

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545 0052

2012

Department of the Treasury Internal Revenue Service

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

For cal	endar year 2012, or tax year beginning	, 2012,	and ending		,	
PORF	RT & JOAN BLACKMAN FAMILY FO	TINDATTON	<del></del>	Α	Employer identification nur 46-1630096	nber
6949	RI & JOAN BLACKMAN FAMILI FO DUME DRIVE BU, CA 90265	UNDATION		В	Telephone number (see the	instructions)
	50, 611 30203			С	If exemption application is	pending, check here
G Che	eck all that apply. X Initial return	Initial return of a form	ner public charity	†	, .,	
<b>G</b> 0///	Final return	Amended return	ner public charty	D	1 Foreign organizations, chec	k here
	Address change	Name change		]	2 Foreign organizations meet here and attach computation	
H C	heck type of organization X Section 501 Section 4947(a)(1) nonexempt charitable t	(c)(3) exempt private f		E		
I Fa		ounting method: X C		-	If private foundation status under section 507(b)(1)(A)	
	rom Part II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60	
ې ◄	10,000,008. (PartT,	column (d) must be or	cash basis.)	L_,	under section 507(b)(1)(B)	, check here
Part	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	income		income	purposes (cash
	(see instructions) )					basis only)
	Contributions, gifts, grants, etc, received (att sch)  Ck fight fithe foundn is not req to att Sch B	10,000,000.				
	3 Interest on savings and temporary				_	
	cash investments 4 Dividends and interest from securities	8.		8.	8.	
	5 a Gross rents	_				
_	b Net rental income or (loss)					
ن 8 د ۲ د تا	<b>6 a</b> Net gain/(loss) from sale of assets not on line 10 <b>b</b> Gross sales price for all	<del></del>				
	7 assets on line 6a Capital gain net income (from Part IV, line 2)					
EZDE	Net short-term capital gain     Income modifications					
CIU2 D	10a Gross sales less returns and					
=	allowances  h Less Cost of					
טבר	goods sold c Gross profit/(loss) (att sch)					
5	11 Other income (attach schedule).					
$\supseteq$						
<u>u</u>	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	10,000,008.		8.	8.	
	14 Other employee salaries and wages	0.				
<u>్ద్ర</u> ో	15 Pension plans, employee benefits					
D	16a Legal fees (attach schedule) b Accounting fees (attach sch)					
M I N	c Other prof fees (attach sch)		-			<u> </u>
O i'	17 Interest			7	ECEIVED	1
O P E R A T	18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach					21
1 (	sch) and depletion		787	ŀ		Į.
N V G E	20 Occupancy 21 Travel, conferences, and meetings			,		
A E N X D P	22 Printing and publications			0	GDEN UT	
Ď P E	23 Other expenses (attach schedule)		<u> </u>			
E N S	24 Total operating and administrative				· · · · · · · · · · · · · · · · · · ·	
E S	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid				<del>-</del>	
	1					
	Add lines 24 and 25	0.		0.	0.	0.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses					
	and disbursements	10,000,008.		_		
	b Net investment income (if negative, enter -0-).  C Adjusted net income (if negative, enter -0-)			8.	8.	
BAA F	or Paperwork Reduction Act Notice, see ins	tructions.	<u> </u>	TEE/	A0504L 12/23/12	Form <b>990-PF</b> (2012)

DL-		Dalamaa Chaata	Attached schedules and amounts in the description	Beginning of year		Ena or	year
Part	<u> </u>	Balance Sheets	column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash - non-interest	5				
	2	Savings and tempor	ary cash investments		10,000,0	08.	10,000,008.
	3	Accounts receivable	<b>•</b>				
		Less allowance for	doubtful accounts >				
	4	Pledges receivable	<b>-</b>				
		Less, allowance for	doubtful accounts >				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)				
	7	Other notes and loans rec	eivable (attach sch)				
A		Less allowance for	doubtful accounts >				
š	8	Inventories for sale	or use				
A S S E T	9	Prepaid expenses a	nd deferred charges				
Ś	10 a	Investments – US obligations (attach s	and state government chedule)				
	b	Investments – corporate	stock (attach schedule)				
	c	: Investments - corporate	bonds (attach schedule) .				
	11	Investments - land, equipment basis	buildings, and				
		Less. accumulated deprec (attach schedule)	nation •				
	12	Investments - mort	gage loans				
	13	Investments - other	(attach schedule)				
	14	Land, buildings, and	equipment basis •				
		Less: accumulated depred (attach schedule)	iation •				
		Other assets (descri					<del></del>
		see the instructions.	completed by all filers — Also, see page 1, item I)	0.	10,000,0	08.	10,000,008.
†	17	· -	nd accrued expenses	<u> </u>			
À	18	Grants payable					
B	19	Deferred revenue		-			
Ļ	20		tors, trustees, & other disqualified persons .				
÷	21		s payable (attach schedule)				
1	22	Other liabilities (des	cribe)				
E S	23	Total liabilities (add	lines 17 through 22) .	0.		0.	
		Foundations that fo and complete lines	llow SFAS 117, check here X24 through 26 and lines 30 and 31.				
NF	24	Unrestricted			10,000,0	08.	•
E U T N	25	Temporarily restricted	ed		·		
D	26	Permanently restrict	red				
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here.   7 through 31.				
ĔĹ	27	Capital stock, trust i	orincipal, or current funds				
T A S N	28		, or land, building, and equipment fund				-
С	29	· ·	ulated income, endowment, or other funds				ı
O E R S	30	• •	fund balances (see instructions)	0.	10,000,0	008.	
	31	Total liabilities and (see instructions)	net assets/fund balances	0.	10,000,0		
Par	t III .	Analysis of Chan	ges in Net Assets or Fund Balanc	es			
1	Total end-	net assets or fund b of-year figure reporte	alances at beginning of year - Part II, cold on prior year's return)	umn (a), line 30 (must ag	gree with	1	0.
2	Ente	r amount from Part I,	line 27a .			2	10,000,008.
3	Other	increases not included in li	ne 2 (itemize)			3	
4	Add	lines 1, 2, and 3				4	10,000,008.
5	Decrea	ases not included in line 2	(itemize)		. <b></b>	5	
6	Total	I net assets or fund h	alances at end of year (line 4 minus line 5	) - Part II column (b) I	ine 30	6	10 000 008

Form 9901PF (2012) ROBERT & JOAN BLACKMAN FAMILY FOUNDATION

46-1630096

Page 2

	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., rise, or common stock, 200 shares ML	eal estate, C Company)	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	N/A	D — Donation	-			
<u>b</u>			· · ·			
	<del></del>	<del></del>				
d	<del></del>					
е						-
	(e) Gross sales price	sis	(h) Gain or (loss) (e) plus (f) minus (g)			
a						
<u>b</u>						
<u>c</u>						
d						
е						
	(i) Fair Market Value	ing gain in column (h) and owned by			(I) Gains (Colu ain minus column (k	
	as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	ny th	an -0-) or Losses (fr	
a	· · · · · · · · · · · · · · · · · · ·					
b			<del></del>			
<u>c</u>			-			
d		-				
e					Γ	<del></del>
	Capital gain net income or (net	If (loss), en	ter -0- in Part I, line 7	2		
3	If gain, also enter in Part I, line	(loss) as defined in sections 1222(5) e 8, column (c) (see instructions). If	``			
Dasa	ın Part I, line 8	C 1 1010/		3		
	1440-4-4-4	r Section 4940(e) for Reduce foundations subject to the section			N/A	
Was If 'Ye	s,' the foundation does not qual	tion 4942 tax on the distributable an	• •	se period?	Yes	
			•	g any entries.		∐ No
(	(a) Base period years Calendar year (or tax year beginning in)	n each column for each year; see the (b) Adjusted qualifying distributions	•		Distribution Umn (b) divided l	ratio
	Base period years Calendar year (or tax year beginning in)	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year beginning in) 2011	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year beginning in) 2011 2010	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year beginning in)  2011  2010  2009	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year beginning in)  2011  2010  2009  2008	n each column for each year; see th	e instructions before makin (c) Net value of		Distribution	ratio
	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for the	n each column for each year; see th	te instructions before making (c)  Net value of noncharitable-use associated	sets (colu	Distribution	ratio
2	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation	n each column for each year; see the (b) Adjusted qualifying distributions  by the following distributions of the following	ne instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years	sets (colu	Distribution	ratio
2 3	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation	n each column for each year; see the (b) Adjusted qualifying distributions  be 5-year base period — divide the to has been in existence if less than the column of the col	ne instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years	2 3	Distribution	ratio
2 3	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation  Enter the net value of nonchari	n each column for each year; see the (b) Adjusted qualifying distributions  the 5-year base period — divide the to has been in existence if less than stable-use assets for 2012 from Part	ne instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years	2 3	Distribution	ratio
2 3 4 5 6	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation  Enter the net value of nonchari  Multiply line 4 by line 3  Enter 1% of net investment inc	n each column for each year; see the (b) Adjusted qualifying distributions  the 5-year base period — divide the to has been in existence if less than stable-use assets for 2012 from Part	ne instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years	2 3 4 5	Distribution	ratio
2 3 4 5 6	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation  Enter the net value of nonchari Multiply line 4 by line 3  Enter 1% of net investment inc  Add lines 5 and 6	n each column for each year; see the (b) Adjusted qualifying distributions  be 5-year base period — divide the to has been in existence if less than stable-use assets for 2012 from Part frome (1% of Part I, line 27b)	ne instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years	2 3 4 5 6	Distribution	ratio
2 3 4 5 6	Base period years Calendar year (or tax year beginning in)  2011 2010 2009 2008 2007  Total of line 1, column (d) Average distribution ratio for th number of years the foundation  Enter the net value of nonchari  Multiply line 4 by line 3  Enter 1% of net investment inc  Add lines 5 and 6  Enter qualifying distributions from	n each column for each year; see the (b) Adjusted qualifying distributions  be 5-year base period — divide the to has been in existence if less than stable-use assets for 2012 from Part frome (1% of Part I, line 27b)	te instructions before making (c)  Net value of noncharitable-use associated on line 2 by 5, or by the 5 years  X, line 5	2 3 4 5 6 7	Distribution (b) divided	ratio by column (c))

		163009		P	age 4
Par		instruct	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.
	check here ► ☐ and enter 1% 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, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
_	foundations only Others enter -0-)	2			<u>0.</u>
3	Add lines 1 and 2	3			0.
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			0.
6	Credits/Payments:				
	2012 estimated tax pmts and 2011 overpayment credited to 2012 . 6a	1 1			}
	Exempt foreign organizations — tax withheld at source .	- 1			
	Tax paid with application for extension of time to file (Form 8868)	<b>∤</b>			
_ d	Backup withholding erroneously withheld  Table and the analyse Add have Calle and Calle	<del> </del>			
7	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
וו	Enter the amount of line 10 to be. Credited to 2013 estimated tax  *** VII-A   Statements Regarding Activities**	11			
		·	<u> </u>	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	1	X
			1 a		├^
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 1 1		x
			· · ·		<del>  ^</del> -
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?		10	<u> </u>	X
C	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 ►\$		,		
_	(1) On the foundation S O. (2) On foundation managers S Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	•	0.	ĺ	
	foundation managers. •\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities				
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				اـــــــــــــــــــــــــــــــــــــ
	with the state law remain in the governing instrument?		6	ļ	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	<del>                                     </del>
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA				
t	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		81	X	.  <sup>.</sup>
_		r 1912/11	<u> </u>	<del>                                     </del>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' comple	te Part X	iv 9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses SEE STATEMEN	r 1.	10	X	1010
BAA			Form 99	W-PF (2	2012)

TEEA0304L 12/07/12

	990-PF (2012) ROBERT & JOAN BLACKMAN FAMILY FOUNDATION t VII-A   Statements Regarding Activities (continued)	46-	163009	6	F	Page <b>5</b>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11	•	х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persadvisory privileges? If 'Yes,' attach statement (see instructions).	son had		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption.  Website address  N/A	n applica	tion?	13	X	
14	The books are in care of ► KANTOR ACCOUNTANCY CORP Telephon		(818)	849	369	0
15	Located at ► 16530 VENTURA BLVD, SUITE 628 ENCINO CA ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	<b>==</b> :	36	ŊŢĀ		
	and enter the amount of tax-exempt interest received or accrued during the year		15			N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of foreign country ►	the				
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly).		_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	Yes Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	Yes	XNo			
t	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions	)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here		-			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2012?	r		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?  If 'Yes,' list the years 20 , 20 , 20 , 20	Yes	XNo			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4943 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions.)			2 b	NT.	/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here.		20	IN	A
_	20,20,20,20					
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
t	olf 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	n ed				
A -				3 b	N	VA_
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
	the tax year beginning in 2012?			4 b	<u> </u>	X
BAA			Fo	rm <b>99</b>	U-PF	(2012)

Form 990-PF (2012) ROBERT & JOAN BLAC			46-163	0096	Page 6
Part VII-B   Statements Regarding Activiti		14/20 May Be Requ	uirea (continuea)	<del></del>	<del></del>
5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	-	n (sastian 4945(a))2	Yes X	No.	
• • • • • • • • • • • • • • • • • • • •			∐ ies ⊠		
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ition drive?		Yes X		
(3) Provide a grant to an individual for travel,		•	Yes X	NO	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described actions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to do a current notice regard	qualify under the exceptions disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53 4945	5-5(d)			
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870.  7 a At any time during the tax year, was the found	dation a party to a prob	ibited tay shelter transs	ection? Yes X	No	
<b>b</b> If 'Yes,' did the foundation receive any procee				/A 7b	·
Part VIII Information About Officers, D					S,
and Contractors	, ,	•			
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(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 deferred compensation		e account, llowances
ROBERT A . BLACKMAN	DIRECTOR	0.	0.		0.
6949 DUME DRIVE	4.00				
MALIBU, CA 90265					
JOAN S. BLACKMAN	DIRECTOR	0.	0.		0.
6949 DUME DRIVE MALIBU, CA 90265	4.00				
2 Compensation of five highest-paid employees (o					
(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		se account, illowances
NONE					
	1				
Total number of other employees paid over \$50,00	0			_	0 1-PF (2012)

and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	[	
	1	
<del></del>		
	1	
	1	
	1	
	1	
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
DESTRICTANT Common of Direct Charitable Activities		
RanklX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the number of	Evanges
organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		<del> </del>
3		
4		
Partix B Summary of Program-Related Investments (see Instr	uctions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
4	· · · · · · · · · · · · · · · · · · ·	<del></del>
`		
<u>N/A</u>		
2		
<b>*</b>		
All other program-related investments See instructions.		<del>-</del>
	,	
3		
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2012)

46-1630096

Page 7

Form 990-PF (2012) ROBERT & JOAN BLACKMAN FAMILY FOUNDATION

BAA

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	1 a	
	Average of monthly cash balances	1 b	54,814.
	Fair market value of all other assets (see instructions)	1 c	<u> </u>
	d Total (add lines 1a, b, and c)	1 d	54,814.
	e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	54,814.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	822.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	53,992.
6	Minimum investment return. Enter 5% of line 5	6	2,700.
<u>R</u> ar	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation and certain foreign organizations check here ► and do not complete this part.)	ting f	
	Minimum investment return from Part X, line 6.	1	2,700.
2	a Tax on investment income for 2012 from Part VI, line 5		
I	b Income tax for 2012 (This does not include the tax from Part VI)		
•	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,700.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,700.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,700.
<u>P</u> a	Qualifying Distributions (see instructions)	[agranage]	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	
1	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
I	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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 (see instructions)	5	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA

Form 990-PF (2012)

0.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
Distributable amount for 2012 from Part XI, line 7				2,700.
2 Undistributed income, if any, as of the end of 2012:				2,700.
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years. 20 , 20 , 20	<del></del>	0.	<u> </u>	
3 Excess distributions carryover, if any, to 2012.				
a From 2007				
<b>b</b> From 2008				
<b>c</b> From 2009				
<b>d</b> From 2010				
<b>e</b> From 2011				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2012 from Part	<u> </u>	· · · · · · · · · · · · · · · · · ·		
XII, line 4 ► \$				
a Applied to 2011, but not more than line 2a			0.	
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2012 distributable amount .  e Remaining amount distributed out of corpus				0.
5 Excess distributions carryover applied to 2012	0.	<u> </u>		0.
(If an amount appears in column (d), the				<u> </u>
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
	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.				
amount — see instructions.		0.		·
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions.			0.	
inic za Taxabie amount — see instructiona			<u> </u>	
f Undistributed income for 2012 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2013.				2,700.
7 Amounts treated as distributions out of				2,750.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
,	<u> </u>	1 2		
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a.	0.			
10 Analysis of line 9			<del> </del>	
a Excess from 2008 .				
<b>b</b> Excess from 2009	1			
c Excess from 2010	1			
d Excess from 2011	1			
e Excess from 2012.	1			

Part XIV Private Operating Foundat				9)	N/A
1 a If the foundation has received a ruling or dete	rmination letter that			e ruling	11/11
is effective for 2012, enter the date of the	_		dagambad in seeks	► 1042(\\2) or	4040()(E)
<b>b</b> Check box to indicate whether the foundat	Tax year	erating foundation of	Prior 3 years	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a	· <del></del>				
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				· ·	
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
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		-			<del></del>
section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,					<del></del>
line 6 for each year listed			ļ <u>.</u>		
<ul> <li>c 'Support' alternative test — enter</li> <li>(1) Total support other than gross investment income (interest, dividends, rents, payments</li> </ul>					
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
RartXVI Supplementary Information assets at any time during th	(Complete this e vear – see in	part only if the	e foundation had	\$5,000 or more	in
1 Information Regarding Foundation Management					
a List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 2	contributed more t	han 2% of the total of than \$5,000) (See	contributions received to section 507(d)(2).)	by the foundation bef	ore the
<b>b</b> List any managers of the foundation who own	10% or more of the	stock of a corporati	on (or an equally large	portion of the owner	ship of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater inte	rest		·
2 Information Regarding Contribution, Gran	nt, Gift, Loan. Scho	olarship, etc. Progr	rams:		
Check here I I If the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d.	kes contributions to	preselected charitat	ole organizations and o		
a The name, address, and telephone number of	e-mail of the perso	n to whom application	ons should be address	ed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de.	
c Any submission deadlines.		<del></del>		·	
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charit	able fields, kinds of i	nstitutions, or other	factors

Form 990-PF (2012) ROBERT & JOAN BLACKMAN FAMILY FOUNDATION 46-1630096 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment N/A If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year ▶ 3a Total b Approved for future payment

3 b

Total

# Part XVI-A Analysis of Income-Producing Activities

ntor gross	s amounts unless otherwise indicated	Lincolata	d business income	Evaludad	by section 512, 513, or 514	
	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
	an service revenue			code		<del>.</del>
a		<del> </del>				<del>.</del>
		-	<del></del>	-		
٧				<del> </del>		
Ğ——			·	1	<del></del>	<del></del>
ř—		<del>   </del>	····			·
a Fees	and contracts from government agencies	· · · · · ·				
_	pership dues and assessments	-		<del>                                     </del>		
	t on savings and temporary cash investments		8.	<del> </del>		
	ends and interest from securities			1		
5 Net re	ental income or (loss) from real estate:					· · · · · · · · · · · · · · · · · · ·
	financed property					
	ebt-financed property				·- ·	<del></del>
6 Net rer	ntal income or (loss) from personal property			1		
7 Other	nvestment income			T		
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net in	ncome or (loss) from special events					<u> </u>
10 Gross	s profit or (loss) from sales of inventory					
11 Other	revenue:					
a			,			
b						<u> </u>
c						
d				ļ		
e				ļ		
· —	· · · · · · · · · · · · · · · · · · ·					
12 Subto	otal Add columns (b), (d), and (e)		8.			
12 Subto	. Add line 12, columns (b), (d), and (e)		8.		13	8.
12 Subto 13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated				<del></del>	8.
12 Subto 13 Total (See works	. Add line 12, columns (b), (d), and (e)			ot Purpo	<del></del>	8.
12 Subto 13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accompl	shment of Exemp		oses	

# Form 990-PF (2012) ROBERT & JOAN BLACKMAN FAMILY FOUNDATION 46-1630096 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Die	d the organization directly	or indirectly e	ngage in any o	f the following v	vith any o	other organizatio	n_	,	Yes	No
de rel	scribed in section 501(c) ating to political organizations	of the Code (ot tions?	her than sectio	n 501(c)(3) org	anızatıon	s) or in section 5	527,	, , ,		
	ansfers from the reporting		a noncharitable	e exempt organ	zation of	:			`	, }
(1)	Cash							1 a (1)		X
(2)	Other assets							1 a (2)		X
<b>b</b> Ot	her transactions.									
(1)	Sales of assets to a nor	ncharitable exer	mpt organizatio	on				1 b (1)		X
(2)	Purchases of assets from	m a noncharita	ble exempt org	anızatıon.				1 b (2)		<u>X</u>
٠,	Rental of facilities, equip		assets			•		1 b (3)		<u>X</u>
• • •	Reimbursement arrange							1 b (4)	L	X
٠,	Loans or loan guarantee					• •		1 b (5)	<u> </u>	<u>X</u>
` '	Performance of services		•	•				1 b (6)		<u>X</u>
<b>c</b> 5n	aring of facilities, equipm	ent, mailing lis	ts, other assets	s, or paid emplo	yees			1 c	L	X
<b>d</b> If the the an	the answer to any of the a goods, other assets, or sely transaction or sharing a	above is 'Yes,' or rvices given by the arrangement, should be arrangement.	complete the fo the reporting fou now in column	ollowing schedu Indation If the fo (d) the value of	le. Columundation in the good	nn <b>(b)</b> should alw received less than ls, other assets,	vays show the fair if air market value if or services receive	market val n ed	ue of	
(a) Line	<u> </u>	<del>, , ,</del>	f noncharitable exe	• •			sfers, transactions, and		ngemen	:s
N/A						<u> </u>				
						•				
		<u> </u>								
							···			
		<del></del>				<del></del>				
		+				<del></del>	<del></del>			
	_	<del> </del>		<del></del>	-					
		-						<del>.</del>		
	<del>-  </del>	+			<del></del>					
	<del></del>	†		-					•	
<del></del>					<del></del>					
	<del>-   </del>						<del></del>			
de	the foundation directly or in scribed in section 501(c) Yes,' complete the follow	of the Code (ot	l with, or related ther than section	to, one or more on 501(c)(3)) or	tax-exem in section	pt organizations n 527?		Ye	s [X]	No
	(a) Name of organizat	ion	<b>(b)</b> Тур	e of organization	n	(0	) Description of re	lationship		
N/A			· — · · · · · · · · · · · · · · · · · ·							
			<del> </del>				<del></del>			
				·		<del>- </del>	<del>-</del>			
	Under penalties of perjury, I decla	ere that I have exam	and this return uncli	uding accompanying	echadulae s	and statements, and to	the hest of my knowled	ge and helief	ıt ıs true	
Sign Here	Correct, and complete Declaration  February 1. Bl.  February 1. Bl.	Desperarer (other)	than taxpayer) is ba	sed on all information	B. S.	reparer has any know	eledge	May the this retu preparer (see insi	IRS disc rn with ti	uss ne below
	Signature of officer or trustee			Date	,	Title			Yes	No
	Print/Type preparer's na	me	Preparer	signature	6 874	Date	3 Check If	PTIN		
Paid	LAURENCE KAI			ans,	411	11101	self-employed	P0047	<u>9877</u>	
Prepai	' Y'	KANTOR ACC		CORPORATIO			Firm's EIN ► 20-4	1354727		
Use O	···	16530 VENT		SUITE 62	3			0) 040	2622	
	E	ENCINO, CA	91436				Phone no (81)	8) 849-		
BAA								Form <b>99</b>	U-PF (2	.012)

### Schedule B (Form 990, 990-EZ, 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				
ROBERT & JOAN BLACKMAN	N FAMILY FOUNDATION	46-1630096				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organiza	ation				
	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	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
Check if your organization is cover	red by the General Rule or a Special Rule					
, ,	•	and Dula and a Changel Dula. Con instructions				
•	, or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule See Instructions				
General Rule						
X For an organization filing Form 99 contributor. (Complete Parts 1 a	90, 990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one				
— contributor. (Complete Parts 1 a	and n )					
Special Rules						
For a section 501(c)(3) organiz 509(a)(1) and 170(b)(1)(A)(vi) (2) 2% of the amount on (i) Fo	eation filing Form 990 or 990-EZ that met the 33-1/3% su and received from any one contributor, during the year, irm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Coi	apport test of the regulations under sections a contribution of the greater of (1) \$5,000 or amplete Parts I and II				
For a section 501(c)(7), (8), or (1	0) organization filing Form 990 or 990-EZ that received from	n any one contributor, during the year,				
total contributions of more than	n \$1,000 for use exclusively for religious, charitable, scieldren or animals. Complete Parts I, II, and III	entific, literary, or educational purposes, or				
•	•	a any one contributor, during the year				
contributions for use <i>exclusively</i> f	0) organization filing Form 990 or 990-EZ that received from for religious, charitable, etc, purposes, but these contribution	is 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 the parts unless the <b>General Rule</b> applies to this organizatio	r an <i>exclusively</i> religious, charitable, etc.				
, ,	ibutions of \$5,000 or more during the year	⇒ \$				
		·				
answer 'No' on Part IV, line 2, of its Form	by the General Rule and/or the Special Rules does not file Schedule B (Fig. 990, or check the box on line H of its Form 990-EZ or on Part I, line hedule B (Form 990, 990-EZ, or 990-PF)	Form 990, 990-EZ, or 990-PF) but it <b>must</b> ie 2, of its Form 990-PF, to certify that it does not				
BAA For Paperwork Reduction A	ct Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012				
or 990-PF.						

1 of Part 1

ROBERT & JOAN BLACKMAN FAMILY FOUNDATION

Employer identification number 46-1630096

Paril	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	<b>i</b> .	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT A. & JOAN S. BLACKMAN  6949 DUME DRIVE  MALIBU, CA 90265	\$ <u>10,000,000</u> .	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person
(a) Number	(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.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Page

1 to

Employer identification number

1 of Part II

ROBERT & JOAN BLACKMAN FAMILY FOUNDATION

46-1630096

rangm .	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(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
		4	
		-   \$	
<del> </del>			
(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
		_	
		\$	
		· · · · · · · · · · · · · · · · · · ·	
BAA	Sche	dule <b>B</b> (Form 990, 990-Ez	, or 990-PF) (2012

of Part III

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)	Page	1	to	1	of Pa
lame of organization		Emp	loyer identi	fication	number
ROBERT & JOAN BLACKMAN FAMILY FOUNDATION			-16300		
Partille Exclusively religious, charitable, etc. individual contributions to section	n 501(c)(	7). (8	3) or (1	0)	

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 total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once See instructions)

Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from Part I (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (a) No. from Part I (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2012

## **FEDERAL STATEMENTS**

PAGE 1

**ROBERT & JOAN BLACKMAN FAMILY FOUNDATION** 

46-1630096

**STATEMENT 1** FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

ROBERT A. & JOAN S. BLACKMAN

6949 DUME DRIVE MALIBU, CA 90265

STATEMENT 2 FORM 990-PF, PART XV, LINE 1A **FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS** 

ROBERT A . BLACKMAN JOAN S. BLACKMAN

(Rev January 2013)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

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 X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Partil Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print 46-1630096 ROBERT & JOAN BLACKMAN FAMILY FOUNDATION Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions File by the due date for 6949 DUME DRIVE filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions MALIBU, CA 90265 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Is For Return Return Application Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 08 02 Form 990-BL Form 1041-A 09 Form 4720 (individual) 03 Form 4720 10 Form 990-PF 04 Form 5227 05 11 Form 990-T (section 401(a) or 408(a) trust) Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► KANTOR ACCOUNTANCY CORP Telephone No. ► (818) 849-3690 \_ FAX No ► (818) 849-3694 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, ► and attach a list with the names and EINs of all members ▶ . If it is for part of the group, check this box check this box the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 12 or \_\_\_\_, 20 \_\_\_, and ending tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

payments made Include any prior year overpayment allowed as a credit

EFTPS (Electronic Federal Tax Payment System). See instructions

nonrefundable credits. See instructions

0.

3a

3 bls

3 c |\$

orm 8868	3 (Rev 1-2013)				Page <b>2</b>
	re filing for an Additional (Not Automatic) 3-Mont				<b>►</b> X
	complete Part II if you have already been granted			ly filed Form 8868.	
	re filing for an Automatic 3-Month Extension, con				
Rartill	Additional (Not Automatic) 3-Month E	xtension			<del></del>
<del></del>	T.		Enter filer's io	lentifying number, see in	
	Name of exempt organization or other filer, see instructions.			Employer identification number	(EIIV) OF
Type or Print	A CALIFORNIA NON-PROFIT CORPORATION  Number, street, and room or suite number. If a P.O box, see instructions.  Social security number (SS y the late for KANTOR ACCOUNTANCY CORPORATION				
ile by the				Social security number (SSN)	
ile by the  xtended  ue date for  ling your  eturn See  istructions.					
structions.	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	rons.		
	ENCINO, CA 91436				
nter the f	Return code for the return that this application is fo	or (file a se	parate application for each return)		01
plication For	n	Return Code	Application Is For		Return Code
rm 990 o	r Form 990-EZ	01	· 質問的特別的經過程可以同時的表現的	THE RESIDENCE OF THE PARTY OF T	<b>新聞稿報</b>
rm 990-l	BL	02	Form 1041-A		08
	(ındıvıdual)	03	Form 4720		09
rm 990-f		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069	<del></del>	11
rm 990-	n 990-T (trust other than above) 06 : Form 8870			12	
If this in the frought of the hole ground the	one No. * (818) 849-3690 prganization does not have an office or place of but it is for a Group Return, enter the organization's four up, check this box	digit Group	Exemption Number (GEN)		s is for the
5 For 6 6 If the 2 7 State	uest an additional 3-month extension of time until calendar year <u>2012</u> , or other tax year beginning tax year entered in line 5 is for less than 12 mon Change in accounting period is in detail why you need the extension <u>TAXP</u> CHER INFORMATION NECESSARY TO FI	ng ths, check r	,.20 , and ending eason: Initial return		0
8 a If this	s application is for Form 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	8a\$	
b If this	s application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	069, enter llowed as a	any refundable credits and estimate	d tax	
c Balar EFTF	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System) See			0.00	
	Signature and Verific	ation mu	st be completed for Part II or		•
nder penaltic	es of perjury J declare that I have examined this form, including accomplete, and that I am authorized to pregare this form	companying sch	nedules and statements, and to the best of my ki	nowledge and belief, it is true,	_
	7 1/2, 1	01	PA-		1/5/
gnature 🗠	Title →		//	Date -	<u> </u>
AA	// (	FIFZ0502L	L 01/21/13	⊦orm <b>8868</b>	(Rev 1-2013)