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Form **990-PF**

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

OMB No	1545	5-0052
20	11	1

Department of the Treasury Internal Revenue Service

2	N	1	1
-	•	-	

F	or	caler	ndar year 2011 or tax year beginning JAN	27, 2011	, and e	nding	DEC 31, 2011	
_	Nar	ne of	foundation				A Employer identification	number
	W	ΆΥ	NE THIEBAUD FOUNDATION					
	C	/0	MATTHEW L. BULT				32-0339132	
_	Nun	nber a	and street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
_	1	71	4 X STREET				(916)441-7	906
	City	or t	own, state, and ZIP code	•			C If exemption application is p	ending, check here
_	S	<u>AC</u>	RAMENTO, CA 95818					
G	0	heck	call that apply X Initial return	Initial return of a fe	ormer public c	harity	D 1. Foreign organizations	s, check here
			Final return	Amended return			.	
_			Address change	Name change			Foreign organizations me 2. check here and attach co	emputation
Н	0	_	type of organization X Section 501(c)(3) ex				E If private foundation sta	tus was terminated
_				Other taxable private found			under section 507(b)(1)	(A), check here
I			arket value of all assets at end of year J Accounti	~	Accr	ual	F If the foundation is in a	60-month termination
				ther (specify)			under section 507(b)(1)	(B), check here
Г	<u> </u>			mn (d) must be on cash				1 70
L	Pâ	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net	(0) Disbursements for chantable purposes
-		-			11100	11110		(cash basis only)
		1	Contributions, gifts, grants, etc , received	30,000.		·····	N/A	
		2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	,,				######################################
		3	cash investments					
		4	Dividends and interest from securities					**************************************
			Gross rents					
		۱ ـ	Net rental income or (loss)			:	······································	*
	υe	h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a			······································		
	Revenue	7	Capital gain net income (from Part IV, line 2)	ra's-rettische - leetenen ee e	-	0.		
	æ	8	Net short-term capital gain					
		9	Income modifications	· ' · · · · · · · · · · · · · · · · · ·	**************************************	, , , , , , , , , , , , , , , , , , , 		
		10a	Gross sales less returns and allowances			***************************************		
		١.	Less Cost of goods sold				13-rH+ '	· · · · · · · · · · · · · · · · · · ·
		C	Gross profit or (loss)					
\ I		11	Other income					
∑] - ∑j -		12	Total. Add lines 1 through 11	30,000.		0.		
_: -::		13	Compensation of officers, directors, trustees, etc	0.		0.		0.
~; XI		14	Other employee salaries and wages				<u> </u>	
20	S		Pension plans, employee benefits					
2	use	16a	Legal fees	FDE	PEWE			
11	Expense	b	Accounting fees	INC.		0	<u>-</u>	
で見るというの	Û		Other professional fees		C 1 /2 21	12.		
1	Administrative		Interest	E AU	G 1 6 61	in in		
	Stre		Taxes			0.052		
3	٤	19	Depreciation and depletion		DEN,			
(か)	뒭	20 21	Occupancy Travel, conferences, and meetings					
		22	Printing and publications					
	ã	23	Other expenses				-	
	톭		Total operating and administrative					
	Operating and		expenses. Add lines 13 through 23	0.		0.		0.
	੦ੋ∣	25	Contributions, gifts, grants paid	30,000.				30,000.
			Total expenses and disbursements.	•				
	_		Add lines 24 and 25	30,000.		0.		30,000.
_	\neg	27	Subtract line 26 from line 12			···		
	ı	а	Excess of revenue over expenses and disbursements	0.				
	ł		Net investment income (if negative, enter -0-)			0.		
_	250	C	Adjusted net income (if negative, enter -0-)				N/A	

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

Part III	Analysis	of Chang	es in Net Ass	ets or Fund B	alances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg, and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	11	0.
	Enter amount from Part I, line 27a	2	0
3 (Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	0
5 1	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	0

Form **990-PF** (2011)

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	and Losses for Tax on I		t Income		-			2-033.	7132 Fage 3
(a) List and desc	ribe the kind(s) of property sold (e	g , real estate,		(b) I	How a	cquired hase	(c) Date	acquired	(d) Date sold
	arehouse, or common stock, 200 st	is MLC Co)			- Don		(mo , d	ay, yr)	(mo , day, yr)
<u>1a</u> b NO	NE			 -				-	<u> </u>
b NO	NE			 	_			_	
						-			
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	st or other basis expense of sale				(h) G (e) plus	ain or (loss) s (f) minus (g)
<u>a</u>									
<u>b</u>		 							
d		<u> </u>						<u> </u>	
8		 					_		
	ng gain in column (h) and owned by	the foundation	on 12/31/69					ol (h) gain	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			C		not less than (from col. (f	
3									
<u>b</u>									
<u>c</u>							-		
e e									
•	∫ If gain, also ente	arın Parti line	7	7					
2 Capital gain net income or (net ca	apital loss) { If (loss), enter -	0- in Part I, line		•	2				
3 Net short-term capital gain or (losif gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column (c)	ınd (6)		}	3				
	Inder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estr	nent In	come		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	come)				N/A
If section 4940(d)(2) applies, leave t	his nart blank								
Was the foundation liable for the sec			·	riod?					Yes No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in	each column for each year, see inst			es					
(a) Base period years Calendar year (or tax year beginni	(b)		Net value of no	(c)		-use asset	s		(d) ution ratio ided by col (c))
2010									
2009									
2008									
2007 2006									
2000	<u></u>								
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe	nce if less than 5 years						3		
4 Enter the net value of noncharitat	ole-use assets for 2011 from Part X	, line 5					4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions from	n Part XII, line 4						8		
If line 8 is equal to or greater than See the Part VI instructions	ı line 7, check the box in Part VI, lin	e 1b, and comp	plete that part usin	g a 1	% tax	rate			

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STMT

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

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if 'Yes,' attach a schedule listing their names and addresses

X

3b

4a

Form 4720, to determine if the foundation had excess business holdings in 2011.)

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

2	Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	, enter "NONE."		
	(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	(e) Expense account, other allowances
	NONE				·
_					
-					
_					
_		· · · · · · · · · · · · · · · · · · ·	<u></u>		

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Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced.	I information such as the ed, etc	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 <u>N/A</u>		
2		<u> </u>
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	>	0.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e 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.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	30,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	·
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,000.
	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	qualifies for the	e section

C/O MATTHEW L. BULT

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Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2011 from Parl XI, Inter 7 2. Unaceholder access, 4 seys, as of the end of 2011 2. Eather amount for 2010 only 3. Excess distributions carryover, if any, to 2011 3. From 2006 6. From 2006 6. From 2007 6. From 2008 6. From 2009 6. From 2010 1. Total of the said throughe 4. Qualifying distributions for 2011 from Parl XII, Inter 4. № 5. N/A 2. Appled to 2010, but not more than line 2a 2. Appled to 2010 first only the said throughes 3. Parl XII, Inter 4. № 5. N/A 3. Appled to 2010 from required - see instructions) 6. Tradeal of site instructions of or or or years (Election required - see instructions) 6. Tradeal of site instructions of or or or years (Election required - see instructions) 7. France of the site of the said of th		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
2. Unashobode income, fare, as at the end of 2011 a Enter amount of 2010 only b Total for pror years O. 3. Excess distributions carryover, if any, to 2011 a From 2006 b From 2007 c From 2007 c From 2008 d From 2009 a From 2010 1 Total of fines 3a through e O. 4. Qualifying distributions for 2011 from Part XII, line 4 M S N/A a Appled to 2010, but not finer shan hine 2a Appled to 2010 but not finer shan hine 2a Appled to 2010 but not finer shan hine 2a Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income of one years (Election required - see instructions) d Appled to 2011 distributibute income see instructions d Compa. Action was 34 - 44, wat 46 subtleat line 6 d Compa. Action was 34 - 44, wat 46 subtleat line 6 disclaims (his bit action before the one which his section 4942(a)) tax has been previously assistant income for which a notice of disclaims (his bit been previously assistant income for which a notice of disclaims (his bit been previously assistant income for which a notice of disclaims (his bit been previously assistant income for which a notice of disclaims (his bit been previously assistant income for which a notice of disclaims (his bit been previously assistant income for which his excellent the form line 1 The animal manual income for which a notice of disclaims (his bit been previously assistant	l de la companya de	, , , , , , , , , , , , , , , , , , ,			_
a Enter amount for 2010 only b Total for pror years Co. Sexess distributions carryover, if any, to 2011 a From 2006 b From 2007 c From 2008 d From 2009 l From 2010 1 Total of lines 3 at through e O. 4 Qualifying distributions for 2011 from Part XI, line 4 ▶ S. N/A a Applied to 2010 but not more than line 2 D Applied to undistributed income of prior years (Election required - see instructions) c Triated as obstributions out of corpus (Election required - see instructions) c Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus (Election required - see instructions) C Triated as of subtributions out of corpus C Excess darking as anyous explained in 2011 If the section 444(2) tax has been previously assessed S Prior years' undistributed income Subtract line 4 for from line 20 C Enter the amount of prior years' C Indistributed income for 2010 Subtract line 4 a form line 2 Triated in 2012 C Indistributed income for 2010 Subtract line 4 a form line 2 Triated in 2012 C Indistributed income for 2011 Subtract line 4 a form line 2 Triated in 2012 C Indistributed income for 2010 Subtract line 4 a form line 2 Triated in 2012 C Indistributed income for 2013 C Subtract lines 2 distributions out of corpus to satisfy requirements imposed by section 1700/lify(f) or 4942(6)(3) C Excess form 2009 C Excess form 2	<u> </u>				0.
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c Excess from 2009 d Excess from 2010					
d Excess from 2010					

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art XIV Private Operating Fo			-A, question 9)	N/A	
a If the foundation has received a ruling or o					
foundation, and the ruling is effective for 2			▶		
b Check box to indicate whether the founda	tion is a private operating	foundation described		4942(j)(3) or494	42(j)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Takal
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	·				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	İ				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the			<u> </u>		
alternative test relied upon			•		
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			:6.1. 6. 1.1:	1 105 000	
art XV Supplementary Information at any time during the			it the toundation	n nad \$5,000 or mo	ore in assets
		actions.,			
Information Regarding Foundation a List any managers of the foundation who		han 20% of the total con	tributions received by t	na foundation hafora the clos	e of any tay
year (but only if they have contributed mo			indutions received by ti	ie louiluation before the clos	o or any tax
ONE					
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large por	tion of the ownership of a pa	irtnership or
other entity) of which the foundation has			, . ,	, ,	
ONE					
Information Regarding Contributio	n, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
				s not accept unsolicited requ	
the foundation makes gifts, grants, etc. (s	ee instructions) to indivi-	duals or organizations	inder other conditions,	complete items 2a, b, c, and	d

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or Foundation Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year 501(C)(3) TO PROVIDE TEACHING DE SAISSET MUSEUM AT SANTA CLARA N/A UNIVERSITY, FEIN 94-1156617 AND EDUCATIONAL VALUE TO THE COMMUNITY 500 EL CAMINO REAL THROUGH EXHIBITION 30,000. SANTA CLARA, CA 95053 **▶** 3a 30,000. Total b Approved for future payment NONE **▶** 3b 0. Total

C/O MATTHEW L. BULT 32-0339132 Page 12

ter gross amounts unless otherwise indicated	Unrelated	ousiness income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exem
Program service revenue	code	Amount	sion	Amount	function income
a					
]					
·			- 		1
	_		ļ		
·	_		<u> </u>		<u> </u>
			ļ		
Fees and contracts from government agencies		.			
Membership dues and assessments	 		-		
nterest on savings and temporary cash nvestments					
Dividends and interest from securities			-		
let rental income or (loss) from real estate			1		
Debt-financed property	1		1		
Not debt-financed property			-		
let rental income or (loss) from personal			†		
roperty					
Other investment income					
iain or (loss) from sales of assets other					-
han inventory					
let income or (loss) from special events					
ross profit or (loss) from sales of inventory				<u> </u>	
ther revenue					
		· · · · · · · · · · · · · · · · · · ·	ļ		
	_	·			
1					
			 		
ubtotal Add columns (b), (d), and (e)		0.	,	0.	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	5)			13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	es to the Accor	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activitie	es to the Accor	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations Relationship of Activitie No. Explain below how each activity for which i	es to the Accom	nplishment of Exolumn (e) of Part XVI-A	xemp	13 _ t Purposes	

Form 990-PF (2		WIIUEM T					7337132		ige is
Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions a	and Relations	hips With Non	charitable	e 	
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
				7, relating to political organ					
a Transfers	from the reporting found	ation to a noncharita	able exempt or	ganization of					
(1) Cash							1a(1)		X
(2) Other	r assets						1a(2)		Х
b Other tran	nsactions								
(1) Sales	of assets to a noncharita	bie exempt organiza	ation				1b(1)		X
(2) Purcl	hases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)	ļ	X
(4) Reim	bursement arrangements						1b(4)	ļ	X
(5) Loan	s or loan guarantees						1b(5)	ļ	X
(6) Perfo	ormance of services or me	embership or fundra	iising solicitatio	ns			1b(6)		X
•	if facilities, equipment, ma	•		•			10	L	X
				dule Column (b) should at				sets,	
	* -			ed less than fair market vali	ue in any transactioi	n or sharing arrangen	nent, show in		
	d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description of transfers, transactions, and sharing arr			rangeme	nts:
		<u> </u>	N/A						
									-
									
				· · · · · · · · · · · · · · · · · · ·					
					<u> </u>				
					-	<u>. </u>			
					-				
								-	
		-						· · ·	
									
					 				
2a le the four	ndation directly or indirec	the affiliated with or	related to one	or more tax-exempt organ	rations described				
	501(c) of the Code (othe	•	•	, ,	izations described		Yes	X	□No
	omplete the following sch	•)(3)) or iii 3600	1011 927			103		
<u>u</u> n 103, 0	(a) Name of org			(b) Type of organization		(c) Description of rel	ationship		
	N/A	<u> </u>		,,,,,		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				g accompanying schedules and			May the IRS	discuss	this
Sign and be	elief, it is true, correct, and cor	mplete Declaration of p	reparer (other tha	n taxpayer) is based on all inforr	nation of which prepare	r has any knowledge	return with the	ne prepa	rer
Here	Matthew	L. Rule	1	08/012	DIRECT	ror	X Yes		No
Sigr	nature of officer or trustee			Date	Title				
	Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check if	PTIN		
	GREGOIRE A	. •	$ \mathcal{L} \Lambda $	lalcar		self- employed			
Paid CALEGARI AUG 7 2012						P00394			
Preparer	Firm's name > CALEGARI & MORRIS, ACCOUNTANTS				,	Firm's EIN ► 94	1-21863	50	
Use Only			_						
	Firm's address ► 12			•					
	1 (7)	N FRANCIC	2CO CX	u/11/15		I Dhonono 1/	1151 98	: I _ 🛛	. 166

123622 12-02-11

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

\$

WAYNE THIEBAUD FOUNDATION 32-0339132 C/O MATTHEW L. BULT Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** 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%

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

the prevention of cruelty to children or animals. Complete Parts I, II, and III

religious, charitable, etc., contributions of \$5,000 or more during the year

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

Name of organization
WAYNE THIEBAUD FOUNDATION
C/O MATTHEW L. BULT

Employer identification number

32-0339132

Part I	Contributors	(see instructions). Use duplica	te copies of Pa	art I if additional	space is needed.
--------	--------------	-------------------	----------------	-----------------	---------------------	------------------

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAYNE THIEBAUD 1617 7TH AVENUE SACRAMENTO, CA 95818	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

WAYNE THIEBAUD FOUNDATION C/O MATTHEW L. BULT

32-0339132

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	GREEN GUMBALL MACHINE, 1970, LINOCUT, BY THE AMERICAN ARTIST WAYNE THIEBAUD	\$ 30,000	09/01/11
		\$ 30,000	09/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	anization			Employer identification number				
_	THIEBAUD FOUNDATION							
	ATTHEW I. BULT			32-0339132				
Part III	Exclusively religious, charitable, etc., indiv year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additions	ne following line entry. For organizatio c , contributions of \$1,000 or less for	ins completing Part III, entei	ons that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	10217+4	relationship of the	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				

1

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ADDRESS

WAYNE THIEBAUD

1617 7TH AVENUE

SACRAMENTO, CA 95818

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

2

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MATTHEW L. BULT 1714 X STREET SACRAMENTO, CA 95818

TELEPHONE NUMBER

(916)441-7906

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE A WRITTEN REQUEST AND INCLUDE THE SPECIFIC PURPOSE AND HISTORY OF THE DONEE ORGANIZATION, INCLUDING EVIDENCE OF THEIR TAX-EXEMPT STATUS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS ARE GIVEN FOR CHARITABLE, HISTORICAL, SCHOLARLY OR EDUCATIONAL PURPOSES TO PROMOTE
THE ART AND LEGACY OF AMERICAN ARTIST WAYNE THIEBAUD.

Form **8868**

(Rev. Jànuary 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoonup X
•	are filing for an Additional (Not Automatic) 3-Month Ex	=		this form).		
•	omplete Part II unless you have already been granted					
	c filing (e-file). You can electronically file Form 8868 if y					progration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the exi					
	Benefit Contracts, which must be sent to the IRS in pap					
	urs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details t	JIT (110 0.00	, como ming or an	13 131111,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	ation required to file Form 990-T and requesting an autor					·
Part I only		nano o me	one of the sex and	complete		▶ □
All other	r corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	nployer identification number (EIN)	
print	WAYNE THIEBAUD FOUNDATION	0.101101			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
print	C/O MATTHEW L. BULT			X	32-0339	132
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.		curity number (S	
filing your return See	1714 X STREET			<u> </u>		
instructions	City, town or post office, state, and ZIP code. For a for SACRAMENTO, CA 95818	oreign add	iress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A		08	
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
<u>, , , , , , , , , , , , , , , , , , , </u>	MATTHEW L. BULT				7.11	
• The bo	poks are in the care of ▶ 1714 X STREET		RAMENTO, CA 95818			
	one No. ► (916)441-7906		FAX No. ▶			
	organization does not have an office or place of business	s in the lilr			·	
	s for a Group Return, enter the organization's four digit			lf this is fo	r the whole arou	o check this
box ▶		7				
	quest an automatic 3-month (6 months for a corporation				icis the extension	110101
1 116			tion return for the organization name		The extension	
	or the organization's return for:	it Organiza	tion rotati for the organization marit	00 00010.	THE EXCENSION	
> [calendar year or					
	X tax year beginning JAN 27, 2011	an	dending DEC 31, 2011			
	11 tax year beginning	, an	0 chang		 ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	hack rase	on: X Initial return	Fınal retur	'n	
- ""	Change in accounting period	ilcon icas		i iiiai i otoi	••	
Ļ						
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 a	nter the tentative tay less any		<u> </u>	
nonrefundable credits. See instructions.				За	\$	0.
			- Ja	-		
			3ь	s	0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit.				30	<u> </u>	<u>~</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					s	0.
	If you are going to make an electronic fund withdrawal v			3c orm 8879-	-t,∓,	
	or Privacy Act and Paperwork Reduction Act Notice,					(Rev. 1-2012)

123841 01-04-12