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# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED MAY 2 6 2010

The organization may have to use a convint this return to eatiefy state reporting requirements

2003

Int	ernal Rev	renue Service The organization may have to use a copy of this r	return to sa	itisty state repoi	ting requirements.	Оре	ii to rubiic ilispectioi
	For the	he 2009 calendar year, or tax year beginning	, 200	9, and endi	1g		,
В	Check	if applicable C			D Emplo	yer ldent	ification Number
	Ac	ddress change   Please use   Beaumont Foundation of Ame:	rica		76-	0650	506
	Na	ame change or type. 470 Orleans, First Floor			E Teleph	ber	
		stal return See Beaumont, TX 77701			(40	19) 8	38-1812
	H	Instruc- ermination trons.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3, 0.	30 1012
	$\vdash$	mended return					901 046
	$\vdash$				G Gross		
	L Ap	-	SWCOII		H(b) Are all affiliates in		<b>₽"</b> ₽"
		Same As C Above		<u> </u>	If 'No,' attach a list		tructions) Yes No
<u> </u>			a)(1) or	527			
<u>J</u>		bsite: www.BMTFOUNDATION.com			H(c) Group exemption n		
K		of organization X Corporation Trust Association Other	L	Year of Forma	tion 2000 M	State of le	egal domicile TX
P	art I	Summary					·-·-··································
	1	Briefly describe the organization's mission or most significant activities	vities: _		·		
ė	1.	<u>See Schedule O</u>					
Activities & Governance	.					<del>-</del>	
ē	i					<b></b>	
ခွဲ	2	Check this box ► ☐ if the organization discontinued its operation		sposed of mo	ore than 25% of its	assets	_
જ	3	Number of voting members of the governing body (Part VI, line 1a		163		3	3
es	4	Number of independent voting members of the governing body (Pa	art VI, III	ne (b)		4	3
<u> </u>	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)				5	7
Act	73	Total gross unrelated business revenue from Part VIIII, column (C).	lino 12			7a	0.
	/ u	Net unrelated business taxable income from Form 990 17 line 34.		İ		7b	0.
_	<del> </del>	Test difficience beamers taxable meetre in the first of the same	- 100	<u>,                                    </u>	7 5. 7.	<del>'</del>	
		Contributions and grants (Part VIII line 1957	Prior Year	-+	Current Year		
Ë		Contributions and grants (Part VIII, line 1h) APR 2 7 201		$\rightarrow$	<del></del>		
Revenue		Program service revenue (Part VIII, line 2g)   Investment income (Part VIII, column (A), lines 3, 4, and 7d)	;	7,991,4	122	901 046	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	•	1, 331, 4	32.	801,046.	
		Total revenue — add lines 8 through 11 (must equal Part VIII, colu		lino 12)	7,991,4	32	801,046.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	1116 12)	8,824,0		
				0,024,0	80.	6,908,558.	
	ľ	Benefits paid to or for members (Part IX, column (A), line 4)	- F 10\	1 402 0	<del></del>	1 410 662	
63	1	Salaries, other compensation, employee benefits (Part IX, column	s 5-10)	1,492,8	19.	1,419,663.	
ena	16a F	Professional fundraising fees (Part IX, column (A), line 11e).			<del></del>		
Expenses	b 7	Total fundraising expenses (Part IX, column (D), line 25) 🕨					
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			412,6	51.	394,864.
	18 7	Total expenses Add lines 13-17 (must equal Part IX, column (A), I	line 25)		10,729,6	16.	8,723,085.
	19 F	Revenue less expenses Subtract line 18 from line 12			-2,738,1	84.	-7,922,039.
5 8					Beginning of Y		End of Year
ž g	<b>20</b> T	Fotal assets (Part X, fine 16)		_	278,880,3		270,885,785.
Net Assets or Fund Balancos		Total liabilities (Part X, line 26)			10,415,2		10,342,815.
ş	<b>22</b> N	Net assets or fund balances Subtract line 21 from line 20			268,465,0		260,542,970.
Pa	rt II	Signature Block		<del>- · · · · · · · · · · · · · · · · · · ·</del>	200710070	<u> </u>	200,542,510.
			nanuna seh	adulas and state	monts, and to the best of	f my knou	dodge and belief it is
		Under penalties of perjury, I declare that I have examined this return, including accomplication, correct, and complete Declaration of preparer (other than officer) is based on all	information	of which prepar	er has any knowledge	illy know	neage and belief, it is
Sig	n	I M + canh Jala Ham			1/ Am	1	2010
He	re	Signature di officer			Date	4/	<del>/ ///</del>
		► W. Frank Newton			President &	. CEÓ	
		Type or print name and title			rresident d	CEO	
			- 1	Date	Check if	Pren	parer's identifying number
Pai	d	Hawk L' Xans	[		self-	┌ (seé	instructions)
Pre	-	Preparer's signature Harold C. Graves		4/5/10	employed		0064830
par	er's	Haloid C. Glaves				150	0004030
Ųse		I vours if solt.			—	4_160	14017
Onl	у	employed), address, and Popument TV 77706 2649				4-169	
N.4 c	11 151	ZiP + 4   Beaumont, TX 77706-3648		<del></del> ;	Phone no	(409)	
way	tne IRS	S discuss this return with the preparer shown above? (see instruct	tions)		<del></del>		X Yes No

	n <b>990</b> (2				ation of				_			76-	0650	506		Page 2
	rt III				Service Ac	compli	ishme	nts								
1	Briefly	descr	ibe the organi	zation's mi	ssion											
	See	Sche	edule 0										:			
					· 											
	D. J. H.										<del></del>					
2			nization under 990-EZ?	take any si	gnificant progr	am serv	ices dur	ing the y	ear wh	nich were	not listed	on the prio	r 	1 v	X	A1 -
				v services (	on Schedule O	)							L	Yes	Δ	No
3					g, or make sigi		changes	in how i	t condu	ucts. anv	program	services?	Г	Yes	X	No
		-	ribe these cha	_	-		· · <b>3</b>			,	F - 3::		<u> </u>	J	ت	
4	and 50	)1(c)(4	) organization	s and secti	ments for eacl on 4947(a)(1) ch program se	trusts ar	re requir	ation's the ed to rep	ree larg	gest proc amount	gram serv of grants	ices by expe and allocati	nses S ons to	Section : others,	501(c) the tot	(3) al
4 2	(Code			nses \$	2,957,6	00. inc	cluding (	grants of	\$	2,95	7,600.	_) (Revenue	\$			)
	<u>See</u>	Sche	dule_0									- 				
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4b	(Code·		) (Experdule 0	nses \$	1,513,50	00. inc	iluding g	rants of	\$	1,51	3,500.	) (Revenue	\$			)
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	(Code:	<u> </u>		ises \$	1,274,29	<u>0.</u> incl	udıng gı	rants of	\$	1,27	4,290.	) (Revenue	\$			)
	<u> </u>	cnec	dule 0													
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-	<b>-</b> -															
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44	Other pr	ooram	services (De	scribe in Si	chedule O \		See	Sched	ule (							
	(Expens				. including gr	ants of					Revenue	\$			)	
			service expe		8,38							<del> </del>				<u> </u>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part $V$ .	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule         D, Part VI         .</li> </ul>			
	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>			
,	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes.' complete Schedule E	13	$\overline{}$	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\dashv$	X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	l de la companya de	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) Beaumont Foundation of America

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than, \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31	<b></b> -∤	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	_	<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38 —-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X
		Farm :	000 10	AAA.

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 20 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b n c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7**a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

36	ction A. Governing body and management				
		1 1		Yes	No
1	a Enter the number of voting members of the governing body .	1a :	3		1
	<b>b</b> Enter the number of voting members that are independent .	1b	3	1	
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business r officer, director, trustee or key employee?	elationship with any other	2	- X	
3	B Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		х
4	Did the organization make any significant changes to its organizational documents		4		Х
	since the prior Form 990 was filed?.		<u> </u>	i ——	
5		on's assets? .	5		Х
6			6		X
7	'a Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		Х
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	•			<u></u>
	a The governing body?			X	
	b Each committee with authority to act on behalf of the governing body?		8a 8b		X
_	, ,		0.0		^
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		<u> </u>
	ction B. Policies (This Section B requests information about policies not	required by the Interna	r		
Rev	renue Code )			T	
			r	Yes	No
	a Does the organization have local chapters, branches, or affiliates?	•	10a		<u>X</u>
	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	•	10ь		
	Has the organization provided a copy of this Form 990 to all members of its governing body		11	X	
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990	. See Schedule O			
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	•	12a	<u> </u>	
	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	х	
	c Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	licy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13	l	<u>X</u>
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?			
i	a The organization's CEO, Executive Director, or top management official	, ,	15a	Х	
1	Other officers of key employees of the organization .		15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X
ì	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt			
Sec	status with respect to such arrangements?		16Ъ		
		<del></del>			
	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for p	ublic
	Own website Another's website X Upon request				
	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	·			icial
	State the name, physical address, and telephone number of the person who possesses the besidney H. Cohen 470 Orleans, First Floor Beaumont TX 7770		nızatıc	n:	

BAA

Form 990 (2009)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees
     See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	rector, or trustee	lor, or trustee								
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Wayne A. Reaud										
Chairman	20	X			L			0.	0.	0.
Gilbert I. Low					l					
Director	5	Х	L					0.	0.	0.
Jon M Huntsman	<u> </u>									
Director	5	Х					_	0.	0.	0.
W. Frank Newton										
CEO	40		Ш	Х	X	X	<u> </u>	285,379.	0.	39,587.
C. Edward Keller	40			U	•	37		217 240	ا م	26 007
Sidney H Cohen	40		-	Х	Х	Х	_	217,240.	0.	36,007.
CFO	32			х	х	х		169,295.	0.	24 425
Robert W. Craft	- 32			$\stackrel{f \cap}{}$	_			109,293.	- 0.1	34,435.
General Counsel	40			х	х	х		173,705.	0.	30,803.
Daryl Ann Borel	- <u>-</u> -							2737703.		30,003.
Dir. of Grants	40	- 1			х	x		161,940.	0.	31,181.
			$\Box$							
				[						
				1						
				7						
			1				7			
					1			7		

TEEA0107L 11/10/09

Part VII   Section A. Officers, Directors, Trus		<b>∖ey</b>	En			es,	, ar			
(A)	(B) Average	Pos			c)			(D)	(E)	(F)
Name and Title , ,	per week	<u> </u>		Officer		Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				_						
						-				ļ
			_	_						
				_						
			_	_	_	_				
			$\perp$		_	_				
		_	$\downarrow$							
		- 1			1					
1 b Total	<u> </u>						<b>-</b>	1,007,559.	0.	172,013.
<ul> <li>Total number of individuals (including but not limited from the organization</li> <li>▶ 5</li> </ul>	to thos	e lis	ted	abo	ve)	who	rec	ceived more than S	\$100,000 in reporta	able compensation
nom the organization					_					Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	ortable an \$150	com ),000	pen )? <i>II</i>	satio 'Ye	on a s' a	and omp	othe olete	er compensation fr e Schedule J for si	om uch	4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J	ition for s	fror such	n ar per	ny u son	nrel	ated	d organization for	services	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d indep	ende	ent o	contr	ract	ors	that	received more that	an \$100,000 of	<del></del>
compensation from the organization										
Name and business address NONE ,							4	(B) Description of	Services	(C) Compensation
							$\pm$			
							$\bot$			
							$\perp$			
2 Total number of independent contractors (including bi	ut not li	mite	d to	tho	ا م	ıste	اد ام	nove) who received	1 more than	
\$100,000 in compensation from the organization > (		mie	u (0	1110	ა <del>୯</del> I	1316	u dL	ove) who received	i more triali	

P	irt viii   Statement of Revenue	<del></del>	<del></del>		<del></del>
!		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
<u>ب</u>	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS	<b>b</b> Membership dues 1b				
8 5	c Fundraising events.	┪		1	
T. o	d Related organizations 1d	-	1		
5	d Neidleu Organizations 14	-			
SNS.	e Government grants (contributions) 1e	4			
Ĕ	f All other contributions, gifts, grants, and similar amounts not included above				
	similar amounts not included above 1 f	4			
N S	g Noncash contribns included in lns 1a-1f: . \$				
			<u> </u>	ļ	
3	Business Code	<b>_</b>			
Ę	2a		<u> </u>	_	ļ
ω H	b		ļ. <u></u>		
≥ ≥	c				
SEI	d	<u> </u>			<u> </u>
RAM	e	ļ	<b></b>		
PROGRAM SERVICE REVENUE	f All other program service revenue	ļ		<u></u>	
	g Total. Add lines 2a-2f ▶	·	ļ		ļ
	3 Investment income (including dividends, interest and	001 046	001 046		
	other similar amounts)	801,046.	801,046.		
	4 Income from investment of tax-exempt bond proceeds	` <u> </u>	<b></b>		
	5 Royalties	<u> </u>			
	(i) Real (ii) Personal	-			
	6a Gross Rents	4			
	b Less: rental expenses	1			
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other	-			
	assets other than inventory	1			
	b Less: cost or other basis				
	and sales expenses	ł			
i	c Gain or (loss)	· · · · · · · · · · · · · · · · · · ·			
	1 1101 gain of (1055)				· · · · · · · · · · · · · · · · · · ·
INUE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c).				
8	See Part IV, line 18 a				
5	b Less direct expenses b				
	c Net income or (loss) from fundraising events			· · · · · · · · · · · · · · · · · · ·	
	9a Gross income from gaming activities See Part IV, line 19				
ļ	b Less: direct expenses b				
Ì	c Net income or (loss) from gaming activities . ▶				
	10 a Gross sales of inventory, less returns and allowances a				1
	<b>b</b> Less cost of goods sold <b>b</b>				
[	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
ļ	d All other revenue				·
	e Total. Add lines 11a-11d				
1	2 Total revenue. See instructions	801,046.	801,046.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines ' 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,801,323.	6,801,323.	general expenses	скрепаез
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	107,235.	107,235.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	1,007,559.	807,156.	200,403.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	130,418.	104,478.	25,940.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,296.	67,530.	16,766.	
9	Other employee benefits	134,264.	107,559.	26,705.	
10	Payroll taxes	63,126.	50,570.	12,556.	
11	Fees for services (non-employees)				
ä	a Management				
ŧ	<b>L</b> egal	611.	550.	61.	
(	Accounting	18,000.	4,500.	13,500.	
•	l Lobbying	· ·· -· · · · · · · · · · · · · · · · ·			
€	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other	50.	25.	25.	
12	Advertising and promotion				
13	Office expenses	14,327.	12,894.	1,433.	
14	Information technology	36,462.	32,816.	3,646.	<del></del>
15	Royalties				<del></del>
16	Occupancy	69,226.	62,303.	6,923.	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	8,980.	8,082.	898.	
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	68,556.	61,700.	6,856.	
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ).	91,080.	81,972.	9,108.	
а	Telephone	26,606.	23,945.	2,661.	
	Miscellaneous	21,815.	20,078.	1,737.	
	Contract Labor	14,000.	12,600.	1,400.	
	Dues & Subscriptions	8,994.	7,555.	1,439.	
	Printing and Publications	5,069.	4,562.	507.	
	All other expenses	11,088.	10,192.	896.	
	Total functional expenses. Add lines 1 through 24f	8,723,085.	8,389,625.	333,460.	0.
	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·
BAA					Form <b>990</b> (2009)

P	art )	K Balance Sheet			
			(A) Beginning of year	i	(B) End of year
	1	Cash — non-interest-bearing	12,258,015.	1	13,581.
	2	Savings and temporary cash investments .	266,109,470.	2	270,364,355.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4_	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	İ	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net .		7	
Ē	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	43,959.	9	42,695.
	10	a Land, buildings, and equipment cost or other basis 10a 667, 277.			
		Complete Part VI of Schedule D			
		b Less accumulated depreciation 10b 432, 955.	235,582.	10 c	234,322.
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	_	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	233,278.	15	230,832.
	16	Total assets Add lines 1 through 15 (must equal line 34)	278,880,304.	16	270,885,785.
	17	Accounts payable and accrued expenses	242,079.	17	111,115.
	18	Grants payable	10,173,215.	18	10,231,700.
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
 	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	·
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	10,415,294.	26	10,342,815.
N E N		Organizations that follow SFAS 117, check here ► and complete lines			1
		27 through 29 and lines 33 and 34.		-	
ş	27	Unrestricted net assets		27	
S E T S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► X and complete		ľ	
FUZD		lines 30 through 34.			
- 1	30	Capital stock or trust principal, or current funds .		30	· · · · · · · · · · · · · · · · · · ·
B A L	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ķ.	32	Retained earnings, endowment, accumulated income, or other funds	268,465,010.	32	260,542,970.
AZCES	33	Total net assets or fund balances	268,465,010.	33	260,542,970.
S	34	Total liabilities and net assets/fund balances.	278,880,304.	34	270,885,785.

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Form <b>990</b> (2009) Beaumont Foundation of America	76-0650506	F	age 12
Part XI   Financial Statements and Reporting			
_		Yes	No
1 Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrual $\square$ Other			Î
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	X
b Were the organization's financial statements audited by an independent accountant?	21	ЬХ	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	c X	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	nı		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year with consolidated basis, separate basis, or both.	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth			v

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Beaumont Foundation of America

Employer Identification number

OMB No 1545-0047

Deadine		76-0650506
Part I	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts Complete it

	the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6.			
		(a) Donor advised	funds	(b) Funds	and other acco	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject			onor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	the benefit of the donor or do	ing that grant fund nor advisor or for	ls may be any other		
	purpose conferring impermissible private bene				Yes	No
	rt II   Conservation Easements Comple	-		o Form 990, P	art IV, line	7
1	Purpose(s) of conservation easements held by	,	_ '' ''			
	Preservation of land for public use (e g , r	ecreation or pleasure)	<del></del>	f an historically im		rea
	Protection of natural habitat		Preservation of	f certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservati	on contribution in	<del></del>		
				<del></del>	at the End of	the Year
	a Total number of conservation easements			2a	···	
	Total acreage restricted by conservation easer			2b		<del></del>
	Number of conservation easements on a certif		ın (a)	2c		<del></del>
	Number of conservation easements included in	, , ,		2d		
3	Number of conservation easements modified,	transferred, released, extingu	ished, or terminate	ed by the organiza	tion during the	e tax
	year >					
4	Number of states where property subject to co					
5	Does the organization have a written policy regard enforcement of the conservation easemen				Yes	No
	Staff and volunteer hours devoted to monitorin during the year ►	-				_
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conse	ervation easement	\$ 		_
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its root the organization's financial s	evenue and expens statements that de	e statement, and bascribes the organi	alance sheet, a zation's accou	nd Inting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical vered 'Yes' to Form 990,	Treasures, or ( Part IV, line 8	Other Similar A	Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statement	c exhibition, education, or res	search in furtheran	nt and balance sho ce of public service	eet works of a e, provide, in	rt, historical Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	SFAS 116, to report in its rev c exhibition, education, or res	renue statement a search in furtheran	nd balance sheet on ce of public service	works of art, he, provide the	istorical following
	(i) Revenues included in Form 990, Part VIII, I	line 1			<b>-</b> \$	
	(ii) Assets included in Form 990, Part X				►\$ ►\$	
2	If the organization received or held works of art amounts required to be reported under SFAS 1	t, historical treasures, or othe 16 relating to these items:	r sımılar assets foi			
а	Revenues included in Form 990, Part VIII, line	1	•	•	-\$	
b	Assets included in Form 990, Part X				\$ •\$	
_						

Part VI Investments-Land, Buildings, and Equipment. See Form 990, Part X. (c) Accumulated Depreciation 1 a Land **b** Buildings c Leasehold improvements 133,653 43,360 90,293 533,624 389,595 144,029 d Equipment e Other 234,322

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ).

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 Beaumont Foundat:		<u>76-0</u> 65	50506 Page
Part VII Investments—Other Securities See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives			
Closely-held equity interests			
Other	-		
			<del></del>
	-		
	-		
			<del></del>
	·		<del> </del>
	-		
	-		
Total (Column (b) must equal Form 990 Part X, col. (B) line 12)	<del>                                     </del>		
Part VIII Investments—Program Related (See	Form 990 Part X Jun	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
(a) Description of investment type	(b) Dook Value	Cost or end-of-year mark	ket value
			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	luna 15) N/3		
Part IX Other Assets (See Form 990, Part X,			(h) Dealer ale
(a) De	escription		(b) Book value
Interest receivable			230,832
Interest receivable			230,632
<del></del>			
			<u> </u>
			<u> </u>
			·
	· <u>.</u> .		<del></del>
Total. (Column (b) must equal Form 990, Part X, col.(B), I	ine 15)	<b>•</b>	230,832
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
		1	
		7	
		1	
		}	
		]	
		]	
		]	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u></u>	

<sup>2.</sup> FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	edule <b>D</b> (Form 990) 2009 Beaumont Foundation of America	<u>76-065050</u>	06	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		801	,046.
2	Total expenses (Form 990, Part IX, column (A), line 25)		8,723	,085.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-7,922	,039.
4	Net unrealized gains (losses) on investments	ĺ		
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	]	-7,922	.039
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 005.
	Total revenue, gains, and other support per audited financial statements	1 1	801	,046.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>  '- </del>		, 040.
	Net unrealized gains on investments 2a			
	Donated services and use of facilities .	-		
	Recoveries of prior year grants  2c	$\dashv$ $\mid$		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1	2e	001	046
		3	001,	046.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	<u> </u>		
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	801,	046.
	XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		0.700	
	Total expenses and losses per audited financial statements	1	<u>8,723,</u>	085.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	-		
	Prior year adjustments 2b			
	Other losses . 2c	_		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	<u>8,723,</u>	085.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b  4a	<b>⊣</b> ∣		
b	Other (Describe in Part XIV)			
C	Add lines <b>4a</b> and <b>4b</b> .	4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	8,723,	<u>085.</u>
<u>Part</u>	XIV Supplemental Information			
Comp line 4, inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this lation	V, lines 1b an part to provide	nd 2b; Part e any addi	V, lional
			·	
- <b>-</b> -				

# SCH (Form Depart Interna Name Bea

Grants and Other Assistance to Organizations, Governments and Individuals in the United States	OMB No 1545-0047
	2002
Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	Open to Public Inspection
177	.].
aumont Foundation of America	mber
rt   General Information on Grants and Assistance	
	i
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance?	2
ng the use of grant funds in the United States.	ON V

S	's procedures for mon	itoring the use of gr	use of grant funds in the United States.	States.			Ves X No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ance to Governme  ny recipient that r	ents and Organi eceived more th	Organizations in the United States. Complete if the organization answered 'Yes' to Fi more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ed States. Comple: his box if no one r	e if the organizat ecipient received	ion answered 'Ye more than \$5,00	ss' to Form 0. Use
sicily and occidence in (Form 990) if additional sp	(rorm 990) II add	Itional space is	ace is needed		٠	•	
i (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See_attached					(Jano)		
			6,801,323.	0			
					_		
	-						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				-			
- i							
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations					73
PAA For Prince: Act of Street organizations	itions					•	3
SAN TOLLIVACY ALL AND L'APERWORK REDUCTION ACT NOTICE, SEE THE INSTR	uction Act Notice, se	e the Instructions f	uctions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schedu	Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance 76-0650506 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 102,235. 5,000 (c) Amount of cash grant Beaumont Foundation of America (b) Number of recipients Tragedy Assistance Program for Survivors (a) Type of grant or assistance Children of Fallen Heroes Schedule I (Form 990) 2009 Part III

Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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BAA

Schedule I (Form 990) 2009

# SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Employer identification number

В	eaumont Foundation of America	76-0650506			
P	art I Questions Regarding Compensation	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
•	1 a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any rele	of the following to or for a person listed in Form 990, Part evant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			i
	Travel for companions	Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organiza reimbursement or provision of all of the expenses described	ition follow a written policy regarding payment or d above? If 'No,' complete Part III to explain	1 b	X	
2	2 Did the organization require substantiation prior to reimburs trustees, and the CEO/Executive Director, regarding the iten	ing or allowing expenses incurred by all officers, directors, ms checked in line 1a?	2	х	
3	Indicate which, if any, of the following the organization uses CEO/Executive Director Check all that apply.	to establish the compensation of the organization's			
	X Compensation committee	Written employment contract		}	
	X Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, or a related organization.	Section A, line 1a with respect to the filing organization			
	a Receive a severance payment or change-of-control payment		4a		X
	<b>b</b> Participate in, or receive payment from, a supplemental non	iqualified retirement plan?	4b		Х
	c Participate in, or receive payment from, an equity-based cor	mpensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must con	nplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of.	did the organization pay or accrue any compensation			
	a The organization?		5a		<u>X</u>
	<b>b</b> Any related organization?	·	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.		l		
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of	did the organization pay or accrue any compensation			
	a The organization?		6a		Х
	<b>b</b> Any related organization?		6Ь		<u>X</u>
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For person listed in Form 990, Part VII, Section A, line 1a, didescribed in lines 5 and 6? If 'Yes,' describe in Part III	id the organization provide any non-fixed payments not	7		<u>x</u>
8	Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regs section 53 4958-4(a)(3)	ccrued pursuant to a contract that was subject to the initial )? If 'Yes,' describe in Part III	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttab section 53.4958-6(c)?	ole presumption procedure described in Regulations	9		 Х

Schedule J (Form 990) 2009 Beaumont Foundation of America

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown or	(B) Breakdown of W-2 and/or 1099-MIS(	MISC compensation	(C) Betweenter			i i
		(i) Base compensation	(II) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) Total of columns (B)(I)-(D)	reported in prior Form 990 or
W. Frank Newton	  -  -	285,379.		0	0.		285.379	10m 990-E2
	(E)	0.		0.		39.58	1 5	
C. Edward Keller	-	217,240.	0	.0	0.	0	217,240	
	<b>(E)</b>	0	0.	0.		0.98	121271111111111111111111111111111111111	
Sidney H Cohen	1   	169,295	0	0		0	169,295	
	(1)	0	0			34.4		
Robert W. Craft	      -	173,705.	0.	0.	0.		173 705	
	<u>(i)</u>		0		0.	30.8	7507,757	
Daryl Ann Borel	1	161,940.	0.	0	0.	0		
	(E)	.0	0.	0	0.	31.15	31 181	
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	 (e)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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				TEEA4102L 02/0	02/02/10		Sched	Schedule J (Form 990) 2009

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Beaumont Foundation of America	76-0650506
Form 990 - Organization's Mission	
The_Beaumont Foundation of America awards grants to bring about	t_civic_betterment_and
social improvements by providing assistance to the poor, unders	served and
underprivileged. We have five major program areas - Children &	Youth, Education,
Healthcare, Social Services and Children of Fallen Heroes.	
Form 990, Part III, Line 4a - First Achievement	·
Education_programs_include_grants_to_support_exceptional_K-12_t	eachers, grants to
provide_scholarships_to_first_generation_underserved_university	students, and grants
and_endowments_for_graduate_programs, particularly_in_lawSpec	ial_programs_are_also
organized around increasing opportunities for underserved stude	nts. The primary
focus_on_K-12_is_in_recognizing_and_supporting_15_outstanding_t	eachers_through
\$10,000 per teacher grants in Southeast Texas. Beaumont Foundat	ion_college
scholarships follow well established formats at multiple univer	sities to provide
<u>student scholarships and to endow leadership, administrative, a</u>	nd faculty positions.
The Foundation supports a number of Universities, with special	emphasis on Lamar
University here in Beaumont. One program is, unlike those previ	ously described,
unconventional. This program is the legislative internship prog	ram, which takes
students from multiple universities and provides them a semeste	r at the Texas
Legislature. The Beaumont Foundation is closely monitoring this	program.

Schedule <b>O</b> (Form 990) 2009	Page <b>2</b>
Name of the organization  Beaumont Foundation of America	Employer identification number 76-0650506
(continued) Form 990, Part III, Line 4b - Second Achievement	
Social Services grants support basic needs, such as food, cloth	hing, shelter and
other aid for indigent, low income and other underserved populations	ations. The primary
area is food to the poor through organized food bank programs.	Grants to enhance
technology, economies of scale and new partnerships have enable	ed food banks to meet
increased demand for food to those most in need. Special attent	ion has been given to
children through Kids Cafe and Backpack programs and to the run	al poor through Rural
Pantry programs. The remaining grants in this area are fund awa	irds for emergency
care for at risk populations served by churches.	
Form 990, Part III, Line 4c - Third Achievement	
Healthcare Programs fall into three main categories of improved	laccess to health
care for the underserved. One is an outreach program to Native	Americans in western
States. This endeavor, conducted as part of the Huntsman Cancer	Outreach Program,
seeks to enlist tribal elders in encouraging screening and trea	tment. Outreach is
conducted by healthcare workers who are Native American or fami	liar with customs of
potential clients. The second is a community clinic which helps	create treating
physician homes for underserved families and individuals. Final	Ty, the Beaumont
Foundation has made a grant to build a facility to house famili	es of out of town
patients. A medical treatment tertiary care hospital often serv	es patients who are
not near their homes. Unless the families have a place to stay,	proper support
cannot be provided to sick family members.	

Name of the organization	Employer identification number
Beaumont Foundation of America	76-0650506
(continued)	
Form 990, Part III, Line 4d - Other Program Services Description	ion
The final two program areas for the Foundation are Children are	nd Youth and the Fallen
Heroes Program. Children and Youth consists primarily of provi	ding clothing for
children in foster care programs. Children in foster care seld	dom have new school
clothes, as budgets are so spare that new school clothes become	ne a luxury. But for
children already facing nearly insurmountable problems of iden	tity and worth, peer
pressure and ridicule based on old or inappropriate clothing o	an be devastating.
Beaumont Foundation grants work in close coordination with the	major foster care
providers to help overcome this problem.	
Finally, our Children of Fallen Heroes Program is a legacy of	our original mission
to provide technology grants. This program provides laptop com	puters to dependent
children and spouses of military personnel who gave their live	s in Iraq or
Afghanistan.	
Form 990, Part VI, Line 2 - Related Party Information among di	rectors
Chairman Reaud and Director Huntsman are both directors of Hun	tsman Corp.
Form 990, Part VI Line 12c - Enforcement of Conflicts Policy	
With only 7 employees and 3 Directors, we are a small organiza	tion. Regular
monitoring and enforcement of the conflict of interest policy	is part of normal
operations. Annual review of the policy is also performed.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The 990 is prepared by our outside auditors under the direction	
reviewed by President Newton and General Counsel Craft, and the	
Board of Directors prior to filing.	

Schedule <b>O</b> (Form 990) 2009	Page:
	Employer identification number
Beaumont Foundation of America	76-0650506
(continued) Form 990, Part VI, Line 15a - Compensation Process for Top Office	cīals
The Foundation uses a nationally recognized compensation consul-	tant, the Hay Group,
to determine an appropriate range of compensation for Officers	and other employees
(the Directors serve without compensation). The performance of	the Officers and
other employees is annually reviewed by the Executive Performand	ce and Compensation
Committee of the Board of Directors. The compensation is then vo	oted upon by the
Board of Directors.	
<del></del>	
Form 990, Part VI, Line 15b - Compensation Process for Officers	
See explanation for Form 990, Part VI, Line 15a above	
Form 990, Part VI, Line 19 - Governing Documents Disclosure Expl	
The Foundation makes its Determination Letter, Form 990s, audits	
documents and conflict of interest policy available to the publi	c upon request by
phone, fax, email, letter or in person.	

# 2009 Grant Expense

	Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
Education Grants	University of Texas Law School Foundation	\$500,000	74-6056794	727 East Dean Keeton Street	Austin	¥	78705
	Texas A&M University	\$500,000	74-6000531	Payroll Services, 750 Argronomy Rd	College Station		77843
	Excellence in Education Awards	\$365,000	Various				
	Monsignor Kelly High School	\$350,400	74-1395996	5950 Kelly Dnve	Beaumont	¥	77707-3599
	Columbia University	\$219,000	13-1628149	3009 Broadway	New York	¥	10027
	Utah State University	\$208,000	87-6000528	1400 Old Main Hill	Logan	5	84322
	Harvard Business School	\$200,000	04-2103580	Soldiers Field	Boston	MA	_02163
	Stephen F Austin State University Alumni Foundation	\$100,000	23-7093806	PO Box 6096	Nacogdoches	¥	75962-6096
	Stephen F. Austin State University	\$88,000	75-6002514	SFA Station, PO Box 13052	Nacogdoches	¥	75962-3052
	Sabine Area Career Center	\$80,000	78-2878962	PO Box 894	Pineland	¥	75968
	Baylor University	\$75,000	74-1159753	One Bear Place #97096	Waco	¥	76798
	Washington and Lee University	\$50,000	54-0505977	204 West Main Street	Lexington	Α>	24450
	Seton Hall University	\$35,000	22-1500645	400 South Orange Avenue	South Orange	3	62020
	University of Arkansas College of Nursing	\$25,000	71-6056774	4301 W Markham, Slot 529	Little Rock	AR	72205
	Port Arthur Higher Education Foundation, Inc	\$25,000	74-1839551	PO Box 310	Port Arthur	¥	77641-0310
	Legacy Christian School	\$25,000	37-1527090	8200 Highway 105	Beaumont	¥	77713
	Lamar University	\$25,000	74-6000298	P O Box 10011	Beaumont	¥	77710
	All Saints Episcopal School	\$20,000	74-6021045	4108 Delaware	Beaumont	¥	77706
	Lamar Institute of Technology	\$20,000	76-0694136	855 East Lavaca	Beaumont	<b>٢</b>	77705
	Utah Valley University	\$17,000	87-036944	800 West University Parkway #111	Orem	5	84058
	University of Texas	\$10,000	74-6000203	P O Box 7758, UT Station	Austru	¥	78713
	91 3 KVLU Public Radio	\$10,000	74-6000298	PO Box 10064	Beaumont	¥	77710
	Laptops for Scholarship Recipients	\$7,000	Various				
	University of California at Los Angeles	\$3,200	95-6006143	10920 Wilshire Blvd Ste 107	Los Angeles	Š	90405
		\$2,957,600.00					
Social Services							
	Houston Food Bank	\$130,000 00	74-2181456	3811 Eastex Freeway	Houston	¥	77026
	Capital Area Food Bank of Texas	\$100,000 00	74-2117350	8201 S Congress Ave	Austin	¥	78745
	North Texas Food Bank	\$100,000 00	75-1785357	4500 S Cockrell Hill Rd	Dallas	¥	75236
	San Antonio Food Bank	\$100,000.00	74-2122979	5200 Old Hwy 90W	San Antonio	¥	78227
	Tarrant Area Food Bank	\$100,000 00	75-1822473	2600 Cullen Street	Fort Worth	卢	76107
	Catholic Charities of Southeast Texas	\$80,000 00	74-1900345	P O Box 829	Beaumont	¥	77704
	South Texas Food Bank	\$75,000 00	74-2574983	PO Box 2007	Laredo	¥	78044
					825, ° 63		

# 2009 Grant Expense

Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
Southeast Texas Food Bank	\$75,000.00	76-0338721	P O Box 21012	Beaumont	¥	77720
Southeast Texas Non Profit Development Center	\$56,000 00	20-3423196	700 North St , Suite D	Beaumont	¥	17701
Nutrition and Services for Seniors	\$50,000 00	76-0074137	4590 Concord	Beaumont	¥	77703
Caritas of Waco	\$50,000 00	74-1711575	300 S 15th	Waco	¥	76701
Concho Valley Regional Food Bank	\$50,000 00	75-1897032	P O Box 1207	San Angelo	¥	76902
Food Bank of Corpus Christi	\$50,000 00	74-2234089	826 Krill Street	Corpus Christi	¥	78408
Food Bank of the Rio Grande Valley	\$50,000 00	74-2421560	P O Box 6251	McAllen	ķ	78502
High Plains Food Bank	\$50,000 00	75-1838348	P O Box 31803	Amarillo	¥	79120
South Plains Food Bank	\$50,000 00	75-1904829	4612 Locust Ave	Lubbock	¥	79404
West Texas Food Bank	\$50,000 00	75-2057692	1008 E 2 <sup>nd</sup> St	Odessa	¥	79761
Brazos Valley Food Bank	\$30,000 00	74-2380446	PO Box 74	Bryan	¥	77806
East Texas Food Bank	\$30,000 00	75-2222686	P O Box 6974	Tyler	ķ	75711-6974
Food Bank of Golden Crescent	\$30,000 00	74-2534561	P O Box 5085	Victoria	¥	77901
Food Bank of West Central Texas	\$30,000 00	75-1888192	5505 North 1st Street	Abilene	¥	79603
Wichita Falls Area Food Bank	\$30,000 00	75-1812865	1230 Midwestern Pkwy	Wichita Falls	¥	76307
Beaumont Challenge Grant	\$25,000 00	Vanous				
Family Services of Southeast Texas	\$25,000 00	74-1382713	990 Interstate 10 N, Surte 140	Beaumont	ķ	77702
Some Other Place	\$25,000 00	74-2103171	PO Box 843	Beaumont	ዾ	77704-0843
Christian Fellowship Church	\$15,000 00	45-0524531	3950 Pointe Parkway	Beaumont	¥	77706
Greater Good Hope Baptist Church	\$10,000 00	76-0399209	2725 W Virginia	Beaumont	¥	77705
Magnolia Missionary Baptist Church	\$10,000 00	76-0093882	2830 Pine Street	Beaumont	¥	77703
Youth Young Adult Fellowship Alliance	\$10,000 00	76-0278378	PO Box 1348	Silsbee	ዾ	77656
Faith Temple Church of God in Christ	\$10,000 00	76-0263914	PO Box 1124	Silsbee	¥	77656
Humane Society of Southeast Texas	\$5,000 00	74-6060624	P O Box 1629	Beaumont	¥	77704
Jones Memorial Church of God in Christ	\$5,000 00	32-0254354	3355 Houston Street	Beaumont	¥	77705
Temple of Praise Church of God in Christ	\$5,000 00	51-0660861	1575 Montrose Avenue	Beaumont	¥	70777
Saint Chapel Church of God in Christ	\$2,500 00	76-0639902	10410 Dusty Lane	Beaumont	<b>٢</b>	77713
	\$1,513,500.00					
Huntsman Cancer Foundation	\$1,000,000 00	87-0541293	500 Huntsman Way	Salt Lake City	5	84108
Albert E and Gena Reaud Family Shelter	\$194,290 00	26-1990505	470 Orleans St First Fi	Beaumont	ዾ	17701
Smile Train	\$50,000 00	13-3661416	41 Madison Avenue, 28th Floor	New York	ž	10010
Ubi Caritas	\$20,000.00	76-0558225	4450 Highland Avenue	Beaumont	Է	77705

# 2009 Grant Expense

Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
"Gift of Life" Program	\$10,000 00	76-0550450	2390 Dowlen Road	Beaumont	¥	77706
	\$1,274,290.00					
Children & Youth & Other						
Lutheran Social Services of the South, Inc	\$504,700 00	74-1109745	P O Box 140767	Austin	ዾ	78714-0767
DePelchin Children's Center	\$162,000 00	76-0318867	4950 Memorial Drive	Houston	۲	70077
Cal Farley's	\$118,500 00	75-0808768	P O Box 1890	Amarillo	¥	79174-00001
Buckner Foundation	\$130,500 00	75-2125945	600 North Pearl Street, Suite 2260 Dallas	50 Dallas	ዾ	75201
The Children's Shelter of San Antonio	\$99,300 00	74-1109660	2939 W Woodlawn	San Antonio	¥	78228
Pleasant Hills Children's Home	\$11,400 00	71-662544	PO Box 1177	Fairfield	¥	75840
Southeast Texas Family Resource Center	\$10,000 00	76-0589232	2060 Irving	Beaumont	¥	77701
National Guard Armory/Academy Sporting Goods	\$10,000 00	Various	3040 College Street	Beaumont	¥	77701-4606
One Church One Child of Southeast Texas, Inc	\$10,000 00	76-0549602	3920 West Cardinal Drive	Beaumont	¥	77705
Art Museum of Southeast Texas	\$10,000 00	74-6060650	500 Main Street	Beaumont	ዾ	77704
Save Our Children	\$5,000,00	33-1198206	5475 Landry Lane	Beaumont	¥	77708
	\$1,071,400.00					
Miscellaneous Grants						
Children of Fallen Heroes	\$102,235 00	Various				
Tragedy Assistance Program for Survivors (TAPS)	\$5,000 00	92-0152268	1777 F Street, NW, Suite 800	Washington	2	200006
	\$107,235.00					
Total Grants Approved	\$6,924,025.00					
Less Prior Year Grant Cancelled	-\$30,000 00					
Expenses, net	414,555,00					

TOTAL GRANT EXPENSE 2009 \$6,908,558.00