pa	art VII-A Statements Regarding Activities						
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or intervene	e in			Yes	-
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als publish	ed or				
	distributed by the foundation in connection with the activities						
C	Did the foundation file Form 1120-POL for this year?				1c		X
d	f 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.	_				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on four	ndation					
	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 inc	orporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	• • • • • • • • • • • • • • • • • • • •				5		X
_	If "Yes," attach the statement required by General Instruction T.						
6							
	By language in the governing instrument, or	11-11					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	with the stat	e iaw			37	
_	remain in the governing instrument?				6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?				7	<u>X</u>	
_	If "Yes," complete Part II, col. (c), and Part XV						
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)						
	TX						
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design of each extra as assumed by Company (not as a control of the con	nate)				17	
_	of each state as required by General Instruction G? If "No," attach explanation	(3)(5) (86	_X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942	(J)(5) for cal	endar				3,5
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	_	1+	<i>c</i>	9	v	X
ıU	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and add	tresses 🗅	<u>tmt</u>	Ø	10	X	ı

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Form 990-PF (2012) THE BLEND FAMILY FOUNDAT Part VII-B Statements Regarding Activities for Which F			27-33014	98	Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes? Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check he. If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 	r to carry on, directly or indirectly or educational purposes, or indirectly of educational purposes, or indirectly of educations of educations described educations. The education is a second of education of	ectly, Ye Ye for Ye un Regulations	>	5b	
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a page of the form 8870. 	ersonal benefit contract?			6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trustor Paid Employees, and Contractors	itable to the transaction?			7b	
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	acco	Expense ount, other owances
MICHAEL BLEND	PRESIDENT				
147 GEORGINA AVE					
SANTA MONICA, CA 90402	2.00	0.	0.		0.
STANLEY BLEND	SECRETARY				
711 NAVARRO ST.					
SAN ANTONIO, TX 78205	3.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other owances
NONE					
•					
Total number of other employees paid over \$50,000			>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	on
NONE			
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 statistica number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses	
1 N/A		_	
2		-	
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 line	es 1 and 2.	Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions.			
Total Add lines 1 through 3			١

Page 8

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	194,250.
b	Average of monthly cash balances	1b	623,960.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	818,210.
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	818,210.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,273.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	805,937.
6	Minimum investment return. Enter 5% of line 5	6	40,297.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	40,297.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	11,457.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,840.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	28,840.
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	28,840.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	23,400.
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:	_	
a	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	23,400.
5	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	11,457.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,943.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies 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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				28,840.
2 Undistributed income, if any, as of the end of 2012				· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2011 only			21,583.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from		**************************************		
Part XII, line 4: ►\$				
a Applied to 2011, but not more than line 2a			21,583.	
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 2012 distributable amount				1,817.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (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'		<u> </u>		
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 2011. Subtract line				·····
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				27,023.
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 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013				,
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				
				Form 990-PF (2012)

	ND FAMILY F				301498 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		_	▶ └		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described i	n section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u>.,</u>	
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(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.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			. <u> </u>		
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					1
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t				• •	
1 Information Regarding Foundation	n Managers:	-		-	
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed r			induction reconsection by the		you or any tax
MICHAEL BLEND					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large port	ion of the ownership of a i	partnership or
other entity) of which the foundation ha			(or an equally large per	ion of the owner of the	sarmoromp or
None	-				
	ion Cront Citt Loon	Cabalarahin ata Dr			
2 Information Regarding Contribut		·	=	nat accept was also tad co	wasta far funda. If
Check here \(\sum_{\textstyle \textstyle \t	only makes contributions to	•	•		•
				ompicio nema za, b, c, an	
a The name, address, and telephone num		n to wnom applications s	snould be addressed:		
STANLEY BLEND, (210)					
711 NAVARRO ST., SAN				· · · · · · · · · · · · · · · · · · ·	
b The form in which applications should be	oe submitted and informat	tion and materials they st	nould include:		
c Any submission deadlines:				··	
					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:	

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Part XV

THE BLEND FAMILY FOUNDATION

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid dunng the year JEWISH FEDERATION NONE TO ASSURE THE N/A 6505 WILSHIRE BLVD CONTINUITY OF THE LOS ANGELES, CA 90048 JEWISH PEOPLE, SUPPORT A SECURE STATE OF ISRAEL CARE FOR JEWS 150. AIDS PREVENTION ACTION NETWORK NONE N/A PREVENTION OF AIDS. REDWOOD CITY, CA 94063 1,000. NONE LOTUS OUTREACH N/A TO ENSURE THE 264 S. LA CIENEGA BLVD EDUCTION, HEALTH AND BEVERLY HILLS, CA 90211 SAFETY OF AT-RISK 1,000. WOMEN. NONE **KCRW** N/A TO HELP PROMOTE 1900 PICO BLVD SOUTHERN CALIFORNIA'S SANTA MONICA, CA 90405 LEADING NATIONAL PUBLIC RADIO AFFILIATE FEATURING MUSIC, NEWS 750. COACHART NONE N/A IMPROVES THE QUALITY 3303 WILSHIRE BLVD OF LIFE FOR CHILDREN LOS ANGELES, CA 90010 WITH CHRONIC AND LIFE-THREATENING ILLNESSES AND THEIR 500. See continuation sheet(s) Total ➤ 3a 400. **b** Approved for future payment None Total

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

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	coue		Code	,	
ab	-		-		
	+	· 	<u> </u>	·-·-	
			 	· · · · · · · · · · · · · · · · · · ·	
					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:					ı
a Debt-financed property					
b Not debt-financed property		·	L		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	523000	-561,138.			
9 Net income or (loss) from special events		·······	ļ		
o Gross profit of (1055) from Sales of liveritory					
11 Other revenue:					
a					
b					
<u> </u>	1		 		
d			 -		
e 12 Subtotal. Add columns (b), (d), and (e)	 	-561,138.	l 	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	1	-301,130.	ļ		-561,138.
See worksheet in line 13 instructions to verify calculations.)				10_	301,130.
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom			contril	buted importantly to the accor	mplishment of
the foundation's exempt purposes (other than b	by providing fun	ds for such purposes).			
					· · · · · ·
					
					
					
				- · y	
	-				
	- · ·				
		<u> </u>			
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Form 990 Part		Information Re				and Relation	27-33(onships With Nonch			ge 13
the a Tra (1) (2) b Ott (1) (2) (3) (4) (5) (6) c Sha d If ti	Code (nsfers Cash Other ter trans Sales Purch Renta Reimt Loans Perfor per answ	other than section 501(c) from the reporting founds assets sactions: of assets to a noncharita lasses of assets from a not of facilities, equipment, pursement arrangements or loan guarantees rmance of services or metallities, equipment, mayer to any of the above is	rectly engage in any (3) organizations) o ation to a noncharitation or other assets or other assets of the state of the	or in section 52 ble exempt orgation organization sing solicitation ets, or paid em following sche	ns ployees dule. Column (b) should a	inizations?	section 501(c) of fair market value of the goods		Yes	X X X X X X X
) the value of the goods,					, , , , , , , , , , , , , , , , , , ,			
(a) Line n	0	(b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Desc	ription of transfers, transactions, an	d sharing ar	rangeme	nts
				N/A						
	_									
				 						
									-	
										
			<u> </u>							
										
										
ın s	ection	ndation directly or indirect 501(c) of the Code (other	r than section 501(c)		or more tax-exempt organion 527?	nizations describ	ed	Yes	X	No
<u> </u>	. 50, 00	(a) Name of org			(b) Type of organization	T	(c) Description of relation	shin		
	·		u neu o O II		(שי) יאף פין טוע ainzaullii		(a) pesoribilon or relation	ioi iib		
		N/A	··				 			
							- 1 1			
						+				
	Under	analtina of parium. I dealers	that I have averaged the	o return vocaluda	a cocomponius cobodulos co	d statements, and	to the best of my knowledge			
Sign Here	and be	clief, it is true, correct, and cor	Rolete Declaration of pro		ig accompanying schedules and taxpayer) is based on all info	PRES	eparer has any knowledge	lay the IRS eturn with the hown below X Yes	see ins	er
	Sign	ature of officer or trustee	_		Date	Title				
		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check If PTIN			
				1 -			self- employed			
Paid		CRAIG LEWI	C C		734	11.5.13	ים ו	0743	722	
Prepa	aror					1/1/				
Hep (Firm's name ► Bog	uan & ræa	ısco, ∕L	пь		Firm's EIN ► 94-3	2059	Тρ	

(415) 278-8585 Form **990-PF** (2012)

Phone no

Firm's address ► 575 Market Street, Suite 2000 San Francisco, CA 94105

Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization Employer identification number 27-3301498 THE BLEND FAMILY FOUNDATION 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 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 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), 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number THE BLEND FAMILY FOUNDATION 27-3301498 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 MICHAEL BLEND Person Payroll 147 GEORGINA AVE. 581,500. Noncash (Complete Part II if there SANTA MONTCA CA 90402

	DANTA MONTCA, CA 90402		is a noneasir 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
		\$	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
23452 12-2	24	Schedule B (For	m 990, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

THE BLEND FAMILY FOUNDATION

27-3301498

Part II	Noncash Property (see instructions) Use duplicate copies of Part I	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	50,000 SHARES OF DEMAND MEDIA INC STOCKS		
		sss	07/13/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-2	140		90, 990-EZ, or 990-PF) (2012

Name of organization Employer identification number 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 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF	List of Substantial Contributors Part VII-A, Line 10	Statement	6
Name of Contributor	Address		
MICHAEL LOUIS BLEND	147 GEORGINA AVE SANTA MONICA, CA 90402		

Form 990-PF	Other Profes	sional Fees		Statement	3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income		
INVESTMENT & WIRE FEES	125.	125.			0.
To Form 990-PF, Pg 1, ln 16c	125.	125.			0.
Form 990-PF	Corporat	e Stock		Statement	4
	Corporat		ok Value	Statement Fair Market	
Form 990-PF Description 66,667 SHARES DEMAND MEDIA CO			ok Value	Fair Market	

Part IV Capital Gains and Lo	sses for Tax on Investment Income								
(a) List and 2-story b	d describe the kind(s) of property solution in describe the kind (s) of property sol	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)						
	AND MEDIA CO	······································	D	05/25/12					
b 500 SHS DEM			D	Various 05/25/12					
c 400 SHS DEM			D	Various 05/25/12					
d 400 SHS DEM			D	Various 05/25/12					
e 900 SHS DEM			D	Various 05/25/12					
f 2,200 SHS DEM	AND MEDIA CO	D	Various 05/25/12						
g 100 SHS DEM	AND MEDIA CO	D	Various 05/25/12						
h 20,108 SHS DEM		D	Various 05/29/12						
150,000 SHS DEM	AND MEDIA CO		D	Various 07/13/12					
<u>k</u>	· · ·								
m									
n									
0	I			<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)					
a 404,178.		26,077.		378,101.					
b 4,810.	.=	310.		4,500.					
c 3,852.		248.		3,604.					
d 3,856.		248.		3,608.					
e 8,703.		558.		8,145.					
<u>f</u> 21,296.		1,364.		19,932.					
g 968.		62.		906.					
h 193,073. 579,367.		12,467. 31,000.		180,606.					
<u>1</u> 5/9,36/.		31,000.		<u>548,367.</u>					
<u> </u>			"						
I									
m									
n									
0									
	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Lo	sses (from col. (h))					
(1) 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess of col. (h) gain over col. (k),						
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but r	not less than "-0-")					
<u>a</u>				378,101.					
b				4,500.					
С				3,604.					
d				3,608.					
е			·=	8,145.					
<u>f</u>				19,932.					
9				906.					
<u>h</u>				<u>180,606.</u>					
<u> </u>				548,367.					
<u>k</u>									
<u> </u>									
<u>m</u>									
<u>n</u>									
0			1						
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	in Part I, line 7 -" in Part I, line 7	2	1,147,769.					
	ss) as defined in sections 1222(5) an	d (6)							
If gain, also enter in Part I, line 8,		}		37 / 3					
If (loss), enter "-0-" in Part I, line 8)	J	3	N/A					

3 Grants and Contributions Paid During the Y	If recipient is an individual,	1		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ICARAGUA RESOURCE NETWORK	NONE	N/A	TO ADDRESS THE	
2900 HAZEL DELL PARKWAY			SPIRITUAL, PHYSICAL	
ARMEL, IN 46033			AND EDUCATIONAL NEEDS	
			OF IMPOVERISHED	
			CHILDREN AND FAMILIES	5,0
TEPHENSON INSTITUTE - UNIVERSITY OF	NONE	N/A	TO PROMOTE RESEARCH	
IVERPOOL IN AMERICA INC			INTO RENEWABLE ENERGY	
TINTNOMON DD 10001			SOURCES.	45.0
ILMINGTON , DE 19801			-	15_0
				. •
			,	
				·-·
	1	}		
		1	1	

Form 99	0-PF G	ain or (Loss) f	rom Sale	of.	Assets		Sta	tement	1
Descrip	(a) tion of Property				Manner cquired	Dat Acqu:		Date S	old
42,059	SHS DEMAND MEDIA	CO						05/25	/12
	(b) Gross	(c) Value at	(d) Expense	of	(e)			(f)	
	Sales Price	Time of Acq.	Sale		Depre	c. 	Gain	or Los	s
	404,178.	958,105.		0.		0.		-553,9	27.
Descrip	(a) tion of Property				Manner cquired	Dat Acqu:		Date S	olđ
500	SHS DEMAND MEDIA	CO				Vario	ous	05/25	/12
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre			(f) or Los	s
	4,810.	11,400.		0.		0.		-6,5	90.
Descrip	(a) tion of Property				Manner cquired	Dat Acqu:		Date S	olđ
400	SHS DEMAND MEDIA					Vario	ous	05/25	/12
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre			(f) or Los	s
	3,852.	9,120.		0.	-	0.		-5,2	68.

Descrip	(a) otion of Property	_			anner quired		te ired	Date Sold
400	SHS DEMAND MEDIA	CO				Vari	ous	05/25/12
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.		(f) or Loss
	3,856.	9,120.		0.		0.		-5,264.
Descrip	(a) otion of Property				anner quired	Da Acqu	te ired	Date Sold
900	SHS DEMAND MEDIA	co				Vari	ous	05/25/12
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.		(f) or Loss
	8,703.	20,520.		0.	<u></u>	0.		-11,817.
	(a) otion of Property	-			anner quired	Acqu	ite iired	Date Sold
2,200	SHS DEMAND MEDIA	CO				Vari	ous.	05/25/12
,	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.		(f) or Loss
	21,296.	21,931.		0.		0.		-635.
Descrip	(a) otion of Property				anner quired		ite iired	Date Sold
100	SHS DEMAND MEDIA	CO				Vari	ous.	05/25/12
	(b) Gross	(c) Value at Time of Acq.	(d) Expense Sale	of	(e)			(f)
	Sales Price	יויו שב מד מממיוי	2210		Depre	_	תובנו	or Loss

Descrip	(a) otion of Property				ner ired		ite iired	Date S	olđ
20,108	SHS DEMAND MEDIA					Vari	ous.	05/29	/12
	(b) Gross	(c) Value at	(d) Expense	of	(e)			(f)	
	Sales Price	Time of Acq.	Sale	OI.	Depre	c.	Gair	or Los	s
	193,073.	168,706.		0.		0.		24,3	67.
Descrip	(a) otion of Property	_			ner iired		ite iired	Date S	old
50,000	SHS DEMAND MEDIA	CO		Dona	ted	Vari	ous.	07/13	/12
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre		Gair	(f) n or Los	s
	579,367.	581,500.		0.		0.		-2,1	33.
Capital	l Gains Dividends	from Part IV							0.
Total t	co Form 990-PF, Pa	art I, line 6a					-	-561,1	38.
Form 99	90-PF	Accoun	ting Fees	3		·	Sta	atement	2
Descrip	otion	(a) Expenses Per Book	Net In		Ad	(c) juste Inco		(d) Charita Purpos	
990-PF	RETURN PREPARATIO	ON 1,90	9.	1,909.				•	0.
To Form	n 990-PF, Pg 1, lr	1,90	9.	1,909.					0.
					=				

Form 8868 (Rev. 1-2013)						Page 2		
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	box		▶ [X		
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	led Form	8868				
• If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies r	reeded).			
		Enter filer's	identifyii	ng numb	er, see instru	ctions		
Type or Name of exempt organization or other filer, see instru	ctions		Employe	r identific	ation number	(EIN) or		
print								
File by the THE BLEND FAMILY FOUNDATION				27-	3301498			
due date for Number, street, and room or suite no. If a P O. box, so	ee instruc	tions.	Social se	cunty nu	mber (SSN)			
retum See C/O BOGDAN & FRASCO, LLP - 5	575 ML	ARKET STREET, SUIT						
City, town or post office, state, and ZIP code. For a fo	oreign add	dress, see instructions						
SAN FRANCISCO, CA 94105			_					
					۲	<u> </u>		
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			L	0 4		
			=					
Application	Return	Application				Return		
Is For	Code	Is For				Code		
Form 990 or Form 990-EZ	01		***************************************	**********	<u>-</u>			
Form 990-BL	02	Form 1041-A				08		
Form 4720 (individual)	03	Form 4720				09		
Form 990-PF	04	Form 5227						
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 granted CRAIG LEWIS, BO			ously file	a Form	8868.			
• The books are in the care of > 575 MARKET STRE			א אזר ד	SCO	CA 0/1	Λ5		
Telephone No. \triangleright (415) 278-8585	، بدندن		CAIVE	sco,	CA 341	05		
	ما مطفصا	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 digit (this is fo	rthouds	L			
	1	sch a list with the names and EINs of						
		ber 15, 2013	an memo	eis lite e	Atension is lo			
5 For calendar year 2012, or other tax year beginning	· · · ·	, and ending						
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas		Final r	eturn				
Change in accounting period	neek reas	on milar return		Clum				
7 State in detail why you need the extension								
THE INFORMATION NECESSARY TO F	TLE A	A COMPLETE AND ACCU	JRATE	TAX	RETURN	IS		
NOT AVAILABLE AT THIS TIME.								
								
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.		•	8a	\$		0.		
b 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 alk	owed as a	a credit and any amount paid						
previously with Form 8868.			8b	\$		0.		
c Balance due. Subtract line 8b from line 8a. Include your pay	yment wit	h this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instru	ictions.		8c	\$		0.		
Signature and Verificati	ion mus	st be completed for Part II o	nly.					
Under penalties of perjury, I declare that I have examined this form, includi It is true, correct, and complete, and that I am authorized to prepare this foi	ng accomp rm	panying schedules and statements, and to	the best o	f my know	rledge and belie	f,		
inature ACCOUNTANT								

Form **8868**

(Rev. January 2013)

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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

OMB No. 1545-1709

 \triangleright X

Form 8868 (Rev. 1-2013)

• If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	nis form)			
	complete Part II unless you have already been granted a						
	nic filing (e-file). You can electronically file Form 8868 if y						
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file	Form 8	868 to request an	extension	
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ansfers a	Associated With C	ertain	
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details o	the elec	ctronic filing of this	form,	
	w irs gov/efile and click on e-file for Charities & Nonprofits.						
Part	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	ded)			
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension · check this box and c	omplete			
Part I or)	-	
All other	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and tr	usts must use Form 7004 to request	an exten	nsion of time		
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employe	r identification nun	nber (EIN) or	
print			Ī				
•	THE BLEND FAMILY FOUNDATION	J	,		27-33014	98	
File by the due date for filing your	No. 1		cions.	Social se	curity number (SS	N)	
retym See instruction		reign add	ress, see instructions.				
Enter th	e Return code for the return that this application is for (file	a separat	e application for each return)	-		0 4	
Applica	tion	Return	Application			Return	
ls For		Code	Code Is For				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720				
Form.09	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
•	CRAIG LEWIS, BO						
• The b	oooks are in the care of ▶ 575 MARKET STRE	EET, S	SUITE 2000 - SAN FI	RANCI	SCO, CA 9	4105	
Telep	shone No. ► (415) 278-8585		FAX No. ►				
	organization does not have an office or place of business	s in the Un	ited States, check this box			▶ □	
	is for a Group Return, enter the organization's four digit (this is fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension	is for.	
1 r	equest an automatic 3-month (6 months for a corporation						
	August 15, 2013 , to file the exempt				The extension		
 IS	for the organization's return for:	Ŭ	•				
	X calendar year 2012 or						
•	tax year beginning	, an	d endina		ē		
			<u> </u>		_		
2 If t	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return F	inal retur	'n		
L	onange in accounting penco						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	timated tax payments made. Include any prior year overp			3ь	 	0.	
	lance due. Subtract line 3b from line 3a. Include your pa				1		
	using EFTPS (Electronic Federal Tax Payment System).			3с	 	0.	
	. If you are going to make an electronic fund withdrawal w						