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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)

2010

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Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

1	4	For the 2	010 calen	dar year, or tax	year begir	nning		, 20	10, and endir	ng			,			
Ī	В	Check if app	olicable				<u> </u>				D Employ	er Identı	fication Number			
		Address	s change	Beaumont	Foundat	ion of A	America				76-0	0650	506			
		$\vdash$	change	470 Orlea						h	E Telepho					
		Initial r	-	Beaumont,						ŀ	(40	9) B	39-1912			
		H								(409) 838-1812						
		Termin								1,	<b>^</b> -		. 200	020		
		$\vdash$	led return	<u> </u>		, Tai	Enonle	Marchan	<del>-</del> .		G Gross re			, 930 .		
		Applica	ation pending	F Name and add		aloπicer <b>W</b> .	Frank 1	Mewcon		H(a) Is this a H(b) Are all a	•			<b>=</b>		
-	_			Same As C		4	- : F	T.A.M			ltach a list		tructions) Yes	No.		
_			npt status		X 501(c) (		nsert no )	4947(a)(1	) or 527							
-	J	Websit		w . BMTFOUN		com			<del>- · · · · · · · · · · · · · · · · · · ·</del>	H(c) Group ex						
_	<u>K</u>		rganization	X Corporation	Trust	Association	Other ►		L Year of Forma	tion 2000	M s	tate of le	egal domicile T	Κ		
L	Pa		Summa													
		1 Brie	efly descri	be the organiza	ation's miss	ion or most	significant a	ictivities.	<u>See Sche</u>	<u>dule 0</u>	. <b></b> _	. <del></del>				
	Φ		. <b></b>		<b></b>		<b></b>						<b></b> _			
	<u> </u>									. <b>_</b>		_ <b>_</b> _				
	e.r		- <b></b> -				<b></b> _	<b></b>								
	Governance	l		ox ► ∐ if the					isposed of mo	ore than 25	% of its	_ 1	sets	_		
	æ	_		oting members		, ,		,	11.			3	·	3		
	69	1		dependent votii					•			4				
	ctivities			of individuals			ear 2010 (Pa	art v, line	2a)			6		7		
	당-			of volunteers of of business rev			lump (C) lum	20 12				7a	<del></del> -	0.		
	1	( J )		business taxa								7b	·	0.		
				101	bie income	HOIII I OIIII .	, iiile 3	<del></del> -	<del></del>	D.	or Year	<del>-/"</del>	Current Y	<del></del>		
		MAY Co.	2 2011	and grants (Pa	art VIII line	1h)				Fri	or rear	-	Current	ear		
	ē		aram con	vice revenue (P	art VIII, line	e 2a)				<del>                                     </del>		$\rightarrow$				
',	enne			nçome (Part VII			1 and 7d)		•		801,0	46	380	,930.		
	<u>}</u>			e (Part VIII, col				nd 11e)			001,0	30.		, 930.		
	- 7-5			e – add lines 8					line 12)	<u> </u>	801,0	46	389	,930.		
-									.,	6	908,5			,073.		
		1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  1,419,  16a Professional fundraising fees (Part IX, column (A), line 11e)								300,3	558. 0,120,07.				
		I .							110 6	63	1 /20	,590.				
	90								415,0	<del>03. </del>	1,420	, 390.				
	Expenses			_	•					<u> </u>						
	×	<b>b</b> Tot	al fundrai	sing expenses (	(Part IX, co	ılumn (D), lır	ne 25) 🟲		<del></del>				, t**			
	ш	17 Oth	ner expens	ses (Part IX, co	lumn (A), lı	ines 11a-11d	l, 11f-24f)				394,8	64.	367	<u>,734.</u>		
		<b>18</b> Tot	al expens	es Add lines 13	3-17 (must	equal Part I	X, column (A	A), line 25	)	8,	723,0	85.	7,908	,397.		
		19 Rev	venue less	s expenses Sul	otract line 1	18 from line	12			-7,	922,0	39.	-7,518	,467.		
_	200									Beginning	of Curren	Year	End of Y	ear		
	şğ	<b>20</b> Tot	al assets	(Part X, line 16	)						885,7		261,705			
	A B	<b>21</b> Tot	al liabilitie	s (Part X, line	26)					10,	342,8	15.	8,681	,257.		
	žĒ	22 Net	t assets or	fund balances	Subtract I	ine 21 from	line 20			260.	542,9	70.	253,024	.503.		
ſ	Pa			re Block						_1 /	<u> </u>			<del>,</del>		
_					ramined this re	turn including a	ccompanying sch	nedules and s	tatements and to	the best of my	knowledge	and heli	ef it is true corre	et and		
	con	plete Decla	ration of prep	leclare that I have ex arer (other than office	er) is based or	all information	of which prepare	er has any kn	owledge	inc best of my	Kilowiedge		er, it is true, correc	ct, and		
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	Sig	nn	Signatu	ire of officer	7 2000	<i>y</i> =	- VVV	<del>                                     </del>		Date			<del></del>			
i	He	re	▶ W.	Frank Newt	on					Presid	dent δ	CEC	)			
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		eparer e Only	Firm's name							_		71-	1604017			
	<b>-</b> 3	C Only	Firm's addre			Avenue,		ΛŢ					1694817	<u> </u>		
-			1		<del></del>	77706-3				I P	hone no	(409				
	νla	y the IRS	aiscuss th	iis return with th	ne preparer	r snown abov	ve≢ (see inst	tructions)					X Yes	No		

Parl	111	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	
ı		y describe the organization's mission	
	<u> 266</u>	Schedule 0	
	Did th	ne organization undertake any significant program services during the year which were not listed on the prior	
			No
		s,' describe these new services on Schedule O	
			No
		s,' describe these changes on Schedule O	
4	Desci and 5 expe	tibe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c) (01(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the to use, and revenue, if any, for each program service reported	)(3) tal
4a		(Expenses \$ 2,469,000. including grants of \$ 2,469,000.) (Revenue \$	)
	<u>See</u>	Schedule 0	- <b>-</b>
			- <b>-</b>
			<b>. –</b> –
			<b>-</b> –
			- <del>-</del> -
			<b>-</b> –
	<b>-</b>		<del>-</del> -
	(Code	(Expenses \$ 1,456,500. including grants of \$ 1,456,500.) (Revenue \$	
70		Cabadula O	
		Schedule 0	<b>-</b> -
			<del>_</del> _
4 c	(Code	e:	)
	<u>See</u>	Schedule 0	
			- <b>-</b>
	<del>-</del>		
4 d	Other	program services (Describe in Schedule O)  See Schedule O	
		enses \$ 2,575,612. including grants of \$ 1,123,573.) (Revenue \$ )	
4e		program service expenses ► 7,572,112.	

Form 990 (2010) Beaumont Foundation of America

76-0650506

Page 2

a	The Onecklist of Reduired Schedules		T	T
			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_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		х
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_		х
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? In $Yes$ , $Yes$	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	X	
ĺ	b 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	11 b		Х
	c 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	11 c		Х
I	d 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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	_	Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ļ	b 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, Parts I and IV	14b		Х
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, Parts II and IV	15		<u> x</u>
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, Parts III and IV	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 (see instructions).	17		X
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		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		_X
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
l	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

Form 990 (2010) Beaumont Foundation of America

Rankly Checklist of Required Schedules (continued)

		l	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 27 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	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	أيسا	
(	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
ŀ	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		Х
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 committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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 I.	31		<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		<u>X</u>
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		X
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)?	35	[	X
á	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
3AA		Form	990 (2	2010)

<u> </u>		030306	<u>_</u>	-age
ra				_
	Check if Schedule O contains a response to any question in this Part V			$\perp$
_			Yes	No
	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable     1a	36		
١	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	İ	
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar (gambling) winnings to prize winners?	ming	<u>-</u> -	-
2	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	7		
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.5	<del>  ^</del>	┢
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3a		X
		3b		
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ver, a 4a		Х
	b If 'Yes,' enter the name of the foreign country			ĺ
_	See instructions for 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		Х
ı	<b>b</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?	5c		
6	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?	on 6a		Х
1	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts work tax deductible?	<del></del>		
	7 Organizations that may receive deductible contributions under section 170(c).	- 00		<del>                                     </del>
	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?			
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a		<del> </del>
		_ 7b		<b>—</b> —
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file <b>7c</b>		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	l the		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the organization make any taxable distributions under section 4966?	9a		
Ŀ	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	$\neg \neg$	
10	Section 501(c)(7) organizations. Enter:			
a	a Initiation fees and capital contributions included on Part VIII, line 12			
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter		l	
	a Gross income from members or shareholders	] [		
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources	<del> </del>	ł	
	against amounts due or received from them ).			
	2a 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		J	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	a is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand			
		<del></del>		\ <del>\</del>
	la Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
0	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 1 a b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7**a X X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Яa **b** Each committee with authority to act on behalf of the governing body? 8 h Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10 a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Х Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safequard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Sidney H. Cohen 470 Orleans, First Floor Beaumont TX 77701 (409) 838-1812

Form <b>990</b> (2010) Beaumont Foundation of	America	а.
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76-0650506

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of 'key employee'
- 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 neither the organization	n nor any	relate	ed o	rgan	ıızat	ion co	mpe	ensated any current of	fficer, director, or trus	tee
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director	Institutional trustee	_	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
(1) Wayne Reaud										
Chairman	20	Х			lacksquare		_	0.	0.	0.
(2) Gilbert Low Director	5	х						0.	0.	0.
(3) Jon Huntsman Director	<u> </u>	Х						0.	0.	0.
_(4) Frank Newton CEO	40			Х	Х	X		289,620.	0.	39,578.
(5)_Edward_Keller COO	40			Х	Х	X		217,756.	0.	35,487.
(6) Sidney Cohen CFO	32			Х	Х	Х		172,504.	0.	33,867.
	40			Х	Х	Х		173,741.	0.	30,466.
	40				Х	Х		163,315.	0.	30,672.
_(9)								2007020.		30,012.
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										
(15)				$\dashv$	+					
<u>(16)</u>										
(17)					_					
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<ul> <li>Name and title</li> </ul>					11 1			1			(F)		
•	hours per week (describe hours for related organi zations in Sch O)	individual trustee or director	Institutional trustee	Officer		Mighest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation fror related organization (W 2/1099-MISC)	ns c	Estimated nount of or	ther ion on ed	
(18)	-												
(19)													
(20)					-						<u>_</u>		
(21)													
(22)									<u> </u>				
(23)													
(24)													
(25)					-								
(26)											<u></u>		
(27)											<u> </u>		
(28)													
(29)													
1 b Sub-total	.k						▶	1,016,936.		<del>.   -</del>	170,0	70	
c Total from continuation sheets to Part VII, Section	Α						-	0.	(	).[		0	
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,016,936.			170,0		
2 Total number of individuals (including but not limite from the organization ► 5	d to tho	se lis	sted	abo	ove)	who	o rec	ceived more than	\$100,000 in repo	ortable co	mpens	atıoı	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trustondividua	ee, k L	кеу	emp	loye	ee, c	or hi	ghest compensate	ed employee	3	Yes	No X	
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual	eportable than \$15	con 0,00	npei 0? /	nsat If 'Yo	ion es' d	and com	othe plete	er compensation f e Schedule J for	rom	4	X	,	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complete	atior Sci	n fro hedi	m a ule	iny i <i>I for</i>	unre suc	late	d organization or i	ndıvıdual	5		X	
Section B. Independent Contractors											<u>-</u> -		
1 Complete this table for your five highest compensa compensation from the organization	ted inder	pend	lent	con	trac	tors	that	t received more th	an \$100,000 of				
(A) Name and business addres	(A) Name and business address  (B) Description of services					f services	(C) Compensation						
NONE ,							-						
						• • • •	〓				<u></u> -		
							$\dashv$	<u> </u>		-			
2 Total number of independent contractors (including											•		

			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above			iovenue		312, 313, 01 314
	g Noncash contributions included in lins 1a-1f \$	▶ usiness Code				
PROGRAM SERVICE REVENUE	b c d d e f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>				
OTHER REVENUE	3 Investment income (including dividends, interest other similar amounts) 4 Income from investment of tax-exempt bond 5 Royalties (i) Real  6a Gross Rents b Less rental expenses	•	389,930.	389,930.		
	c Rental income or (loss)  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	(11) Other				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a	; <b>•</b>				
	b Less direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b	•				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Bu  11 a  b  c  d All other revenue	siness Code				
	e Total. Add lines 11a-11d  12 Total revenue. See instructions	<b>&gt;</b>	389,930.	389,930.	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)

	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,960,469.	5,960,469.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	159,604.	159,604.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,007,559.	806,853.	200,706.	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.	130,419.	104,440.	25,979.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,227.	70,669.	17,558.	
9	Other employee benefits.	131,416.	105,287.	26,129.	
10	Payroll taxes	62,969.	50,444.	12,525.	
11	Fees for services (non-employees):				
	a Management		054		<del></del>
	Legal	282.	254.	28.	
	Accounting	19,000.	4,750.	14,250.	
	I Lobbying Professional fundraising services See Part IV, line 17				<del></del>
	Investment management fees	· · · · · · · · · · · · · · · · · · ·	- <del>-</del> ·	<del></del>	
	Other	1,520.	1,520.		<del></del>
	Advertising and promotion	1,320.			
13	Office expenses	10,570.	9,513.	1,057.	
14	Information technology				
15	Royalties				
16	Occupancy	70,540.	63,486.	7,054.	
17	Travel	7,349.	2,205.	5,144.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	55,815.	50,233.	5,582.	
23	Insurance	89,061.	80,155.	8,906.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			0,300.	
	Printing and Publications	24,161.	21,745.	2,416.	
	IT Expense	19,561.	17,605.	1,956.	
	Telephone	18,955.	17,059.	1,896.	
	Contract Labor	14,260.	12,834.	1,426.	
	Miscellaneous	9,036.	8,132.	904.	
	All other expenses	27,624. 7,908,397.	24,855. 7,572,112.	2,769.	
	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ► If following	1,300,331.	1,314,114.	336,285.	0.
40	SOP 98-2 (ASC 958-720) 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> (2010)

Pa	rt X	Balance Sheet									
		•		(A) Beginning of year		<b>(B)</b> End of year					
	1	Cash - non-interest-bearing	-	13,581.	1	1,888,454.					
	2	Savings and temporary cash investments		270,364,355.	2	259,582,358.					
	3	Pledges and grants receivable, net			3						
	4	Accounts receivable, net			4						
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, II of Schedule L		5						
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) volunta organizations (see instructions)	ibuting employers and		6						
ASSETS	7	Notes and loans receivable, net			7						
Ē	8	Inventories for sale or use			8						
S	9	Prepaid expenses and deferred charges		42,695.	9	42,748.					
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 680,810.								
	b	Less accumulated depreciation.	10ь 488,770.	234,322.	10 c	192,040.					
	11	Investments – publicly traded securities			11	132,010.					
	12	Investments – other securities See Part IV, line 11		<del> </del>	12						
	13	Investments – program-related See Part IV, line 11			13						
	14	Intangible assets			14	· · · · · · · · · · · · · · · · · · ·					
	15	Other assets See Part IV, line 11		230,832.	15	160.					
	16	Total assets Add lines 1 through 15 (must equal line	34)	270,885,785.	16	261,705,760.					
	17	Accounts payable and accrued expenses		111,115.	17	112,908.					
	18	Grants payable		10,231,700.	18	8,568,349.					
	19	Deferred revenue		19							
L	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·						
A	21	Escrow or custodial account liability Complete Part I		21	· · · · · · · · · · · · · · · · · · ·						
l L I	22	Payables to current and former officers, directors, truininghest compensated employees, and disqualified per of Schedule L	stees, key employees, rsons Complete Part II		- 22						
Ė	23	Secured mortgages and notes payable to unrelated the	ourd partice		22	<del></del>					
3	24	Unsecured notes and loans payable to unrelated third	· ·		24						
	25	Other liabilities Complete Part X of Schedule D	parties		25	<del></del>					
	26	Total liabilities. Add lines 17 through 25.		10,342,815.	26	0 601 257					
		Organizations that follow SFAS 117, check here	and complete lines	10,342,013.	20	8,681,257.					
N E T		27 through 29 and lines 33 and 34.	and complete lines								
Ą	27	Unrestricted net assets			27						
ASSETS	28	Temporarily restricted net assets	ŀ		28	<del></del>					
Š	29	Permanently restricted net assets	•		29						
O R		Organizations that do not follow SFAS 117, check he	re ► X and complete		29						
		lines 30 through 34.	In and complete								
£020	30	Capital stock or trust principal, or current funds	<del>-</del>	30							
	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31						
Ļ	32	Retained earnings, endowment, accumulated income,	F	260,542,970.	32	253,024,503.					
BALANCES	33	Total net assets or fund balances									
Ĕ	34	Total liabilities and net assets/fund balances	<u> </u>	260,542,970. 270,885,785.	33	253,024,503. 261,705,760					
RA		. otal habilities and flet assetshalla balances		210,000,100.	<del>34</del>	261,705,760.					

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rm <b>990</b> (2010) Beaumont Foundation of America 76-0650506							
Part XI Reconciliation of Net Assets	-			ge 12			
Check if Schedule O contains a response to any question in this Part XI							
•							
1 Total revenue (must equal Part VIII, column (A), line 12)	1	3	89,9	930.			
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,9	397.				
3 Revenue less expenses Subtract line 2 from line 1	3	-7,5	-7,518,467				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  4 26							
5 Other changes in net assets or fund balances (explain in Schedule O) 5							
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 25							
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII				П			
			Yes	No			
1 Accounting method used to prepare the Form 990.   Cash X Accrual Other							
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?		2a		X			
b Were the organization's financial statements audited by an independent accountant?		2b	Х				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both.	ssued on a	i					
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 in to Audit Act and OMB Circular A-133?	ne Single	3a		_X_			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the ror audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b					
BAA		Form	990 (	2010)			

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number

Bea	umont Foundation of America		76-0650506
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Fur	nds or Accounts. Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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		lonor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or fo	ds can be or any other Yes No
Par	t II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a 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 conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easei		2b
•	: Number of conservation easements on a certif	fied historic structure included in (a)	2c
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to co	nservation easement is located >	<u> </u>
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation easi	ements during the year
7	Amount of expenses incurred in monitoring, in  ▶ \$	specting, and enforcing conservation easemer	nts during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	conservation easements	to the organization's financial statements that o	describes the organization's accounting for
Pai	t III Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,
ŧ	b) If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets t 116 (ASC 958) relating to these items:	for financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
ı	Assets included in Form 990, Part X		<b>⊳</b> \$

·										
Schedule D (Form 990) 2010 Beaut	nont Fou	ndation	of Amer	ica			76-065	0506		Page 2
Part III Organizations Mainta					l Treasures, c	r Other			ontin	ued)
3 Using the organization's acquisit items (check all that apply)	ion, accessio	n, and othe	r records, c	heck a	ny of the following	g that are	e a significant i	use of it	s colle	ction
a Public exhibition			<b>d</b> Loan	or ex	change programs	i				
<b>b</b> Scholarly research			e Othe	r						
c Preservation for future gener	rations		_							
4 Provide a description of the organ Part XIV.								se ın		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit oi rather than to	receive do be mainta	nations of a	rt, his of the	torical treasures, organization's co	or other sollection?	sımılar	Yes	.	No
Part IV Escrow and Custodia 9, or reported an amo	l Arranger	nents. Co	omplete if	orga	nization answ	ered 'Ye	es' to Form S	990, P	art IV	, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or other	ıntermediar	y for o	contributions or of	her asset	ts not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV	and comple	te the follow	ving ta	ble:					
								Amoun	t	
<b>c</b> Beginning balance						10	;			
<b>d</b> Additions during the year						10	1			
e Distributions during the year						16				
f Ending balance						1 f				
2a Did the organization include an a	mount on Fo	rm 990, Pa	rt X, line 21	7				Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV							_	L	
Part V Endowment Funds. Co	mplete if t	he organ	ızatıon an	swer	ed 'Yes' to Fo	rm 990,	Part IV, line	e 10.		
	(a) Curren	T	(b) Prior yea		(c) Two years bad		Three years back		Four year	rs back
1 a Beginning of year balance.								1		
<b>b</b> Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships		<u> </u>				_		+		
e Other expenditures for facilities						_	<del></del>			
and programs			<del>_</del>					—		
f Administrative expenses		ļ		-				<del> </del>		
g End of year balance								<u> </u>		
2 Provide the estimated percentage	-	end balanc								
a Board designated or quasi-endov		<del></del>	_%							
b Permanent endowment ►										
c Term endowment ►	<sup>%</sup>									
3a Are there endowment funds not a organization by	n the posses	sion of the	organızatıor	that	are held and adm	ınıstered	for the	[	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	_							_3b		
4 Describe in Part XIV the intended										
Part VI   Land, Buildings, and I		. See For	m 990, P	<u>art X</u>	, line 10.	_				
Description of investment			other basis stment)		Cost or other pasis (other)		cumulated reciation	(d) E	Book va	alue
1 a Land				L						
<b>b</b> Buildings.										
c Leasehold improvements			33,653.				56,432.		77	,221.
<b>d</b> Equipment		5	47,157.	L			432,338.		114	,819.

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

e Other

Schedule **D** (Form 990) 2010

192,040.

Page 3

Part VII Investments-Other Securities. See F	<u>orm 990, Part X, I</u>	line 12. N/A
(a) Description of security or category .(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<u>(A)</u>		
<u></u>		
(C)		
₾		
<u> </u>	<del></del>	
<u> </u>		
<u>(G)</u>		
<u>H</u>		
(1) Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) >		
Part VIII Investments—Program Related. (See	Form 990 Part X	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) bescription of investment type	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)	<del></del>	
(6)		
<u></u>		
(8)		
(9)		<u> </u>
(10)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >	line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  RaitilX Other Assets. (See Form 990, Part X,		
Total. (Column (b) must equal Form 990, Part X, column (8) line 13) Part (IX線 Other Assets. (See Form 990, Part X, (a) De:	line 15)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). 上 Part机象 Other Assets. (See Form 990, Part X, (a) De: (1) Interest Receivable		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). 上 PartiX親 Other Assets. (See Form 990, Part X, (a) Des (1) Interest Receivable (2)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. (See Form 990, Part X, (a) Description (1) Interest Receivable (2) (3)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part X Other Assets. (See Form 990, Part X, (a) Description (1) Interest Receivable (2) (3) (4)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. (See Form 990, Part X, (a) Description (1) Interest Receivable (2) (3)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Partil X Other Assets. (See Form 990, Part X, (a) De:  (1) Interest Receivable  (2)  (3)  (4)  (5)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX  Part IX  Other Assets. (See Form 990, Part X, (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX  Part IX  Other Assets. (See Form 990, Part X, (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶   Partil X	scription	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)   Parti   X   Other Assets. (See Form 990, Part X, (a) Dec. (1)   Interest Receivable (2) (3) (4) (5) (6) (7) (8) (9) (10)	ocription	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Rant X Other Liabilities. (See Form 990, Part	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Partixe Other Liabilities. (See Form 990, Part X, column (B)  (a) Description of liability	ocription	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partition Other Assets. (See Form 990, Part X,  (a) Description of liability  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) Part X (Column (B) P	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partition Other Assets. (See Form 990, Part X,  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Rart X Other Liabilities. (See Form 990, Part  (a) Description of liability  (1) Federal income taxes  (2)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)    Part   X   Other Assets. (See Form 990, Part X, (a) Dec.   (1) Interest Receivable   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Partixe Other Liabilities. (See Form 990, Part  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Partixe Other Liabilities. (See Form 990, Part X, column (B)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Part X Other Liabilities. (See Form 990, Part X, column(B)  (a) Description of hability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partition Other Assets. (See Form 990, Part X,  (a) Dec.  (1) Interest Receivable  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Part X Other Liabilities. (See Form 990, Part X, column(B)  (a) Description of hability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Ranti (See Form 990, Part X, (a) Dec. (1) Interest Receivable (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Ranti (Column (b) must equal Form 990, Part X, column(B)  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partitive Other Assets. (See Form 990, Part X,  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Rart X Other Liabilities. (See Form 990, Part  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	o, <i>line 15</i> )	(b) Book value \$160
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).  Partition Other Assets. (See Form 990, Part X, (a) Dec. (1) Interest Receivable  (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B)  Part X Other Liabilities. (See Form 990, Part X, column(B)  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	o, <i>line 15</i> )	(b) Book value \$160

2. FIN 48 (ASC 740) 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 (ASC 740).

Sche	dule <b>D</b> (Form 990) 2010 Beaumont Foundation of America	76-0650506	6 Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	-	<u></u>
1	Total revenue (Form 990, Part VIII,column (A), line 12)		389,930.
2	Total expenses (Form 990, Part IX, column (A), line 25)		7,908,397.
3	Excess or (deficit) for the year Subtract line 2 from line 1	_	7,518,467.
4	Net unrealized gains (losses) on investments	<del> </del>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Donated services and use of facilities		<del></del>
6	Investment expenses		
7	Prior period adjustments		
,	Other (Describe in Part XIV)		
۵	Total adjustments (net). Add lines 4 through 8	<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		7,518,467.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		7,310,407.
1	Total revenue, gains, and other support per audited financial statements	1 1	389,930.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<del>                                   </del>	307,730.
	Net unrealized gains on investments 2a	1 1	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants	<b> </b>	
	Other (Describe in Part XIV)	<u> </u>	
•	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1	3	<u>389,930.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
á	Investments expenses not included on Form 990, Part VIII, line 7b	] ]	
ŀ	Other (Describe in Part XIV )		
(	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	389,930.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	7,908,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
á	Donated services and use of facilities		
i	Prior year adjustments 2b	7	
	Other losses 2c	7	
	Other (Describe in Part XIV )	<del>-</del>	
	Add lines 2a through 2d.	2e	
	Subtract line 2e from line 1	3	7,908,397.
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,300,331.
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	7,908,397.
	t XIV   Supplemental Information	<del></del>	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compadditional information	IV, lines 1b and lete this part to	d 2b, provide
- <b>-</b>			

TEEA3304L 02/11/11

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Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Beaumont Foundation of America	76-0650506	Page 5
Part XIV Supplemental Information (continued)		
	· ·	
		<b></b>
•		
		- <i></i> -
		- <b></b>
	<del></del>	

## SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2010

Employer Identification number

76-0650506

Beaumont Foundation of America Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

⊠ ▲ **%** (h) Purpose of grant or assistance XYes 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. Rand Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed (P) EIN Enter total number of other organizations..... \_See\_Attached\_\_\_\_\_\_ 1 1 1 1 11111 1 (a) Name and address of organization į ŧ 1111 1 111 9 **S** 욧 C මු ଟ୍ର ତ୍ର

Schedule 1 (Form 990) 2010

TEEA3901L 10/29/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 (Form 990) 2010 Beaumont Foundation of America Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2010

(f) Description of non-cash assistance Randiwal Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 See Attached 1 1 1 BAA 2 8 ന 9

Schedule I (Form 990) 2010

## SCHEDULE J (Form 990)

**Compensation Information** 

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

OMB No 1545-0047

2010

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.

Open to Public Inspection

Employer identification number

Beaumont Foundation of America 76-0650506 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Part III First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Х 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Х 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? **4**a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? Х 4 c 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 complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Х b Any related organization? Х 5 b If 'Yes' to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X 6*a* b Any related organization? X 6ь If 'Yes' to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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section 53 4958-6(c)?

Schedule J (Form 990) 2010

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. Schedule J (Form 990) 2010 Beaumont Foundation of America

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name	(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Frank Newton	(0) $289,620$		0	0		289, 620.	0.
1		0	0		39,578.	39,578.	
Edward Keller	(0)217,756		.0	0.	0.		0.
2		0		0.	35, 487.	ĺ	l
Sidney Cohen	172	0	0		0.	172	0.
	0	0	.0	0.	33,867.	33,867.	0.
Robert Craft	173_741		0	0		173,741.	0
	(ii)	0	0.		466	lo`	. 0
Daryl Borel	(0)163,315	0	0			3, 31	0.
S	0	0	.0	0	30,672.	30,672.	
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
9	(ii)						           
	()						
7				i 			: 
	()						
80					 	           	! ! ! ! !
	()						
6					 	           	. ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
10	(i)						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
11	(1)						
	()			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12	<b>(E)</b>						
( )		1 1 1 1 1 1		           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	(E)						
	·   (j)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           				
14	(1)						ĺ
	(0)	           					,
15	(ii)						1 1 1 1 1 1
91	· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
9	(m)						
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Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Beaumont Foundation of America	76-0650506
Form 990 - Organization's Mission	
The Beaumont Foundation of America awards grants	to bring about civic betterment and
social improvements by providing assistance to the	e_poor, underserved and
underprivileged. We have five major program areas	- Children & Youth, Education,
Healthcare, Social Services and Children of Falle	n Heroes.
Form 990, Part III, Line 4a - First Achievement	
Education programs include grants to support exce	ptional K-12 teachers, grants to
provide scholarships to first generation underser	ved university students, and grants
and endowments for graduate programs, particularl	y in law. Special programs are also
organized around increasing opportunities for und	erserved students. The primary
focus on K-12 is in recognizing and supporting ou	tstanding teachers through \$10,000
per teacher grants in Southeast Texas, East Texas	, Lubbock County, and Lea County
New Mexico. Beaumont Foundation college scholars	hips follow well established
formats at multiple universities to provide stude	nt scholarships and to endow
leadership, administrative, and faculty positions	. The Foundation supports a number
of Universities, with special emphasis on Lamar U	niversity here in Beaumont. One
program_is, unlike those previously described, un	conventional. This program is the
legislative internship program, which takes stude	nts from multiple universities and
provides them a semester at the Texas Legislature	. The Beaumont Foundation is
closely_monitoring_this_program	

Schedule <b>0</b> (Form 990 or 990-EZ) 2010  Name of the organization	Page 2
Beaumont Foundation of America	76-0650506
	170 000000
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 popula	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	tion has been given to
children through Kids Cafe and Backpack programs and to the run	ral poor through Rural
Pantry programs. The remaining grants in this area are fund away	ards 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	d_access_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	r Outreach Program,
seeks_to_enlist_tribal_elders_in_encouraging_screening_and_trea	atment. Outreach is
conducted by healthcare workers who are Native American or fami	iliar_with_customs_of
potential_clients. The second is a community clinic which helps	s_create_treating
physician homes for underserved families and individuals. Final	lly, the Beaumont
Foundation has made a grant to build a facility to house famili	ies of out of town
patients. A medical treatment tertiary care hospital often serv	ves patients who are
not near their homes. Unless the families have a place to stay,	, proper support
cannot be provided to sick family members.	
Form 990, Part III, Line 4d - Other Program Services Description	on

Heroes Program. Children and Youth consists primarily of providing clothing for

The final two program areas for the Foundation are Children and Youth and the Fallen

Beaumont Foundation of America	76-0650506
children in foster care programs. Children in foster care seldo	m have new school
clothes, as budgets are so spare that new school clothes become	a luxury. But for
children already facing nearly insurmountable problems of ident	ity_and_worth, peer
pressure and ridicule based on old or inappropriate clothing ca	n 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 o	ur original mission
to provide technology grants. This program provides laptop comp	outers to dependent
children and spouses of military personnel who gave their lives	in Irag or
Afghanistan.	
Form 990, Part VI, Line 2 - Related Party Information among dir	ectors
Chairman Reaud and Director Huntsman are both directors of Hunt	sman Corp.
Form 990, Part VI Line 12c - Enforcement of Conflicts Policy	
With only 7 employees and 3 Directors, we are a small organizat	ion. Regular
monitoring and enforcement of the conflict of interest policy i	s part of normal
operations. Annual review of the policy is also performed	
Form 990, Part VI, Line 15a - Compensation Process for Top Offi	cials
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 Performan	ce and Compensation
Committee of the Board of Directors. The compensation is then v	
Committee of the board of bifectors. The compensation is then v	oted_upon_by_the
Board of Directors.	

Schedule O (Form 990 or 990-EZ) 2010		Page Z
Name of the organization  Beaumont Foundation of America	Employer identification number 76–0650506	
Form 990, Part VI, Line 15b - Compensation Process for Officers	3	
See explanation for Form 990, Part VI, Line 15a above		
Form 990, Part III, Line 4d - Other Program Services Description		
	· <b></b>	
		_ <b></b>
Form 990, Part VI, Line 11b - Form 990 Review Process		<b>-</b> -
The 990 is prepared by our outside auditors under the direction	of CFO Sid Cohen,	<b>_</b>
reviewed by President Newton and General Counsel Craft, and the	· <b>-</b>	
Board of Directors prior to filing.		
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available		
The Foundation makes its Determination Letter, Form 990s, audit	s, governing	
documents and conflict of interest policy available to the publ	ic upon request by	<b></b> !
phone, fax, email, letter or in person.		<b>-</b> -

# 2010 Grant Expense

Education Grants	Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
	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		ı		
	Utah State University	\$208,000	87-6000528	1400 Old Main Hill	Logan	5	84322
	Lamar University	\$153,000	74-6000298	P. O. Box 10011	Beaumont	¥	77710
	Monsignor Kelly High School	\$120,500	74-1395996	5950 Kelly Drive	Beaumont	¥	77707-3599
	Stephen F. Austin State University	\$117,500	75-6002514	SFA Station, PO Box 13052	Nacogdoches	¥	75962-3052
	Texas A&M International University	\$100,000	74-2648747	5201 University Blvd.	Laredo	¥	78041
	91.3 KVLU Public Radio	\$100,000	74-6000298	PO Box 10064	Beaumont	¥	77710
	Columbia University	\$82,000	13-1628149	3009 Broadway	New York	ķ	10027
	Sabine Area Career Center	\$40,000	78-2878962	PO Box 894	Pineland	¥	75968
	Texas Tech University	\$28,000 1-	1-75-600-2622-A1	Box 42005	Lubbock	<b>4</b>	79409
	Baylor University	\$35,000	74-1159753	One Bear Place #97096	Waco	¥	76798
	Lamar Institute of Technology	\$36,000	76-0694136	855 East Lavaca	Beaumont	¥	77705
	All Saints Episcopal School	\$20,000	74-6021045	4108 Delaware	Beaumont	¥	77706
	Utah Valley University	\$17,000	87-036944	800 West University Parkway #111	Orem	5	84058
	University of Arkansas College of Nursing	\$15,000	71-6056774	4301 W. Markham, Slot 529	Little Rock	AR	72205
	Laptops for Scholarship Recipients	\$12,000	Various				
	University of Texas	\$10,000	74-6000203	P.O. Box 7758, UT Station	Austin	¥	78713
	Orange County Texas Exes	\$10,000	20-3814047	2613 Champion Drive	Orange	¥	77630
		\$2,469,000.00					
Social Services							
	Houston Food Bank	\$100,000.00	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	¥	76107
	Nutrition and Services for Seniors	\$100,000.00	76-0074137	4590 Concord	Beaumont	ዾ	77703
	South Texas Food Bank	\$75,000.00	74-2574983	PO Box 2007	Laredo	녿	78044
	Southeast Texas Food Bank	\$75,000.00	76-0338721	P. O. Box 21012	Beaumont	¥	77720
	Caritas of Waco	\$50,000.00	74-1711575	300 S. 15th	Waco	녽	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

# 2010 Grant Expense

Name of Entity	Amount	Tax ID	Address	Cità	ST	ZIP
Food Bank of the Rio Grande Valley	\$50,000 00	74-2421560	P. O Box 6251	McAllen	¥	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	Ķ	79404
West Texas Food Bank	\$50,000 00	75-2057692	1008 E. 2 <sup>rd</sup> St.	Odessa	¥	79761
East Texas Food Bank	\$50,000.00	75-2222686	P.O. Box 6974	Tyler	¥	75711-6974
Some Other Place	\$50,000.00	74-2103171	PO Box 843	Beaumont	ዾ	77704-0843
Catholic Charities of Southeast Texas	\$36,000.00	74-1900345	P O Box 829	Beaumont	¥	77704
Brazos Valley Food Bank	\$30,000.00	74-2380446	PO Box 74	Bryan	논	77806
Food Bank of Golden Crescent	\$30,000 00	74-2534561	P.O. Box 5085	Victoria	ዾ	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	ዾ	76307
Family Services of Southeast Texas	\$25,000.00	74-1382713	990 Interstate 10 N, Suite 140	Beaumont	ኦ	77702
РАТН	\$25,000.00	75-2033113	402 W. Front Street	Tyler	ዾ	75702
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
Mount Calvary Baptist Church	\$10,000.00	76-0086446	2120 Renaud Street	Beaumont	¥	77703
Missionary Sister of Holy Rosary	\$8,000.00	23-2683208	741 Polo Road	Bryn Mawr	A	19010-3825
Jones Memorial Church of God in Christ	\$5,000.00	32-0254354	3355 Houston Street	Beaumont	ዾ	77705
Temple of Praise Church of God in Christ	\$5,000.00	51-0660861	1575 Montrose Avenue	Beaumont	ዾ	77707
Saint's Temple Church of God in Christ	\$2,500.00	76-0639902	10410 Dusty Lane	Beaumont	¥	77713
	\$1,456,500.00					
Healthcare						
Huntsman Cancer Foundation	\$1,000,000.00	87-0541293	500 Huntsman Way	Salt Lake City	5	84108
Albert E. and Gena Reaud Family Shelter	\$46,000.00	26-1990505	470 Orleans St. First Fl	Beaumont	¥	77701
Ubi Caritas	\$25,000 00 \$1,071,000.00	76-0558225	4450 Highland Avenue	Beaumont	ዾ	77705
Children & Youth & Other						
neran Socia	\$431,100.00	74-1109745	P. O. Box 140767	Austin	¥	78714-0767
DePelchin Children's Center	\$167,100.00	76-0318867	4950 Memorial Drive	Houston	¥	7007
Buckner Foundation	\$132,000.00	75-2125945	600 North Pearl Street, Suite 2260 Dallas	30 Dallas	ዾ	75201
Cal Farley's	\$129,000.00	75-0808768	P O Box 1890	Amarillo	ጙ	79174-00001
The Children's Shelter of San Antonio	\$100,200.00	74-1109660	2939 W Woodlawn	San Antonio	¥	78228

# 2010 Grant Expense

ZIP 75840 77701 77708	200006			
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City Fairfield Beaumont Beaumont	Washington			
Address PO Box 1177 2060 Irving 5475 Landry Lane	1777 F Street, NW; Suite 800			
<b>Tax ID</b> 71-662544 76-0589232 33-1198206	Various Various 92-0152268			
Amount \$10,500.00 \$10,000 00 \$5,000 00 \$984,900.00	\$50,462.00 \$104,142.04 \$5,000.00 \$159,604.04	\$6,141,004.04	-\$52,825.68 \$31,894.00	\$6,120,072.36
Name of Entity Pleasant Hills Children's Home Southeast Texas Family Resource Center Save Our Children	Miscellaneous Grants  Misc Grant Expense  Children of Fallen Heroes  Tragedy Assistance Program for Survivors (TAPS)	Total Grants Approved	Less Prior Year Grant Cancelled Expenses, Net	TOTAL GRANT EXPENSE 2010