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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047



<u>A</u>	For the	2011 calen	dar year, or tax year beginning , 2011, and ending			,
В	Check if a	applicable.	C	D Employ	er Identi	fication Number
	Addr	ess change	Beaumont Foundation of America	76-0	0650	506
	\vdash	e change	470 Orleans, First Floor	E Telepho	ne numb	per
	\vdash	•	Beaumont, TX 77701	(40)	0) Q	38-1812
	$\boldsymbol{\vdash}$	it return	,	140	9) 0.	30-1012
	Term	ninated				
	Ame	nded return		G Gross re	•	
	Apple	ication pending	in 12 din to 1001	Is this a group return		liates? Yes X No
	_			Are all affiliates incl		Yes No
$\overline{}$	Tax-exe	empt status	501(c)(3) X 501(c) (4) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' attach a list	(see ins	tructions)
j				Group exemption nu	mbar Þ	
			The state of the s			
K		organization.	X Corporation Trust Association Other ► L Year of Formation	ZUUU MIS	tate of le	egal domicile. TX
Pe		Summar				
	1 B	riefly descri	be the organization's mission or most significant activities: <u>See Schedul</u>	<u>e 0 </u>		
۰						
ğ	_					
Ĕ	_					
Š	2 C	heck this bo	if the organization discontinued its operations or disposed of more the	nan 25% of its	net as	sets.
Activities & Governance			ting members of the governing body (Part VI, line 1a)		3	
φ 0			dependent voting members of the governing body (Part VI, line 1b)		4	3
÷			of individuals employed in calendar year 2011 (Part V, line 2a)		5	8
₹			of volunteers (estimate if necessary)		6	0
¥			ed business revenue from Part VIII, column (C), line 12		7a	0.
			business taxable income from Form 990-T, line 34		7b	0.
				Prior Year		Current Year
	8 C	ontributions	and grants (Part VIII, line 1h)	11101 1001		
og.			ice revenue (Part VIII, line 2g)			
Revenue				389,9	30	151,042.
ş				309,9	30.1	131,042.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200 0	20 -1	151,042.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,9		
	1		mılar amounts paid (Part IX, column (A), lines 1-3)	6,120,0	/3.	6,230,091.
	14 Be	enefits paid	to or for members (Part IX, column (A), line 4)			
	15 Sa	alaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,420,5	90.	1,362,203.
Expenses	16a Pr	ofessional f	undraising fees (Part IX, column (A), line 11e)			
ë			The state of the s			
훘						
۳ ا	17 Ot	her expense	es (Part IX, column (A), lines 11a-11d, 11f-24eRECEIXED	367,7		362,272.
	18 To	tal expense	s. Add lines 13-17 (must equal Part IX) cqumn (A), line 25)	7,908,3	<u>97. </u>	7,954,566.
- 1			expenses. Subtract line 18 from line 120 . A.D.D.	-7,518,4	67.	-7,803,524.
88				ginning of Current		End of Year
	20 To	tal assets (Part Y June 16)	261,705,7		254,605,805.
		-	(Part X, line 26)	8,681,2		9,384,826.
Net Assets Fund Bafan						
				<u>253,024,5</u>	<u> </u>	245,220,979.
Ra	rtill 🚒	Signature	Block			·
Unde	er penalties	of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the borer (other than officer) is based on all information of which preparer has any knowledge.	est of my knowledge	and be	lief, it is true, correct, and
		The Property	ter (other their officer) is based on an information of which prepare has any wronicage.			
		/		✓		
Sig	n	Signatur	e of officer	Date		
Hei	e e	W. F	rank Newton /// / wank WinM/9WPr	resident 8	CEC)
		Type or a	orint name and title			
		Print/Type pr	eparer's name Preparer's signature 26.00 C. Aline Date	Check	ır l	PTIN
n.:	.1	1	mound cylinder 1 1/1/1	O'RECK _	_ ,	P00064830
Pai				self-employe	N .	1 00004030
rre	parer	Firm's name	► Wathen, DeShong & Juncker, LLP			1.60.4015
USE	Only	Firm's addres		Firm's EIN		-1694817
		<u> </u>	Beaumont, TX 77706-3648	Phone no.	(40 <u>9</u>) 838-1605
May	the IRS	discuss this	s return with the preparer shown above? (see instructions)			X Yes No
				L 08/18/11		Form 990 (2011)

Forn	n 990 (2011)	Beaumont	Founda	tion of Ame	erica			76-0	650506	F	Page 2
				ervice Accom							
	Check i	f Schedule O	contains a	response to any	question in th	us Part III		<u></u>			. X
1	Briefly describe										
	See Sched	-									
	Did the organiz	zation underta	ke anv sic	nificant program	services durin	ng the year y	which were not l	sted on the prior			
_	_									es X	No
	If 'Yes,' describ								. Ш.	•• ••	
3	•			, or make signific	ant changes i	n how it con	ducts any progr	ram sarvicas?		res X	No
3	If 'Yes,' describ				ant changes in	II HOW IL COL	luucis, arry progr	an services.	٠ لــا ٠		
4			-	ervice accomplist	monte for one	h of its thro	a largest progra	m carvicas as r	neacured	hy expen	242
4	Section 501(c)((3) and 501(c)	(4) organi	zations and secti	on 4947(a)(1)	trusts are re	equired to report	the amount of	grants an	d allocation	ns to
	others, the total	àl éxpenses, á	and revenu	e, if any, for eac	h program ser	vice reporte	d.				
				<u>.</u>							
4 a	(Code:) (Expens	ses \$	2,134,400.	including gra	nts of \$	2,134,400) .) (Revenue	\$)
	See Sched		-		•	_	 -				
						·					
					-						
	60 1 10 100		^	1 (45 450		-1	1 CAE AEC) / Davis	ċ		
			ses \$	1,645,450.	including gra	nts of \$	1,645,450). (Revenue	٩		
	See Schedu	<u>пте п</u>									
	_ 				- 						
	- <i></i>										
4c	(Code:) (Expens	es \$	1,238,595.	including grai	nts of \$	1,238,595	.) (Revenue	\$)
	See Schedu										
-					-						
•											
-											
-				· 							
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A -1 4	Other program s	envices (De-	oribo i= C	chodulo O \	See S	chedulo	0				
				•				ıe \$		١	
	Expenses \$			including grant 7,667,		1,211,	U-11.) (Revent	1C A			
4e AA	Total program s	ervice expen	<u> </u>	1,001,	4 / Z . TEEA0102L 07	//NS/11				orm 990	(2011)
~~					102L U/				•		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . . Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 3 X 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X Part I..... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III 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 9 X Schedule D, Part IV. ... 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, X 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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 11 a Х 11 b X 11 c 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..... X 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 f 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Х X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States?........... 14b X 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 X Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).............. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х complete Schedule G, Part III. 19 X 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?......

Page 4

TAC	infligation 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	24a		Х
	complete Schedule K If 'No,'go to line 25 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		
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	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):	e e	() () () () () () () () () ()	4
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
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		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 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	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	35b		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		х
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	х	
BAA		Form	990 (2011

Form 990 (2011) Beaumont Foundation of America Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>		· · ·	
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	1a	30		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	. 10	Х	
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	2a	8		
	b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	. 2t	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see it	nstructions)			S
3	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	<u>3</u> a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3t	<u> </u>	<u> </u>
4	4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)? .	a 4a		х
	b If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and I				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	=	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell		<u>5</u> 6		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		50	 	├ ─
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	. 6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			1.00 V	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	eartly for goods and	7a		
	${f b}$ If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		. <u>7</u> 6		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?		. 70		1.5
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		* 1 C	泰。
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal			_	
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		
	g If the organization received a contribution of qualified intellectual property, did the organization required?	on file Form 8899	. 7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8	\$1.00 g	₹4°. Ve
9	Sponsoring organizations maintaining donor advised funds.				
-	a Did the organization make any taxable distributions under section 4966?		9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			2	<u></u>
	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:				
4	a Gross income from members or shareholders	11 a			
1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a		
		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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 Schedul	e O.			
	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	13b			
	c Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X
ŀ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14b	1	

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or charge	low, a ges i	and t	for
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. X
Sec	ction A. Governing Body and Management	-	···	. 211
<u> </u>	cuon A. doverning body and management	1	Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 3			
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	X	
3	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?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	_	<u>X</u>
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		_x_
8	the following:			
	a The governing body? b Each committee with authority to act on behalf of the governing body?	8a 8b	Х	X
9		9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u></u>			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	L
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	***		
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	<u>X</u>	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	_X_	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
	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	<u>X</u>	<u> </u>
ł	Other officers of key employees of the organization	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	整	4	
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	o If 'Yes,' did the organization follow 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 safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	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, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailabl	e for	public
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule O			
	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızatı	on:	
BAA	Sidney H. Cohen 470 Orleans, First Floor Beaumont TX 77701 (409) 838-1812 TEEA0106L 01/23/12	Form	990	(2011)

Form 990 (2011)	Beaumont Foundation of America	76-0650506
FORM 990 (2011)	beaumont roundation of America	70-0030300

Form 990 (2011)	Beaumont	Foundation	of I	America			76-0650506	Page 7
Part VIII Com	pensation o	f Officers, Dire	ctors	s, Trustees,	Key Employees,	Highest (Compensated Employees	, and
	pendent Cor							

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

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

- 1a 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	relate	ed o	rgan	izat	ion co	mpe	pensated any current officer, director, or trustee.				
				C)							
(A) Name and title	(B) Average hours per week		ot che ss per and a	direc	ctor/tr	nan one h an offi rustee)	box, icer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Wayne Reaud Chairman	20	Х						0.	0.	0.	
(2) Gilbert Low Director	5	Х						0.	0.	0.	
(3) Jon Huntsman Director	5	х						0.	0.	0.	
(4) W. Frank Newton CEO	40			х				289,620.	0.	38,842.	
_(5) Edward Keller COO	40			Х				218,044.	0.	35,062.	
(6) Sidney Cohen CFO	32			Х		_		172,745.	0.	33,201.	
(7) Robert Craft General Counsel	40			х				173,796.	0.	29,963.	
(8) Daryl Ann Borel Director of Grants	40				Х			163,394.	0.	29,958.	
_(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Trust	<u>ees, r</u>	∖ey I	EII			es,	an	d Hignest Con	ipensated E	mpio	yees	(cont)	_
(A) Name and title	(B) Average hours per	offic	not c , unle cer ar	Pos heck ss pe	erson direct	is bot or/trus	lh an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizati (W-2/1099-MISO	om ons	amou	(F) stimated int of other pensation	
	week (describ e hours for related organi- zations in Sch O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC	9	org an	om the anization d related anizations	
<u>(15)</u>													
<u>(16)</u>													
(17)										7			
(18)									-				_
(19)													
(20)													
(21)													
(22)													
(23)													
(24)	1												
(25)													
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	١						Y Y Y	1,017,599. 0. 1,017,599.		0. 0.		67,026 0 67,026	١.
2 Total number of individuals (including but not limited from the organization 5												•	
3 Did the organization list any former officer, director of	or trust	ee	kev :	emr	nlove	ee (or hi	abest compensate	ed employee	-	} d(#)	Yes No	_
 on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th 	<i>dıvidua</i> ortable an \$15	al e cor 50,00	 nper 10? /	nsat If 'Y	ion es'	and com	oth plet	er compensation to Schedule J for			3	X	
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens	satio	n fro	om a	any	unre	late	d organization or	individual		4 52.6 5	X X	
Section B. Independent Contractors 1 Complete this table for your five highest compensate													_
compensation from the organization. Report compen	sation	for t	he c	cale	nda	yea	ar er	nding with or withi	n the organizat	ion's f	((;)	_
None and business address								Description of	of services		ompe	nsation	_
													_
2 Total number of independent contractors (including b \$100,000 in compensation from the organization > 1		limit	ted t	to th	ose	liste	ed a	bove) who receive	ed more than	10 A			

	Intivini Statement of Revenue	(A) 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 SIMIL AR AMOUNTS	d Related organizations 1 d e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE	Business Cod 2a b c d e f All other program service revenue	de			
<u>*</u>	g Total. Add lines 2a-2f	. ►			
	 3 Investment income (including dividends, interest and other similar amounts)	. • <u>151,042.</u>	151,042.		
	(i) Real (ii) Personal 6a Gross rents				
	d Net rental income or (loss)	And And Larry Property Co. 19 No. 19			
	and sales expenses				
OTHER REVENUE	8a Gross income from fundraising events (not including \$	•			
	9a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities			<i>,</i>	
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b c	e			
	d All other revenue		151,042.	0.	0.

Rartix 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)

_	Check if Schedule O contains a r	`			
	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
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,124,691.	6,124,691.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	105,400.	105,400.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				4 314
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	1,002,077.	829,158.	172,919.	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	97,753.	79,082.	18,671.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	88,280.	70,712.	17,568.	
9	Other employee benefits	116,596.	98,475.	18,121.	
10	Payroll taxes	57,497.	47,481.	10,016.	
11	· ·	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
;	a Management				
ı	b L egal	95.	95.		
•	Accounting .	13,627.	3,397.	10,230.	
	d Lobbying .		-		
•	e Professional fundraising services. See Part IV, line 17 .				<u> </u>
1	Investment management fees				·
9	g Other	13,922.	13,922.		
12	Advertising and promotion .				<u> </u>
13	Office expenses .	5,883.	5,295.	588.	
14	Information technology				
15	Royalties				
16	Occupancy	66,220.	59,598.	6,622.	
17	Travel	19,016.	10,915.	8,101.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,109.	55,898.	6,211.	
23	Insurance	90,169.	81,152.	9,017.	2
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Miscellaneous	20,360.	18,629.	1,731.	
	Telephone	19,625.	17,662.	1,963.	
	Printing and Publications	15,265.	13,738.	1,527.	
	Technology	13,496.	12,146.	1,350.	
e	All other expenses	22,485.	20,026.	2,459.	
25	Total functional expenses. Add lines 1 through 24e	7,954,566.	7,667,472.	287,094.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)				
DA 4	OI 30-2 (NOC 330-720)				Form 990 (2011)

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		0 (2011) Beaumont Foundation of America	, 0	0650	506 Page I
Ŗā	nt X	Balance Sheet		I	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,888,454.	1	15,587
ı	2	Savings and temporary cash investments	259,582,358.	2	254,375,323
١	3	Pledges and grants receivable, net		3	
ı	4	Accounts receivable, net		4	
Ì	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary	4		
		organizations (see instructions)		6	
`	7	Notes and loans receivable, net		7_	
§ E	8	Inventories for sale or use		8	
A S S E T S	9	Prepaid expenses and deferred charges	42,748.	9	60,107
İ	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	192,040.	10 c	154,769
	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	
ł	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	19
1	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	254,605,805
+	17	Accounts payable and accrued expenses		17	110,680
-	18	Grants payable		18	9,274,146
Į	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
\ \ 3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BILLI	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
E	24	Unsecured notes and loans payable to unrelated third parties		24	 -
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
1	26	Total liabilities. Add lines 17 through 25	8,681,257.	26	9,384,826
!		Organizations that follow SFAS 117, check here ► and complete lines	ide the late the late		
i		27 through 29 and lines 33 and 34.	St. San San San San		
<u> </u>	27	Unrestricted net assets.		27	
	28	Temporarily restricted net assets		28	
		Permanently restricted net assets.		29	
		Organizations that do not follow SFAS 117, check here ► X and complete	, , , ,		
,		lines 30 through 34.	.y		
	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	245,220,979
] [Total net assets or fund balances		33	245,220,979
5	34	Total liabilities and net assets/fund balances		34	254,605,805
_L		Total national district description buildings (111111111111111111111111111111111111		- 1	Form 990 (201

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Form 990 (2011) Beaumont Foundation of America 76	-0650506	Page 12
Part XIX Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI	<u> </u>	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	151,042.
2 Total expenses (must equal Part IX, column (A), line 25)	. 2	7,954,566.
3 Revenue less expenses. Subtract line 2 from line 1	. 3	-7,803,524 .
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	53,024,503.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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 2	45,220,979.
Rant XIII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes No
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 X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c X
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 iss separate basis, consolidated basis, or both:	ued 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 in the Audit Act and OMB Circular A-133?	Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	ured audit	3b
BAA		Form 990 (2011)

2011

Federal Worksheeks

Page 4

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Beaumont Foundation of America

3/28/12

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Form 990, Part IX, Line 24e Other Expenses

	_	(A) Total	(B) Program Services	(C) Management <u>& General</u>	(D) <u>Fundraising</u>
Contract Labor Dues & Subscriptions Meals & Entertainment Postage and Shipping		1,457. 8,054. 3,622. 2,728.	1,311. 6,765. 3,260. 2,728.	146. 1,289. 362.	
Repairs & Maintenance	Total \$	6,624. 22,485.	5,962. \$ 20,026.	\$ 2,459.	\$ 0.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Decement Foundation of Bearing

Beaumont Foundation of America	J76-0650506
Partill Organizations Maintaining Donor Advised Funds or Other State the organization answered 'Yes' to Form 990, Part IV, line 6.	imilar Funds or Accounts. Complete if
(a) Donor advised funds	s (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 donor advisors in writing that the assefunds are the organization's property, subject to the organization's exclusive legal	ets held in donor advised al control? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing the used only for charitable purposes and not for the benefit of the donor or donor as purpose conferring impermissible private benefit?	nat grant funds can be dvisor, or for any other
Partill Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that ap	
	reservation of an historically important land area
	reservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation co last day of the tax year.	entribution in the form of a conservation easement on the
	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a	a)
d Number of conservation easements included in (c) acquired after 8/17/06, and no structure listed in the National Register	ot on a historic
3 Number of conservation easements modified, transferred, released, extinguished tax year ►	I, or terminated by the organization during the
4 Number of states where property subject to conservation easement is located >	
5 Does the organization have a written policy regarding the periodic monitoring, ins and enforcement of the conservation easements it holds?	spection, handling of violations,Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conse	ervation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ► \$	on easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the require 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ements of section Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenuinclude, if applicable, the text of the footnote to the organization's financial states conservation easements.	ue and expense statement, and balance sheet, and ments that describes the organization's accounting for
Park IIII Organizations Maintaining Collections of Art, Historical Trea Complete if the organization answered 'Yes' to Form 990, Pa	asures, or Other Similar Assets. rt IV, line 8.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report art, historical treasures, or other similar assets held for public exhibition, education in Part XIV, the text of the footnote to its financial statements that describes these.	on, or research in furtherance of public service, provide.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, of following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	▶\$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other sim amounts required to be reported under SFAS 116 (ASC 958) relating to these item.	nilar assets for financial gaın, provide the following ms:
a Revenues included in Form 990, Part VIII, line 1	•\$
b Assets included in Form 990, Part X.	> \$

Schedule D (Form 990) 2011 Beau	mont Found	ation of Amer	rica	76-06	50506		Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Hist	torical Treasures,	or Other Similar As	sets (c	:ontinu	ıed)
3 Using the organization's acquisit items (check all that apply):	ion, accession,	and other records, c	heck any of the followi	ng that are a significant	use of it	s collec	ction
a Public exhibition		d 🔲 Loan	or exchange program				
b Scholarly research		e 🗌 Othe	r				
c Preservation for future gener	rations						
4 Provide a description of the orga Part XIV.		·	•				
5 During the year, did the organiza assets to be sold to raise funds i	ation solicit or re	ceive donations of a	art, historical treasures,	or other similar	∏Yes	Г	No
PartilV Escrow and Custodia							
line 9, or reported an	amount on F	orm 990, Part X	, line 21.	miswered res to re	,,,,,	,, . u.	,
1a Is the organization an agent, trus	stee, custodian.	or other intermediar	ry for contributions or c	other assets not			
included on Form 990, Part X?					Yes	· [No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ving table:				
					Amoun	<u>.t</u>	-
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							—
2a Did the organization include an a		990, Part X, line 21	?	• • • • • • • • • • • • • • • • • • • •	Yes	L	No
b If 'Yes,' explain the arrangement				000 Dart IV II-	- 10		
Part V Endowment Funds. Co						Faaa.	- baalı
1 - December of year belows	(a) Current yea	r (b) Prior ye	ar (c) Two years ba	ck (d) Three years back		Four year	
1a Beginning of year balance					1000	A Control	Marine .
b Contributions					ودون	er e	
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses					32.70		
g End of year balance							
2 Provide the estimated percentage		year end balance (li	ne 1g, column (a)) hel	d as:			
a Board designated or quasi-endow	/ment ►	*					
b Permanent endowment	*	•					
c Temporarily restricted endowmen							
The percentages in lines 2a, 2b,	and 2c should e	quat 100%.					
3a Are there endowment funds not in organization by:	n the possession	of the organization	that are held and adn	ninistered for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii). related organizations					. 3a(ii)		
b If 'Yes' to 3a(ii), are the related o	rganizations list	ed as required on S	chedule R?		. 3b		
4 Describe in Part XIV the intended	l uses of the org	anization's endowm	ent funds.				
Part VI Land, Buildings, and E	Equipment. S	ee Form 990, P	art X, line 10.				
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land	·····			Contract of the Contract of th			
b Buildings		1.180		_			
c Leasehold improvements	<u>[</u>	133,653.		_65,479.			,174.
d Equipment		571,996.		485,401.	<u></u>	<u> 86,</u>	<u>,595.</u>
e Other				<u></u>			
otal. Add lines 1a through 1e. (Colum	n (d) must equa	l Form 990, Part X,	column (B), line 10(c)		Ĺ		<u>,769.</u>
BAA				Schee	dule D (F	orm 99	0) 2011

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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 D (Form 990) 2011 Beaumont Foundation of America	76-0650506	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		151,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,954,566.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		,803,524.
4	Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·
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.		
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		,803,524.
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		70007021.
	Total revenue, gains, and other support per audited financial statements		151,042.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	· · · · · · · · · · · · · · · · · · ·		
	Add lines 2a through 2d		151 042
	Subtract line 2e from line 1	5	151,042.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		151 040
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		151,042.
	Reconciliation of Expenses per Audited Financial Statements With Expenses		,954,566.
	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	, 334, 300.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	34	
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV.).		
	Add lines 2a through 2d	2e	254 566
	Subtract line 2e from line 1	3 7	<u>,954,566.</u>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	(%)	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c 7	,954,566.
	XIX Supplemental Information		, , , , , , , , , , , , , , , , , , , ,
⊃art \	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also conditional information.	art IV, lines 1b and 2 mplete this part to pi	2b; ovide
- 			
			
. .			

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 990) 2011 Deadmont Foundation of America	10-0030300	Page 5
Part XIV Supplemental Information (continued)		
Name of the state		

SCHEDULE 1 (Form 990)

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

OMB No. 1545-0047	2011
ŏ	

-| | |

Open to Public

Employer Identification number 76-0650506 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Partily General Information on Grants and Assistance Beaumont Foundation of America Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	rds to substantiate the		the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility for th	e grants or assistanc	e, and	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2 Describe in Part IV the organization's procedures for monitoring the u	s procedures for moni		ise of grant funds in the United States.	States.	•		
Partill Grants and Other Assistance to Governments and	ince to Governme	nts and Organi	Organizations in the United States. Complete of the organization answered 'Yes' to	ed States. Complet	e if the organizati	on answered 'Yes	s' 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	for any recipient	that received m	ore than \$5,000. Cl	neck this box if no	one recipient rece	sived more than \$	5,000.
r ait il call de duplicated il additional space is fleeded	i auditioriai space	is needed					A
1 (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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See_attached							
			6 124 691	c			
(2)							
(3)							
(4)							
(5)							
	-						
(6)							
$\Omega_{}$							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(3) and government o	rganizations listed	n the line 1 table		:	1 ▲ '	0
3 Enter total number of other organizations listed in the line 1 table	ations listed in the line	1 table				•	1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruction	s for Form 990.		TEEA3901L 06/01/11	06/01/11	Schedule	Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) Beaumont Foundation of America

| Partill 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.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Attached		105,400.			
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Partily Supplemental Information. Complete this part to		provide the information required in Part	ion required in Par	t I, line 2, and any other	er additional information.
Part IV - Additional Supplemental Information	rmation			1 6 1 1 1 1 1 1	
See attached	; ; ; ; ; ; ;				
- 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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ВАА		:			Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

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

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.

2 Open to Public A Linspection

OMB No 1545-0047

Beaumont Foundation of America

Part & Questions Regarding Compensation

Employer identification number 76-0650506

				Ye	s No
1	a Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a. Complete Part III to provide any releva		Part Part III		
	First-class or charter travel	Housing allowance or residence for person	nal use		
	Travel for companions	Payments for business use of personal re-	sidence		
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees	s 🧃		
	Discretionary spending account	Personal services (e.g., maid, chauffeur, o			
1	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described a	on follow a written policy regarding payment of above? If 'No,' complete Part III to explain	· · · · · · · · · · · · · · · · · · ·	1b X	
2	Did the organization require substantiation prior to reimbursing trustees, and the CEO/Executive Director, regarding the items	g or allowing expenses incurred by all officers checked in line 1a?	, directors,	2 X	, L
3	Indicate which, if any, of the following the filing organization u CEO/Executive Director. Check all that apply. Do not check are establish compensation of the CEO/Executive Director. Explain	used to establish the compensation of the organing boxes for methods used by a related organing in Part III.	inization's ization to		
	X Compensation committee	Written employment contract	į.		
	X Independent compensation consultant	X Compensation survey or study		\$6	
	Form 990 of other organizations	X Approval by the board or compensation co	ommittee		
			3		
4	During the year, did any person listed in Form 990, Part VII, S or a related organization:	Section A, line 1a with respect to the filing orgi	anization		
	Receive a severance payment or change-of-control payment?		_	4a	<u> </u>
	Participate in, or receive payment from, a supplemental nonqu	•	<u> </u>	4b	X
•	Participate in, or receive payment from, an equity-based comp	<u> </u>	<u> </u>	4c	X STOARPALM
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must comp	olete lines 5-9.	•		
5	For persons listed in Form 990, Part VII, Section A, line 1a, di contingent on the revenues of:	d the organization pay or accrue any compen-	sation		
a	The organization?			5a	<u> X</u>
ŧ	Any related organization?			5b	X
	If 'Yes' to line 5a or 5b, describe in Part III.		1	*	
6	For persons listed in Form 990, Part VII, Section A, line 1a, dicontingent on the net earnings of:		3		
	-			6a	<u> </u>
Ŀ	Any related organization?		[_	6b	X
	If 'Yes' to line 6a or 6b, describe in Part III.		3		
7	For persons listed in Form 990, Part VII, Section A, line 1a, didescribed in lines 5 and 6? If 'Yes,' describe in Part III	d the organization provide any non-fixed payr	nents not	7	х
8	Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regulations section 53.4958-4	rued pursuant to a contract that was subject t (a)(3)? If 'Yes,' describe in Part III	o the initial	8	X
	If 'Yes' to line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	<u> </u>	<u> </u>	9	
BAA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule J (Form 99	30) 2011

Schedule J (Form 990) 2011 Beaumont Foundation of America [Battlin] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

Page 2

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-	own of	f W-2		MISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
8	moo	vensation	compensation	reportable compensation	compensation			in prior Form 990
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
Beaumont Foundation of America	76-0650506
Form 990 - Organization's Mission	
The Regument Foundation of America averds species to being chart	- airia hattarmant and
The Beaumont Foundation of America awards grants to bring about	civic petterment and
social improvements by providing assistance to the poor, unders	served and
underprivileged. We have five major program areas - Children C	Youth Education
underprivileged. We have five major program areas - Children &	Touch, Education,
Healthcare, Social Services and Children of Fallen Heroes.	
Form 990, Part III, Line 4a - First Achievement	
Education programs include grants to support eventional V 10 to	coahors grants to
Education programs include grants to support exceptional K-12 t	Gachers' diques fo
provide scholarships to first generation underserved university	students, and grants
and_endowments_for_graduate_programs, particularly_in_lawSpec	rial programs are also
organized_around_increasing_opportunities_for_underserved_stude	ents. The primary
focus on K-12 is in recognizing and supporting outstanding teac	hers_through_\$10,000
per teacher grants in Southeast Texas, East Texas, Lubbock Cour	ty, and Lea County
New Mexico. Beaumont Foundation college scholarships follow we	ell established
formats_at_multiple_universities_to_provide_student_scholarship	s and to endow
leadership, administrative, and faculty positions. The Foundati	on_supports_a_number
of_Universities, with special emphasis on Lamar University here	in_Beaumont.One
program_is, unlike_those previously described, unconventional	This program is the
legislative internship program, which takes students from multi	ple_universities_and
provides them a semester at the Texas Legislature. The Beaumont	Foundation is
closely monitoring this program.	
closely_monitoring_this_program	

Schedule O (Form 990 or 990-EZ) 2011 Name of the organization	Page 2
Beaumont Foundation of America	76-0650506
Form 990, Part III, Line 4b - Second Achievement	
Social_Services grants_support_basic_needs, such as food, or	clothing, shelter and
other aid for indigent, low income and other underserved po	opulations. The primary
area is food to the poor through organized food bank progra	ams. Grants to enhance
technology, economies of scale and new partnerships have en	nabled food banks to meet
increased demand for food to those most in need. Special at	ttention has been given to
children through Kids Cafe and Backpack programs and to the	rural poor through Rural
Pantry programs. The remaining grants in this area are fund	d awards 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 impr	coved access to health
care for the underserved. One is an outreach program to Nat	
States. This endeavor, conducted as part of the Huntsman Ca	ancer Outreach Program,
seeks to enlist tribal elders in encouraging screening and	
conducted by healthcare workers who are Native American or	
potential clients. The second is a community clinic which h	· - · · · · · · · · · · · · · · · · · ·
physician homes for underserved families and individuals. F	· • • • • • • • • • • • • • • • • • • •
Foundation_made a grant to build a facility to house famili	·
patients. A medical treatment tertiary care hospital often	
not near their homes. Unless the families have a place to s	ctay, proper support
cannot be provided to sick family members.	
Form 990, Part III, Line 4d - Other Program Services Descri	ption
The final two program areas for the Foundation are Children	and Youth and the Fallen

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

Schedule 0 (Form 990 or 990-EZ) 2011 Name of the organization	Page 2
Beaumont Foundation of America	76-0650506
children in foster care programs. Children in foster care	seldom have new school
clothes, as budgets are so sparce that new school clothes	become a luxury. But for
children already facing nearly insurmountable problems of	identity and worth, peer
pressure and ridicule based on old or inappropriate cloth	ing can be devastating.
Beaumont Foundation grants work in close coordination with	n the major foster care
providers to help overcome this problem	
Finally, our Children of Fallen Heroes Program is a legacy	y of our original mission
to provide technology grants. This program provides laptor	computers 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 amor	ng_directors
Chairman Reaud and Director Huntsman are both directors of	Huntsman Corp.
Form 990, Part VI Line 12c - Enforcement of Conflicts Poli	<u></u>
With only 6 employees and 3 Directors, we are a small orga	nization. Regular
monitoring and enforcement of the conflict of interest pol	icy is part of normal
operations. Annual review of the policy is also performed.	
Form 990, Part VI, Line 15a - Compensation Process for Top	Officials
The Foundation uses a nationally recognized compensation of	consultant, the Hay Group,
to_determine an appropriate range of compensation for Offi	cers and other employees
(the Directors serve without compensation). The performance	ce_of_the_Officers_and
other employees is annually reviewed by the Executive Perf	formance and Compensation

Board of Directors.

Committee of the Board of Directors. The compensation is then voted upon by the

Realmont Foundation of America 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 4d - Other Program Services Description See Schedule 0 Form 990, Part VI, Line 11b - Form 990 Review Process The 990 is prepared by our outside auditors under the direction of CFO Sid Cohen, reviewed by President Newton and General Counsel Craft, and then reviewed by the 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, audits, governing documents and conflict of interest policy available to the public upon request by phone, fax, email, letter or in person.	Schedule O (Form 990 or 990-EZ) 2011	Page 2
Form 990, Part VI, Line 15b - Compensation Process for Officers See explanation for Form 990, Part VI, Line 15a above Form 990, Part III, Line 4d - Other Program Services Description See Schedule 0 Form 990, Part VI, Line 11b - Form 990 Review Process The 990 is prepared by our outside auditors under the direction of CFO Sid Cohen, reviewed by President Newton and General Counsel Craft, and then reviewed by the 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, audits, governing documents and conflict of interest policy available to the public upon request by		1
Form 990, Part VI, Line 11b - Form 990 Review Process The 990 is prepared by our outside auditors under the direction of CFO Sid Cohen, reviewed by President Newton and General Counsel Craft, and then reviewed by the 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, audits, governing documents and conflict of interest policy available to the public upon request by	Beaumont Foundation of America	170 0030300
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Form 990, Part VI, Line 11b - Form 990 Review Process The 990 is prepared by our outside auditors under the direction of CFO Sid Cohen, reviewed by President Newton and General Counsel Craft, and then reviewed by the 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, audits, governing documents and conflict of interest policy available to the public upon request by	See explanation for Form 990, Part VI, Line 15a above	
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	The Foundation makes its Determination Letter, Form 990s, audit	s, governing
phone, fax, email, letter or in person.	documents and conflict of interest policy available to the publ	ic upon request by
	phone, fax, email, letter or in person.	

2011 Grant Expense

Education Grants	Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
	U.T. Health Science Center at San Antonio	\$1,000,000	74-1586031	7703 Floyde Curl Drive	San Antonio	¥	78229-3900
	Excellence in Education Awards	\$365,000	Various				
	Utah State University	\$208,000	87-6000528	1400 Old Main Hill	Logan	5	84322
	Lamar University	\$136,050	74-6000298	P. O. Box 10011	Beaumont	¥	77710
	Monsignor Kelly High School	\$137,500	74-1395996	5950 Kelly Drive	Beaumont	¥	77707-3599
	Stephen F. Austin State University	\$67,500	75-6002514	SFA Station, PO Box 13052	Nacogdoches	¥	75962-3052
	91 3 KVLU Public Radio	\$20,000	74-6000298	PO Box 10064	Beaumont	¥	77710
	Comell University	\$27,850	15-0532082	203 Day Hall, Comell University	Ithaca	ž	14850
	Sabine Area Career Center	\$40,000	78-2878962	PO Box 894	Pineland	¥	75968
	Lamar Institute of Technology	\$32,000	76-0694136	855 East Lavaca	Beaumont	¥	77705
	All Saints Episcopal School	\$31,000	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
	Rachel Low Roane College Scholarship	\$12,500	Various				
	Laptops for Scholarship Recipients	\$10,000	Various				
	University of Texas	\$10,000	74-6000203	P.O Box 7758, UT Station	Austin	¥	78713
	The Rise School	\$5,000	74-2974364	5206 Balcones Dr.	Austin	¥	78731
		\$2,134,400.00					
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	ዾ	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
	Barnes Community Center	\$100,000 00	N/A	Deleon County, City of Deleon, TX	X Deleon	¥	76444
	Some Other Place	\$100,000.00	74-2103171	PO Box 843	Beaumont	¥	77704-0843
	Christopher House	\$80,000 00	23-7316001	2507 N. Greenview	Chicago	_	60614
	Nutrition and Services for Seniors	\$75,000 00	76-0074137	4590 Concord	Beaumont	¥	77703
	South Texas Food Bank	\$75,000 00	74-2574983	PO Box 2007	Laredo	¥	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	¥	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

2011 Grant Expense

Name of Entity	Amount	Tax ID	Address	Clfy	ST	ZIP
Food Bank of the Rio Grande Valley	\$50,000 00	74-2421560	P. O. Box 6251	McAllen	ዾ	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 nd St	Odessa	¥	79761
East Texas Food Bank	\$50,000 00	75-2222686	P O. Box 6974	Tyler	¥	75711-6974
Catholic Chanties of Southeast Texas	\$31,450.00	74-1900345	P O Box 829	Beaumont	¥	77704
Brazos Valley Food Bank	\$30,000 00	74-2380446	PO Box 74	Bryan	¥	77806
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
Family Services of Southeast Texas	\$25,000 00	74-1382713	990 Interstate 10 N, Suite 140	Beaumont	¥	77702
Greater Good Hope Baptist Church	\$10,000 00	76-0399209	2725 W Vırginia	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
National Association of Hospital Hospitality Houses	\$10,000.00	38-2693343	2882 SE Morlan Place	Grasham	OR	97080
L. A. Walters Ministries, Inc	\$10,000 00	74-3195871	1222 North Main Street	Anahuac	¥	77514
Jones Memorial Church of God in Christ	\$5,750.00	32-0254354	3355 Houston Street	Beaumont	¥	77705
Temple of Praise Church of God in Christ	\$5,750.00	51-0660861	1575 Montrose Avenue	Beaumont	¥	77707
Saint's Temple Church of God in Christ	\$2,500.00	76-0639902	10410 Dusty Lane	Beaumont	¥	77713
	\$1,645,450.00					
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	\$128,595.00	26-1990505	470 Orleans St First Fl	Beaumont	¥	77701
Manos de Cristo	\$100,000.00	74-2511974	4911 Harmon Ave.	Austin	¥	78751
"Gift of Life" Program	\$10,000.00	76-0550450	2390 S Dowlen, PMB #46	Beaumont	¥	77706
	\$1,238,595.00					
Children & Youth & Other						
Lutheran Social Services of the South, Inc	\$496,500 00	74-1109745	P. O Box 140767	Austin	ዾ	78714-0767
DePelchin Children's Center	\$170,400 00	76-0318867	4950 Memorial Drive	Houston	¥	77007
Cal Farley's	\$144,600 00	75-0808768	P. O. Box 1890	Amarillo	¥	79174-00001
Buckner Foundation	\$132,000.00	75-2125945	600 North Pearl Street, Suite 2260	0 Dallas	¥	75201
The Children's Shelter of San Antonio	\$109,200 00	74-1109660	2939 W Woodlawn	San Antonio	¥	78228

2011 Grant Expense

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Name of Entity	Amount	Tax ID	Address	City	ST	ZIP
Bicycles & Bibles Program/Academy	\$38,000.00	Various				
Southeast Texas Family Resource Center	\$30,000.00	76-0589232	2060 Irving	Beaumont	¥	77701
Pleasant Hills Children's Home	\$13,200.00	71-662544	PO Box 1177	Fairfield	¥	75840
James Hope Center for Children	\$10,000.00	11-3721907	3542 9th Avenue	Port Arthur	¥	77642
Art Museum of Southeast Texas	\$10,000 00	74-6060650	500 Main Street	Beaumont	¥	77704
Boys & Girls Club of Austin	\$5,000.00	74-6087356	5407 N IH 35 Suite 400	Austin	¥	78723
	\$1,158,900.00					
Miscellaneous Grants						
Misc. Grant Expense		Various				
Children of Fallen Heroes	\$60,400 00	Various				
Texas Rangers Association Foundation	\$20,000 00	74-2226156	104 Texas Ranger Trail	Waco	¥	78706
Troops First Foundation	\$20,000 00	26-3494079	16312 Dahl Road	Laurel	M	20707-2706
Tragedy Assistance Program for Survivors (TAPS)	\$5,000,00	92-0152268	1777 F Street, NW; Suite 800	Washington	2	20006
	\$105,400.00					
Total Grants Approved	\$6,282,745.00					
Less Prior Year Grant Cancelled Expenses, Net	(\$92,024.00) \$39,371.00					

TOTAL GRANT EXPENSE 2011 \$6,230,092.00