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# Form 990-PF

Department of the Treasury

## **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.

2010

OMB No 1545-0052

_		Ventue Service 1	<u>_</u>	or able to acc a copy of allo		•	<del></del>
		idar year 2010, or tax year	r beginning		, and ending		
G (	heck	all that apply.	Initial return		ormer public charity	Final return	
_		·····	Amended return	Address chan	ge L	Name change	
Na	me of	foundation				A Employer Identification	number
		THE THEBAU	LT FAMILY F	OUNDATION, I	NC	26-2321244	
Nu	nber a	nd street (or P O box number if	f mail is not delivered to street	address)	Room/suite	B Telephone number	
		2313 GOLF	BROOK DRIVE			9082727000	
Cit	ort/	own, state, and ZIP code				C If exemption application is po	ending, check here
		WELLINGTON	, FL 33414			D 1. Foreign organizations	
H (	hack		X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co	eting the 85% test,
Ï	_	ction 4947(a)(1) nonexemp		Other taxable private founda	ation		
LE		arket value of all assets at e			Accrual	E If private foundation stat under section 507(b)(1)	
		Part II, col. (c), line 16)	·	her (specify)	Noordan		- '
	•\$			mn (d) must be on cash l	hasis )	F If the foundation is in a 6 under section 507(b)(1)	
TITLE TO	irt l				· · · · · · · · · · · · · · · · · · ·		(d) Disbursements
	ert i	Analysis of Revenue and (The total of amounts in columnecessarily equal the amount	nns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for charitable purposes
	Γ.			· · · · · · · · · · · · · · · · · · ·			(cash basis only)
	1	Contributions, gifts, grants		13,500.		N/A	
	2		n is not required to attach Sch. B	-	4		2777 X 77.77.24.25.24.27.2
	3	interest on savings and tempo cash investments		1.	1.		STATEMENT 1
	4	Dividends and interest from	m securities				••••••••••••••••
	5a	Gross rents	•				
	b	Net rental income or (loss)				<b>.</b>	***************************************
ø	6a	Net gain or (loss) from sale of a	assets not on line 10				
Ž	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from F	Part IV, line 2)		0.		
Œ	8	Net short-term capital gair	n				
	g	Income modifications			<del></del>		
	10a	Gross sales less returns and allowances			······································		
		Less Cost of goods sold					
	l	Gross profit or (loss)					
	11	Other income					***************************************
			h 44	13,501.	1.		
_	12	Total. Add lines 1 through		13,301.	0.		0.
	13	Compensation of officers, direct			· ·		0.
	14	Other employee salaries a	•	<del></del>			
Ś	15	Pension plans, employee	benetits				
nses		Legal fees					
ğ		Accounting fees				RECEIVED	
ũ		Other professional fees				INFORMED	
Operating and Administrative Expen	17	Interest			106		
trat	18	Taxes				NOV 2 2 2011	
nis	19	Depreciation and depletion	n		E1		
Ē	20	Occupancy				OODEN 15	J =
A	21	Travel, conferences, and r	meetings			UGUEN, U	
ğ	22	Printing and publications					
ğ	23	Other expenses					
atin	24	Total operating and admi	Inistrative				
) je	'	expenses. Add lines 13 th		0.1	0.		0.
ŏ	25	Contributions, gifts, grants	-	12,500.			12,500.
	26	Total expenses and disbu					
2	"	Add lines 24 and 25	Migulliuliu.	12,500.	0.		12,500.
<u>,n</u> 1	27		12:	12/300.	0.		
, •	27	Subtract line 26 from line		1,001.			
	l	Excess of revenue over expens		1,001.	1	<u> </u>	***************************************
		Net investment income of			1.	NT / N	
0000	C	Adjusted net income (if ne	egative, enter -0-)			N/A	<u> </u>

D	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of year			
	21.1	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		1,001.	1,001.		
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less allowance for doubtful accounts					
	4	Pledges receivable ►					
		Less allowance for doubtful accounts					
	5	Grants receivable			<u> </u>		
	6	Receivables due from officers, directors, trustees, and other					
	•	disqualified persons					
Ì	7	Other notes and toans receivable					
	•	Less: allowance for doubtful accounts		Ì			
<i>"</i>	8	Inventories for sale or use					
Assets	0				<del> </del>		
Ass	9 10-	Prepaid expenses and deferred charges			<del></del>		
		Investments - U S and state government obligations					
		Investments - corporate stock			·· <del>·····</del>		
	_	Investments - corporate bonds			······································		
	11	Investments - land, buildings, and equipment basis		1			
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	14	Land, buildings, and equipment basis					
		Less. accumulated depreciation			· · · · · · · · · · · · · · · · · · ·		
	15	Other assets (describe >)					
	16	Total assets (to be completed by all filers)	0.	1,001.	1,00 <u>1.</u>		
	17	Accounts payable and accrued expenses					
-	18	Grants payable					
S.	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
abi	21	Mortgages and other notes payable					
	22						
	23	Total liabilities (add lines 17 through 22)	0.	0.			
$\neg$		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
ę	24	Unrestricted					
ဋ	25	Temporarily restricted					
33		· · ·					
<u>B</u>	26	Permanently restricted  Foundations that do not follow SFAS 117, check here		•			
Net Assets or Fund Balanc							
5		and complete lines 27 through 31.		1 001			
ş	27	Capital stock, trust principal, or current funds	0.	1,001.			
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
ا کے	29	Retained earnings, accumulated income, endowment, or other funds	0.				
ž	30	Total net assets or fund balances	0.	1,001.			
	<u>31</u>	Total liabilities and net assets/fund balances	0.	1,001.			
Ď,	 5 ir X	Analysis of Changes in Net Assets or Fund B	alances				
	ar L	ER 1 - Allery and all allers are a large and a large a		· · · · · · · · · · · · · · · · · · ·			
1	Γota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
(	mus	st agree with end-of-year figure reported on prior year's return)		1	0.		
		r amount from Part I, line 27a		2	1,001.		
		r increases not included in line 2 (itemize)	•	3	0.		
		lines 1, 2, and 3		. 4	1,001.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,001.		
<u> </u>		at the annual of the first time a time of 1 attil of	127	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2010)		

_			_
Pa	а	A	3

Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	Income							
(a) List and desi 2-story brick w	cribe the ki arehouse,	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co )		(b)   P D	How ac - Purc - Dona	quired hase ation		ate acquired o , day, yr )	(d) Date sol (mo , day, yı	
1a											
b NO	NE				_						
<u>c</u>					_						
<u>d</u>		<del></del>			┝						
<u> </u>	1 40		()		_					<u> </u>	
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					n) Gain or (loss plus (f) minus		
<u>a</u>	-	-		<del></del>					<del></del>	·	
<u>b</u>	<u> </u>			<del></del>							
<u>c</u>	<u> </u>			<del> </del>					<del></del>		
_d	-								<del></del>		
Complete only for assets show	na asin in	column (h) and owned by t	he foundation	on 12/31/69				(I) Gain	s (Col. (h) gain	minue	
Complete only for added show	T	(i) Adjusted basis		cess of col (i)				òl. (k), t	out not less tha	n -0-) <b>or</b>	
(I) F.M V as of 12/31/69	<u> </u>	as of 12/31/69		col (j), if any				Los	ses (from col.	(h)) ·	
<u>a</u>									· · · · ·		
b c									<del></del>		
d d				•						····	
<u>u</u> 8	<del> </del>										
	L		un Daniel Ivaa	<del></del>	`					<del></del>	
2 Capital gain net income or (net o	apıtal loss	If gain, also enter If (loss), enter -0-			þ	2					
3 Net short-term capital gain or (lo			d (6)		١	!					
If gain, also enter in Part I, line 8		c).			•	,					
If (loss), enter -0- in Part I, line & Part V Qualification I		Caction 4940(a) for	Paducac	Tay on Net	Inv	3 ostn	cent In	com	<del></del>	<del></del>	
<u> </u>							1011111				
(For optional use by domestic priva	ie toundati	ons subject to the section 4	1940(a) tax oii	i net mvestment m	COIII	B.)					
If section 4940(d)(2) applies, leave	this part bl	ank									
Was the foundation liable for the se	ntion 4042	tay on the dietributable am	ount of any w	aar in the hace no	riod?					Yes X	7 No
If "Yes," the foundation does not qua					iiuu r				• •	165 (22	טאו ב
1 Enter the appropriate amount in					es		<del></del>		<del></del>		
(a)		(b)			(c)	<del></del>			B. 4.1	(d)	
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist	Inbutions	Net value of no			use asse	ts		bution ratio vided by col (c))	
2009		<del></del>	0.	• •				0.	(, (-), - <u>-</u>	.000	
2008		<u> </u>									
2007				-					-		
2006									•		
2005											
	-										
2 Total of line 1, column (d)									2	.000	<u>000</u>
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5,	or by the number	of ye	ars					
the foundation has been in exist	ence if less	than 5 years							3	.000	<u>000</u>
										0.	0.5
4 Enter the net value of noncharita	ble-use as	sets for 2010 from Part X, I	ine 5					-	4	91	85.
									_		^
5 Multiply line 4 by line 3									5		0.
6 Enter 1% of net investment inco	me (1% of	Part I, tine 27b)							6		0.
	- •	· · · · · · · · · · · · · · · · · · ·			•	•				<del></del>	
7 Add lines 5 and 6									7		0.
8 Enter qualifying distributions fro	m Part YII	line 4							B	12,5	00.
If line 8 is equal to or greater tha			1b, and comp	olete that part usin	ıg a 1	% tax :	rate.		<del>7</del>		
See the Part VI instructions		·	'								

	1990-PF (2010) THE THEBAULT FAMILY FOUNDATION, INC 26-2321 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	7		
10	1 7 1			
h	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here			0.
	of Part I, line 27b			
,	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	-		0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
	Credits/Payments		**********	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	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 materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ▶ \$ O . (2) On foundation managers ▶ \$ O .			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers > \$O.			
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.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? $N/A$	4b		<del></del>
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 with the state law		3.5	
_	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7		X
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
_	DE			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	٠.		
_	of each state as required by General Instruction G? If "No," attach explanation N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			v
4-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	v	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	X	1

023531 12-07-10

4b

X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Total. Add lines 1 through 3

0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	16	1,000.
	Fair market value of all other assets	10	<del></del>
ď	Total (add lines 1a, b, and c)	1d	1,000.
8			
_	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	985.
6	Minimum investment return. Enter 5% of line 5	6	49.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	49.
2a			
b			
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	49.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49.
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	49.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		12 500
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	12,500.
	Program-related investments - total from Part IX-B	1b	V •
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	
	Cash distribution test (attach the required schedule)	3b	12,500.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	Λ
_	income Enter 1% of Part I, line 27b	5	12,500.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualities for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI.				<del></del>
tine 7				49.
2 Undistributed Income, If any, as of the end of 2010		. <del></del>	<del>                                      </del>	······································
a Enter amount for 2009 only			0.	
b Total for prior years				***************************************
2		0.		
3 Excess distributions carryover, if any, to 2010				**************************************
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from		·····		
Part XII, line 4 ►\$ 12,500.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				<del>иниририний инти</del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				***************************************
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	······································	******************		49.
e Remaining amount distributed out of corpus	12,451.			
_ ` ' '	0.	·····		0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	<b>.</b>			<u> </u>
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	12,451.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line	,	,		
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011 .				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	12,451.			
IO Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 12, 451.		<u></u>		innanara minananinara i wa
				Form <b>990-PF</b> (2010)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	or substantial contributor recipient		<del></del> -
a Paid during the year CAMPAIGN FOR GEORGIAN COURT 900 LAKEWOOD AVENUE LAKEWOOD , NJ 08701	NONE	501(C)(3)	SUPPORT FOR PROVIDING STUDENTS WITH AFFORDABLE, VALUE BASED EDUCATION	10,000
SETON HALL PREP 120 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	NONE	501(C)(3)	SUPPORT FOR EDUCATIONAL INSTITUTION	2,500
		<u> </u>		12 500
Total		1	<b>▶</b> 3a	12,500
b Approved for future payment  NONE				
Total		<u></u>	<b>▶</b> 3b	0

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

Enter arnss	amounts unless otherwise indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(0)
		(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
	s service revenue	code		code	747100111	13.100.011.11001110
L .						
			· · · · · · · · · · · · · · · · · · ·	<del> </del>		
8			<del></del>			·
· _						
g Fees	and contracts from government agencies					
	ship dues and assessments			1		
3 Interest	on savings and temporary cash					
investme	ents .			14	1.	
4 Dividend	s and interest from securities					-
5 Net renta	al income or (loss) from real estate					
a Debt-	-financed property					
b Not d	lebt-financed property					
6 Net renta	al income or (loss) from personal					
property						
	vestment income					
8 Gain or (	loss) from sales of assets other					
than inve			- AP W			
	me or (loss) from special events		<del></del>			
-	ofit or (loss) from sales of inventory		·			
1 Other rev	renue.					
	····	-				
				-		
		<b></b>			<del></del>	
d	·····					
2 Cubtotal	Add solvens (b) (d) and (s)		0.		1.	0.
	. Add columns (b), (d), and (e)	<u></u>	<u> </u>	<b></b>		
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )				13	<u></u>
						· ·
Part XV	I-B Relationship of Activities to	o the Acco	mplishment of Ex	emp	t Purposes	
Line No.	Explain below how each activity for which incor	me is reported in	column (a) of Part Y\/I-A	contrib	uited importantly to the accor	nnlichment of
▼	the foundation's exempt purposes (other than I			COILLIE	died importantly to the accord	inplishment of
		,,,	,			
		<del></del>	<del></del>			
					· · · ·	
			·			
		·				··
	<del></del>					

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Non	charitable	Đ	<u> </u>
1 Did the o	rganization directly or indi	rectly engage in any	of the followin	g with any other organizati	on described in secti	on 501(c) of		Yes	No
	· ·			27, relating to political organ					
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash									
	r assets	•	•	•			1a(1) 1a(2)		X
b Other trai		• ••	•		•		1:5/-/		
	s of assets to a noncharita	hie evernt organisat	hon				16(1)		х
		• •					1b(2)	$\overline{}$	X
	hases of assets from a nor	=	nyamzauon	•		•			X
	al of facilities, equipment,			•			1b(3)		X
	bursement arrangements						1b(4)		X
	s or loan guarantees						1b(5)		X
	ormance of services or me						1b(6)		X
_	of facilities, equipment, ma	-					16		
or service		oundation If the four	ndation receiv	dule Column (b) should al ed less than fair market val				sets,	
(a) Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions	and charing of		
(4) 2.110 110	(a) minoant mirores	(0) 1141110 01	N/A	o compt organization	(u) Description	or naristers, transactions	e taric summy a	rangeme	
	<del> y - ,</del>		M/A	<del> </del>					
					· · · · · · · · · · · · · · · · · · ·		<del></del>		
				<del>_</del>					
-				<del></del>					
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					<del> </del>	<del></del>			
						<del></del>			
							<del></del>		
	··-								
	·								
			<del></del>						
						<u> </u>			
ın section	ndation directly or indirect i 501(c) of the Code (other omplete the following sche	than section 501(c)		or more tax-exempt organi ion 527?	izations described		Yes	X	] No
	(a) Name of org	anızatıon		(b) Type of organization		(c) Description of rela	tionship		
	N/A								
				ing accompanying schedules an ased on all information of which	preparer has any knowle		la N	ue, corre	ct,
	Signature of officer or tru	stee		Date		itle			
	Print/Type preparer's na	me	Preparer's si	gnature	Date	Check If P	TIN		
			0		MBV 0 4 2011	setf- employed	000+5	٠.,	
Paid	RONALD J.	RUGGERI/			NOV 0 4 2011	.   6	7-3	~	ゼー
Preparer	Firm's name ► MSP		<u> </u>	<del> </del>		Firm's EIN			
Use Only						l ling Elle			
J.n.j	Firm's address ▶ 34	0 NORTH A	VENUE	EAST		<del> </del>			
		ANFORD, N				Phone no. 90	8-272-	700	0
					· · · ·	1. HOHO HO	Form <b>990</b>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No 1545-0047

**Employer identification number** 

2010

26-2321244 THE THEBAULT FAMILY FOUNDATION, INC 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

## THE THEBAULT FAMILY FOUNDATION, INC

26-2321244

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOUIS THEBAULT  2313 GOLF BROOK DRIVE  WELLINGTON, FL 33413	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

THE THEBAULT FAMILY FOUNDATION, INC

26-2321244

Employer identification number

Part II	Noncash Property (see instructions)		
(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
		<b>\$</b>	
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22462 12-22		s	90 990-F7 or 990-PF\ (2010)

C								
Schedule B (Fo	om 990, 990-EZ, or 990-PF) (2010)		Page of of Par Employer identification number					
vanie oi oig	anzanun	Employer identification number						
Part III	HEBAULT FAMILY FOUNDATION  Exclusively religious, charitable, etc., incomore than \$1,000 for the year. Complete Part III, enter the total of exclusively religious, \$1,000 or less for the year. (Enter this information)	lividual contributions to section columns (a) through (e) and the forms, charitable, etc., contributions o	26-2321244  501(c)(7), (8), or (10) organizations aggregating illowing line entry. For organizations completing					
(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	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	1 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	1 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							
	Transferents name address and 7ID / A Deletionship of transferent to transferen							

023454 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE								AMOUNT	
GOLDMAN SACH	S								1.
TOTAL TO FOR	M 990-PF,	PAR	T I, LI	NE 3	, COLUMN A				1.

Form **8868** 

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						X	
<ul><li>If you</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fil	led Fo	rm 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							
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 8	368 to request an ex	tension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cer	taın	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	tronic filing of this fo	orm,	
visit wv	ww.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).				
A corpo	pration required to file Form 990-T and requesting an autor			plete			
Part I o				•	•		
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to request an	exten	sion of time		
	ncome tax returns.		•				
Туре о	Name of exempt organization			Emp	loyer identification	number	
print							
<b></b>	THE THEBAULT FAMILY FOUNDAT	TION.	INC	26-2321244			
File by th	Alamban atmost and management and the B.O. have a				<del></del>		
due date filing youi		ee matrue					
return Se	e	veign add	lrace see instructions		$\mathbb{N}$		
matiqotio	WELLINGTON, FL 33414	reign add	iless, see ilistructions.		Y		
	WEEDINGTON, IL 33414			<del></del>	_ <del></del>		
	Deturn and for the veture that the application is for /file		to application for each return)			0 4	
Enterti	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
A 12	-At	D . 4	A			D - 4:	
Applica	ation	Return	Application			Return	
ls For	^^	Code	Is For			Code	
Form 9		01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
Form 9		03	Form 4720			09	
Form 9	······································	04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
	LOUIS P THEBAUI		TT TYOMON TT 22414				
	books are in the care of ► 2313 GOLF DRIVE	<u>: – w</u>			<del></del>		
	phone No. ► 9082727000		FAX No. ▶		<del></del>		
	e organization does not have an office or place of business				•		
	is is for a Group Return, enter the organization's four digit						
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	request an automatic 3-month (6 months for a corporation						
_	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension		
	for the organization's return for:						
	► X calendar year 2010 or						
)	tax year beginning	, an	d ending		<u>.</u>		
2 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: LInitial return LFina	al retur	n		
	Change in accounting period						
3a  1	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			0.	
nonrefundable credits. See instructions.							
b 11	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit.							
_	Balance due. Subtract line 3b from line 3a. Include your pa						
	y using EFTPS (Electronic Federal Tax Payment System)	-	-	3с	\$	0.	
	n. If you are going to make an electronic fund withdrawal v						
LHA	For Paperwork Reduction Act Notice, see Instructions				Form <b>8868</b> (Re		
	•					,	

Form 8868 (Rev. 1-2011)					Page 2		
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
If you are filing for an Automatic 3-Month Extension, complete	te only Pa	ort I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Type or Name of exempt organization Employer identification r							
print THE THEBAULT FAMILY FOUNDATION, INC 26-2321244							
Number, street, and room or suite no. If a P.O. box, see instructions  due date for 2313 GOLF BROOK DRIVE							
filing your return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions WELLINGTON, FL 33414							
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
Application	Return	Application			Return		
ls For	Code	Is For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
The books are in the care of ► 2313 GOLF DRIVE  Telephone No. ► 9082727000	T		siy ille	a Form 6000.			
<ul> <li>If the organization does not have an office or place of business</li> </ul>	o in the Lin						
If this is for a Group Return, enter the organization's four digit (			e ie fo	r the whole group c	hack this		
box ► . If it is for part of the group, check this box ►							
		BER 15, 2011.	momo	CIS THE EXTENSION IS	101.		
5 For calendar year 2010, or other tax year beginning							
6 If the tax year entered in line 5 is for less than 12 months, cl			Final r	etum	<del></del> ,		
Change in accounting period							
7 State in detail why you need the extension							
		·					
<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	8a	<b>\$</b>	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 allowed as a credit and any amount paid							
				s	0.		
c Balance due. Subtract line 8b from line 8a. Include your par	vment wit	h this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instru	•	, , , ,	8c	\$	0.		
		d Verification					
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp		best o	f my knowledge and be	elief,		
	ature ► Title ► TRUSTEE Date ►						
11107				Form <b>8868</b> (Re	v. 1-2011)		

023842 01-24-11