

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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)

OMB No 1545 0047

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

<u>A</u>	For the	2012 calend	lar year, or tax	year begin	ning		, 20	)12, and endin	g			,		
В	Check if a	applicable	С							D Employ	er ident	ification Number		
	Addr	ress change	Beaumont	Foundat	ion of A	America				76-	0650	506		
	Nam	ne change	470 Orlea	ans. Fin	st Floor					E Telepho				
	$\vdash$	al return	Beaumont			-				1 '				
	H			,	-					(40	<u>9) 8</u>	<u>38-1812</u>		
	Term	nınated												
	Ame	ended return								<b>G</b> Gross r	eceipts	\$ 106	5,685.	
	Appl	lication pending	F Name and ad	dress of princip	al officer	<u></u>			H(a) Is this	a group retu	rn for aff		187	
			Same As (	Above					H(b) Are all	affiliates inc attach a list	luded?	Ye	s No	
ī	Tax-exe	empt status		X 501(c) (	Δ ) <b>◄</b> (ır	nsert no.)	4947(a)(	) or 527	II INO,	attach a list	(see ins	structions) —	_	
<u></u>	Webs	site: ► ww	w.BMTFOUN		<del></del>			· III.	H(c) Group	exemption n	umber Þ	•		
ĸ	Form o	of organization	X Corporation	Trust	Association	Other >		L Year of Forma				egal domicile T	<del></del>	
	rt i	Summar		Hust	Association	Other		L Teal of Forma	1011 200	0   1111 3	state of i	egai domicile 1.	<u>^</u>	
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Œ			(Part VIII, co											
	_		<ul><li>add lines 8</li></ul>					, line 12)		151,0			5,685.	
			mılar amounts	•		•			6,230,091. 6				5,830.	
	14 B	enefits paid	to or for mem	pers (Part I)	K, column (A)	, line 4)								
Ø	<b>15</b> S	alaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)							.,362,2	03.	1,326	5,195.	
Expenses	<b>16a</b> P	rofessional f	undraising fee	s (Part IX, d	column (A), lii	ne 11e)								
ber			ing expenses						<b>-</b>					
Ä				-	• •	· —								
		•	es (Part IX, co	• •	-	,				362,2			<u>,126.</u>	
			s. Add lines 1				), line 25)			<u>,954,5</u>	66.		<u>, 15</u> 1.	
8 8	<b>19</b> R	evenue less	expenses. Su	ptract line 1	8 from line 12	<u> </u>				,803,5	24.	<u>-8,371</u>		
its c										g of Curren		End of Y	ear	
Net Assets Fund Balance		•	Part X, line 16	•					254	,605,8	05.	240,871	.,142.	
et A	<b>21</b> To	otal liabilities	(Part X, line	26).					9	,384,8	26.	4,021	,629.	
ΣZ	22 N	et assets or	fund balances	. Subtract li	ne 21 from lir	ne 20			245	,220,9	79.	236,849	). 513	
Pa	rt II	Signatur	e Block				-			7 - 2 - 0 / 5		200,019	7010.	
				ned this return	including accompa	nvina schedules	and statemen	ats and to the best of	of my knowled	lge and belief	it ie trijo	correct and		
comp	lete Decl	aration of prepa	are that I have exam	er) is based on	all information o	f which prepare	r has any kr	owledge	in the Riomica	ige and belief,	it is true,	, conect, and		
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Ų 5	se Only Firm's address 4140 Gladys Avenue, Suite 101						Firm's EIN	74-	-1694817					
	<u>-</u>		Beaum		77706-3					Phone no	(409	838-16	05	
May	the IRS	s discusse the	s return with th	a preparer	chown above	7 (coo moto						V V		

Form 990 (2012

Par	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III				X
1	Briefly describe the organization's mission.				
	See Schedule 0				
	Did the organization undertake any significant program services during the year which were not listed on the prior			-	
2	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		163	N	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.	Ш		14.4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asurec	by ex	xpens	eş.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra others, the total expenses, and revenue, if any, for each program service reported.	nts and	d alloc	ation	s to
4 a	a (Code) (Expenses \$3, 307, 785. including grants of \$3, 307, 785.) (Revenue	\$			)
	See Schedule O				
41	b (Code) (Expenses \$1,394,000. including grants of \$1,394,000.) (Revenue	\$			)
	See Schedule 0				
4 0	c (Code) (Expenses \$ 1,065,000. including grants of \$ 1,065,000.) (Revenue	Ş			)
	See Schedule O				
<u></u>	d Other program services. (Describe in Schedule O)  See Schedule O				
-+ (	(Expenses \$ 2,421,854. including grants of \$ 980,045.) (Revenue \$			`	
4 6	e Total program service expenses ► 8,188,639.			,	

Form 990 (2012) Beaumont Foundation of America

76-0650506

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Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 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, Part I	6		<u> </u>
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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	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
	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	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
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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 and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	144		Λ.
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Beaumont Foundation of America

Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
ı	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, highest 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 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		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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	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 I	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		X
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, 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	35ь		
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			Γ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
<b>2</b> a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return  2 a 9			
E	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
t	o If 'Yes,' enter the name of the foreign country  -			<u> </u>
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	. 1		į
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	a 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 as charitable contributions?	6 a		Х
t	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
ŀ	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<b></b>	_
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<del></del>		
•	Form 8282?	7с		
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
6	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the organization make any taxable distributions under section 4966?	9 a		
t	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12			ĺ
ŧ	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			ĺ
á	a Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			Ĺ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
á	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ŀ	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			
(	Enter the amount of reserves on hand			ĺ
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		Г

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Form 990 (2012)

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 X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a 8 b X **b** Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х Х Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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? Х a The organization's CEO, Executive Director, or top management official 15 a 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.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? b 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? 16 b Section C. Disclosure 17 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 Other (explain in Schedule O) X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 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 organization. Sidney H. Cohen 470 Orleans, First Floor Beaumont TX 77701 (409) 838-1812

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Form <b>990</b> (2012)	Beaumont	Foundation of	America	76-0650506	Page 7
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Part VII 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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any i	elated	lorg	janız	atio	n com	npen	sated any current offi	cer, director, or truste	e
·		(C)								-
(A) Name and Title	(B) Average hours per week (list any hours	offic	on (do x, un er an	not o less p d a d	recto	more to n is both or/trusted	e)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W-2/1099 MISC)	from the organization and related organizations
(1) Wayne Reaud Chairman	_ <u>20</u>	Х						0.	0.	0.
(2) Gilbert Low	5									· · · · · · · · · · · · · · · · · · ·
Director	0	Х						0.	0.	0.
(3) Jon Huntsman Director	<u>5</u>	х						0.	0.	0.
(4) W. Frank Newton	40									
CEO	0			Х				289,620.	0.	41,742.
(5) Edward Keller COO	$-\frac{40}{0}$			х				218,044.	0.	37,242.
(6) Sidney Cohen	32							•		<u>,                                      </u>
CFO	0			Х				169,502.	0.	34,636.
7) Robert Craft General Counsel	$-\frac{40}{0}$			х				173,796.	0.	31,701.
(8) Daryl Ann Borel Director of Grants	<u> 40</u> _				Х			163,394.	0.	31,591.
(9)								103/331.	<u> </u>	31,331.
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										<u> </u>
		L								

Page 8

Part VII   Section	on A. Officers, Directors, Truste	es, Ke	y Ei	npl	oye	es,	and	<u>H</u> t	ighest Comper	nsated Employed	es (coi	nt)	
•		(B)			•	C)							
	(A) Name and title	Average hours per week	box office	, unle cer ai	SS DE	erson dırect	e than is bot or/trus	h an	compensation from	(E)  Reportable  compensation from	amo	(F) stimated unt of ot	her
		week (list any hours for related organiza tions below dotted line)	Individual or dire	musul	Officer	Key e	Highest co employee	Forme	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	f org	npensation from the ganization d related	n
		related organiza tions	otual tr.	nstitutional trustee	14	Key employee	st comp	악				anization	
		dotted line)	ıstee	rustee		ð	ensated	Former					
(15)			-		_	-		-		<u></u>			
(16)			-										
(17)		<b> </b>				-							
(18)												<del></del> -	
(19)							-						
(20)													
(21)													
(22)													
(23)					_	-					!		
(24)													
(25)												- " -	
1 b Sub-total							•	<b></b>	1,014,356.	0.	1	76,9	12.
c Total from cor	ntinuation sheets to Part VII, Section	A						<b>•</b>	0.	0.			0.
d Total (add line								_	1,014,356.	0.		.76,9	
2 Total number from the organ	of individuals (including but not limite nization 5	d to tho	se lis	ted	abo	ve)	who	rece	eived more than \$	100,000 of reportab	le com	pensat	ion
3 Did the organi	ization list any former officer, director					lavia		. b	haat aamaanaata	d ampleyee		Yes	No
on line 1a? If	'Yes,' compléte Schedule J for such i	ndıvıdua	al '		•		•	•	•		3		Х
4 For any individual the organization such individual	dual listed on line 1a, is the sum of re on and related organizations greater t al	portable than \$15	con 50,00	1per 0? <i>I</i>	nsati If 'Ye	ion a es' d	and comp	the <i>lete</i>	r compensation from Schedule J for	om	4	Х	
for services re	in listed on line 1a receive or accrue cendered to the organization? If 'Yes,'									ndıvıdual	5		Х
	ependent Contractors table for your five highest compensations.	tod indo	none	lont	con	tran	lore t	hat	received more th	n \$100 000 of			
compensation	from the organization Report compe	nsation	for t	he c	aler	ndar	year	en	ding with or within	the organization's			
	(A) Name and business addres	ss							Description of		Compe	C) ensatio	n
NONE ,													
2 Total number	of independent contractors (including	but not	lımıt	ed t	o th	050	lister	l ah	nove) who received	t more than			
	ompensation from the organization			Ju (	J 111	<b>-</b> 3-5		a uu	JOYO, WITO TECETVE	. more train			
BAA			TEEAC	108L	01/2	24/13					Form	990 (	2012)

	Check if Schedule O contains a	response to an	y question in this Pa	rt VIII			
		_	Total rev	enue	(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)	1 a 1 b 1 c 1 d 1 e					
		1f	-				
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue g Total. Add lines 2a-2f	Business	s Code				
	3 Investment income (including divident similar amounts). 4 Income from investment of tax-ex 5 Royalties (i) Ro 6 a Gross rents b Less. rental expenses	empt bond proc	· • 106	. 685.	106,685.		
	c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis	rities (ii)	Dither				
ш	and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising even	vents	<u> </u>				
OTHER REVENUE	(not including \$ of contributions reported on line See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundral	a b sing events	<b>P</b>				
	9a Gross income from gaming activi See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming	b activities	<b></b>				
	Gross sales of inventory, less ret and allowances     b Less cost of goods sold     c Net income or (loss) from sales of Miscellaneous Revenue	b	s Code				
	b cd All other revenue						
	e Total. Add lines 11a-11d  12 Total revenue. See instructions		106	, 685.	106,685.	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).

	Check if Schedule O contains a re			7.	
Do i 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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	6,581,606.	6,581,606.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	165,224.	165,224.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	100/111			
4	h				
5	Compensation of current officers, directors, trustees, and key employees	1,005,938.	831,005.	174,933.	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	54,043.	44,645.	9,398.	<del>`</del>
,	Pension plan accruals and contributions	34,043.	44,043.	3,330.	· · · · · · · · · · · · · · · · · · ·
8	(include section 401(k) and section 403(b) employer contributions)	89,061.	73,547.	15,514.	
9	Other employee benefits	122,793.	101,402.	21,391.	
10	Payroll taxes	54,360.	44,890.	9,470.	
11	Fees for services (non-employees).	,	,		-
á	Management				
	Legal	10,321.	9,289.	1,032.	
	Accounting	14,250.	3,562.	10,688.	
	Lobbying	14,250.	3,302.	10,000.	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col-	2,160.	2,160.		
12	umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	2,160.	2,100.		
13	Office expenses.	11 040	10.656	1 104	<del></del>
	Information technology	11,840.	10,656.	1,184.	
14		<u> </u>			
15	Royalties	66,600	50.051	5 5 5 5	<del></del>
16	Occupancy	66,623.	59,961.	6,662.	
17	Travel	23,157.	10,898.	12,259.	
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	56,714.	51,043.	5,671.	
23	Insurance	85,838.	77,254.	8,584.	
	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.)	03,030.	77,234.	0,304.	
ä	Miscellaneous	38,228.	35,267.	2,961.	
	Contract Labor	29,727.	26,754.	2,973.	
	: Telephone	22,110.	19,899.	2,211.	
	Printing and Publications	15,078.	13,570.	1,508.	<del></del>
	All other expenses	29,080.	26,007.	3,073.	
	Total functional expenses Add lines 1 through 24e	8,478,151.	8,188,639.	289,512.	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 ► ☐ if following SOP 98-2 (ASC 958-720).				
BAA		TEFA01101 12			Form <b>990</b> (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 15,587 554,336. Savings and temporary cash investments 2 2 254,375,323. 240,141,650. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule ( 5 Loans and other 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 organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 60,107 65,413. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule  $\Omega$ 10 a 717,086 b Less accumulated depreciation 10 b 607,593 10 c 154.769 109,493. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets, See Part IV, line 11 15 19 250 16 Total assets. Add lines 1 through 15 (must equal line 34) 254,605,805 16 240 871 142 17 Accounts payable and accrued expenses 17 110,680 117,451 18 Grants payable 9,274,146 18 904,178 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25. 26 9,384,826 4,021,629 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 245, 220, 979 236,849,513. 33 Total net assets or fund balances 33 245,220,979 236,849,513. Total liabilities and net assets/fund balances 34 254,605,805 34 240,871,142

BAA

Forr		76-065050	6	Pa	age 12
Pa	nt XI Reconciliation of Net Assets				
	. 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	1	.06,6	685.
2	Total expenses (must equal Part IX, column (A), line 25)	2		78,	
3	Revenue less expenses. Subtract line 2 from line 1	3			466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	245,2		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	236,8	49,5	<del></del> 513.
Pa	rt 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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both	wed on a		,	
	Separate basis Consolidated basis Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?		2 b	X	İ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	arate			
	basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				l
•	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?	f the audit,	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	ne Single	3 a		х
I	of If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the report or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
BAA			Form	990 (	(2012)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

OMB No 1545 0047

2012

Open to Public Inspection

Employer identification numbe

Beaumont Foundation of America 76-0650506 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a 2Ь **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. ▶\$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 **►**\$ ▶\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2012 Beaumont F Part III Organizations Maintaining Co	oundation of Ameri	Ca Treasures or Ot	76-065	0506 Page 2
<del></del>	•			
<ul> <li>Using the organization's acquisition, accessitems (check all that apply):</li> <li>a Public exhibition</li> </ul>		ck any of the following or exchange programs	that are a significant us	e of its collection
b Scholarly research	e Other	or excitating programs		
c Preservation for future generations	<b>€</b> ☐ 54.151			<del></del>
4 Provide a description of the organization's Part XIII	collections and explain how	they further the organi	zation's exempt purpose	· in
5 During the year, did the organization solici to be sold to raise funds rather than to be	maintained as part of the org	ganization's collection?	•	Yes No
Part IV Escrow and Custodial Arrangement reported an amount on Form	s. Complete if the organizations of the 21.	tion answered 'Yes' to	Form 990, Part IV, line	9, or
1 a Is the organization an agent, trustee, custo on Form 990, Part X?			er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part X	III and complete the following	g table.	Г	Amount
c Beginning balance			1 c	Amount
d Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1 f	
2a Did the organization include an amount on	Form 990, Part X, line 217			Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part X		ion has been provided	ın Part XIII	_
Part V Endowment Funds. Complete	if the organization ansi	wered 'Yes' to Form	m 990. Part IV. line	10.
(a) Cu			(d) Three years	(e) Four years
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains,				
and losses				
d Grants or scholarships e Other expenditures for facilities		·		
and programs  f Administrative expenses			-	<del>                                     </del>
g End of year balance				
2 Provide the estimated percentage of the ci	urrent year and halance (line	la column (a)) held a		
a Board designated or quasi-endowment	when year end balance (into	rg, column (a)) nela e	43.	
<b>b</b> Permanent endowment ►	%			
c Temporarily restricted endowment	<b>–</b> *			
The percentages in lines 2a, 2b, and 2c sh				
3 a Are there endowment funds not in the pos organization by:	session of the organization t	hat are held and admır	nistered 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 organization	ons listed as required on Sch	nedule R?		3b
4 Describe in Part XIII the intended uses of	the organization's endowmer	nt funds.		
Part VI Land, Buildings, and Equipm	<mark>nent.</mark> See 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) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements	133,653.		82,576.	51,077.
<b>d</b> Equipment	583,433.		525,017.	58,416.
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, co	olumn (B), line 10(c).)	<u> </u>	109,493.
BAA			Sched	ule <b>D</b> (Form 990) 2012

Schedule D (Form 990) 2012 Beaumont Foundation	n of America	76-0650506 Page
Part VII Investments - Other Securities. See Form		
(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		<del></del>
(A)		- <u> </u>
(B)		
(c)		
(D)	<u></u>	
(E)	·····	
		· —
(F) (G)		
(H)		<del></del>
(l)	· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		
	Form 000 Part V	line 13. N/A
Part VIII Investments - Program Related. See I  (a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or
(a) Description of investment type	(b) Book Value	end-of-year market value
(1)	-	
(2)		
(3)		
(4)		
(5)		
(6)		· · · · · · · · · · · · · · · · · · ·
(7)		··
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, II	ne 15. N/A	
(a) Desc		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	··	
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15 ).	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X		
(a) Description of liability	(b) Book value	
(1) Federal income taxes	(3) 223% 74140	_
(2)		<del>- </del>
(3)		ㅋ
(4)	<del>- </del>	
(5)	<del>-</del>	<del>-</del>
(6)	<del>                                     </del>	$\dashv$
(7)		
(8)	<del>-  </del>	_
(9)		<del>- </del>
(10)		<del>_</del>
(11)		<del>_</del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<u> </u>	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to tunder FIN 48 (ASC 740) Check here if the text of the footnote has been provide	irie organization's financial s	tatements that reports the organization's liability for uncertain tax positions

Schedule D (Form 990) 2012 Beaumont Foundation of America	76-0650506	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1 Total revenue, gains, and other support per audited financial statements.	1	106,685.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b	<del>-</del>	
c Recoveries of prior year grants	<b></b>	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	106,685.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		100,005.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	<b>- </b>	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	106,685.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per R		100,003.
1 Total expenses and losses per audited financial statements		170 151
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,478,151.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses 2c		
	<b></b>	
,	$\dashv$ $\square$	
e Add lines 2a through 2d	2 e	450 451
3 Subtract line 2e from line 1	3 8	,478,151.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a 4b	<b>→</b> 1	
b Other (Describe in Part XIII.) c Add lines 4a and 4b	<b>⊢</b> , ,	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4 c 8	,478,151.
Part XIII Supplemental Information	1 3 1 8	,470,131.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y, ines 1b and 2b	, Part V, nation.
BAA	Schedule <b>D</b> (Fo	orm 990) 2012

# SCHEDULE I

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

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

2012

OMB No 1545 0047

Open to Public inspection .

Department of the Treasury Internal Revenue Service	Complete II the Organization answered les (Oronn 250, Faith, Inter 1 or 2)  ► Attach to Form 990.	Inspectic
Name of the organization	Employer ident	Employer identification number
Beaumont Foundation of America	ion of America   76-0650506	)506
Part   General Info	Part I General Information on Grants and Assistance	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes

2

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part It Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non cash	(f) Method of valuation (hook FMV appraisal	(g) Description of	(h) Purpose of grant
					other)		
(1) See attached							
			6,581,606.	0.			
(2)							
(3)							
(4)							
<u>(5)</u>							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or		listed in the line 1 table			•	0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	<b>.</b> →
		!					

Schedule I (Form 990) (2012)

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

Page 2 (f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 165,224 (c) Amount of cash grant Beaumont Foundation of America (b) Number of recipients Part IV - Additional Supplemental Information additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) 1 See Attached \_\_\_See\_attached Part IV Part III

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BAA

Schedule I (Form 990) (2012)

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Beaumont Foundation\_of America

Employer identification number

76-0650506

Par	Questions Regarding Compensation				
-				Yes	No
1 a	Check the appropriate box(es) if the organization provided an VII, Section A, line 1a Complete Part III to provide any relevant	y of the following to or for a person listed in Form 990, Part ant 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	X 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 reimbursement or provision of all of the expenses described a	on follow a written policy regarding payment or	1 b	Х	
2	Did the organization require substantiation prior to reimbursin trustees, and the CEO/Executive Director, regarding the items		2	X	
3	Indicate which, if any, of the following the filing organization u CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but ex	ny boxes for methods used by a related organization to			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization.	Section A, line 1a with respect to the filing organization			
	Receive a severance payment or change-of-control payment?		4 a		Х
	Participate in, or receive payment from, a supplemental nonq	·	4 b		Х
С	Participate in, or receive payment from, an equity-based com		4 c		Х
	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, d contingent on the revenues of	id the organization pay or accrue any compensation			
а	The organization?		5 a		Х
b	Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, d contingent on the net earnings of.	id the organization pay or accrue any compensation			
а	The organization?		6 a		Х
b	Any related organization?		6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If 'Yes,' describe in		7		х
8	Were any amounts reported in Form 990, Part VII, paid or acc				
	to the initial contract exception described in Regulations section of Yes, describe in Part III	on 53.4958-4(a)(3)?	8		х
9	If 'Yes' to line 8, did the organization also follow the rebuttable section 53 4958-6(c)?	e presumption procedure described in Regulations	ا ۵		

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

Schedule J (Form 990) 2012

Page 2

76-0650506

Schedule J (Form 990) 2012 Beaumont Foundation of America

Part il 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

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	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(I)-(D)	reported as deferred in prior Form 990
W. Frank Newton	Θ	289,620.	0	0.	0.	0.	289	0
1 CEO	<u>(ii)</u>	0.	0.	0.	0.	41,742.	41,742.	0.
Edward Keller	Θ	-218,044.	0	0.	0	0	$\begin{bmatrix} 218 \end{bmatrix}$	0
2 COO	<u>(ii)</u>	0.		0.	0	37,242.		0.
Sidney Cohen	Θ	-169,502.	<u> </u>		0	0.	169,	0
3 CFO	(ii)	0.	0.	0.	0	34,636.	34,636.	0.
Robert Craft	ω	<u>173,796.</u>	0	.0	0	0.	173,	0
4 General Counsel	(ii)	0.	0.	0.	0	31,701.	31,701.	0.
Daryl Ann Borel	Θ	163,394.	0	0.	0	0.	163,	0
5 Director of Grants	(3)	0.	0.	0.	0.	31,591.	31,591.	0.
	ε	           						
9	<u>(ii</u> )							
	€							
7	(II)							
	Θ							
8	(ii)							 
	] ())							
6	<u>(ii)</u>							
	Θ							8
10	€							
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11	⊜							
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ВАА			TEEA4102L 12/11/12	12			Schedule J	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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

#### Supplemental Information to Form 990 or 990-EZ

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Employer identification number 76-0650506 Beaumont Foundation of America 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 poor, underserved and underprivileged. We have five major program areas - Children & Youth, Education, Healthcare, Social Services and Children of Fallen Heroes. Form 990, Part III, Line 4a - First Achievement Education programs include grants to support exceptional K-12 teachers, grants to provide scholarships to first generation underserved university students, and grants and endowments for graduate programs, particularly in law. Special programs are also organized around increasing opportunities for underserved students. The primary focus on K-12 is in recognizing and supporting outstanding teachers through \$10,000 per teacher grants in Southeast Texas, East Texas, Lubbock County, and Lea County New Mexico. Beaumont Foundation college scholarships follow well established formats at multiple universities to provide student scholarships and to endow leadership, administrative, and faculty positions. The Foundation 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 multiple universities and provides them a semester at the Texas Legislature. The Beaumont Foundation is closely monitoring this program

Beaumont Foundation of America	76-0650506
Form 990, Part III, Line 4b - Second Achievement	
Social Services grants support basic needs, such as food, cloth	ning, 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	ion has been given to
children through Kids Cafe and Backpack programs and to the run	cal 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	l 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	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	liar with customs of
potential clients. The second is a community clinic which helps	create treating
physician homes for underserved families and individuals. Final	ly, the Beaumont
Foundation made a grant to build a facility to house families of	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	<u>n</u>
The final two program areas for the Foundation are Children and	Youth and the Fallen
Heroes Program. Children and Youth consists primarily of provide	ling clothing for

Name of the organization	Employer identification number
Beaumont Foundation of America	76-0650506
children in foster care programs. Children in foster care seldo	om have new school
clothes, as budgets are so sparce that new school clothes become	ne 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	our 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 Iraq 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	· <b></b>
With only 6 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	nce and Compensation
Committee of the Board of Directors. The compensation is then v	voted upon by the
Board of Directors.	.=

Employer identification number   76-0650506   76-0650506   76-0650506   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   See Schedule 0   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
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
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
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Board of Directors prior to filing.  Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
The Foundation makes its Determination Letter. Form 990s, audits, governing
Inc roundation makes its becommedian better, round 3505, address, governing
documents and conflict of interest policy available to the public upon request by
phone, fax, email, letter or in person.

Zip Code	70664		75201	79174-00001	7007	78714-0767	75840	78228	78701	20002	78701	32256	32256		20777	01.777	01.777	78713	14851	8850	01.177	777.10					20111	75962		90/9/	01,777	75962-3052	79409	01.777	75503	75968	01777	01.777	01.777	90777	77707-3599	77707-3599	01.777	72205	84322	84058	77707-3599	77842
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Address	P O Box 282		600 North Pearl Street, Suite 2260	P O Box 1890	4950 Memorial Drive	P O Box 140767	P O Box 1177	2939 W Woodlawn	307 West 7th Street	1777 F Street, NW, Suite 800	1101 Red River St	4899 Belfort Road, Suite 300	4899 Belfort Road, Suite 300		855 East Lavaca, Room 230	P O Box 10011	P O Box 10011	P O Box 7758, UT Station	P O Box 752	235 Hope Road	P O Box 10011	P O Box 10011					855 East Lavaca	P O Box 13052		700 S University Parks Dr., Suite 760	P O Box 10011	SFA Station, P O Box 13052	150 Administration Building	P O Box 10064	6101 North State Line	P O Box 894	P O Box 10011	P O Box 10011	P O Box 10011	4108 Delaware	5950 Kelly Drive	5950 Kelly Drive	P O Box 10011	4301 W Markham, Slot 529	1400 Old Main Hill	800 West University Parkway #111	5950 Kelly Drive	P O Box 30016
<u>Grafi</u>	74-1153957	Vanous	75-2125945	75-0808768	76-0318867	74 1109745	71-1662544	74-1109660	74 2619883	92-0152268	74-6000068	20-2370934	20-2370934		76-0694136	74-6000298	74-6000298	74-6000203	15-0532082	22-1853774	74-6000298	74-6000298	Various	Various	Vanous	Various	76-0694136	75-6002514	Vanous	74-1159753	74-6000298	75-6002514	75-6043842	74-6000298	71-0552782	18-2878962	74-6000298	74-6000298	74-6000298	74-6021045	74-1395996	74-1395996	74-6000298	71-6056774	97-6000528	87-0280648	74-1395996	
Grant	\$10,000	\$25,000	\$129,900	\$159,300	\$142,200	\$402,600	\$10,500	\$120,000	\$24,000	\$5,000	\$25,000	\$10,000	\$15,000	-\$33,800 \$1,044,700	\$15,000	\$100,000	\$5,000	\$35,000	\$12,500	\$5,785	\$100,000	\$5,000,000	\$190,000	\$85,000	\$45,000	\$45,000	\$36,000	\$52,500	\$10,000	\$35,000	\$35,000	\$35,000	\$35,000		\$150,000	\$40,000	\$2,232	\$100,000	\$10,500	\$20,000	\$11,200	\$105,000	\$10,000	\$25,000	\$208,000	_	000'9\$	\$25,000
Name of Entity	Junior Achievement of SW Louisiana	Bicycles & Bibles Program	Buckner Foundation	Cal Farley's	DePelchin Children's Center	Lutheran Social Services of the South, Inc	Pleasant Hills Children's Home	The Children's Shelter - San Antonio	Texas Democracy Foundation	Tragedy Assistance Program for Survivors	Austin Symphony	Wounded Warnor Project	Wounded Warnor Project org	Grants Payable 2011 & Misc	LiT Foundation	Lamar University/TSUS Foundation - DeWayne Layfield_01	Lamar University/Athetic Department	University of Texas School of Law	Cornell University	Ranney School	Lamar University/TSUS Foundation - DeWayne Layfield_02	Lamar Univesity - Administration Building/Honors College	Wayne A Reaud EIE	Frank and Nancy Newton EiE	Donley EIE	Gilbert ! "Buddy" Low EIE	Lamar Institute of Technology	Stephen F Austin State University	Laptops for Scholarship Recipients	Baylor University - TLIP	Lamar University - TLIP	Stephen F Austin State University - TLIP	Texas Tech University - TLIP	Lamar University - KVLU 91 3 Public Radio	Opportunities, Inc	Sabine Area Career Center	Lamar University	Lamar University - Reaud Scholarship	Lamar University	All Sants Episcopal School	Monsignor Kelly Catholic High School	Monsignor Kelly Catholic High School	Lamar University	University of Arkansas College of Nursing	Utah State University	Utah Valley University	Monsignor Kelly Catholic High School - Scholarship Assistance	Low Family College Scholarship- Texas A&M University
App ID#							c C12000062	c C12000063	o C12000032	o C12000033	c C12000088	o C12000086	o C12000089		E E1200002	E E1200003	E E1200005	E E1200006	E E1200007	E E1200064	E E1200012	E E1200017	E E12000013		E E12000015	E E12000016	€ E12000018	E E12000019	E E12000020	E E1200021	E E12000022	E E12000023	E E12000024	E E1200027	E E12000029	E E12000030	E E12000008	E E12000080	E E1200009	E E12000065	E E1200034	E E12000070	E E1200079	E E1200076	E E1200077	E E1200078	E E1200010	E E12000035
	Children, Youth and Other														Education Grants																																	

74-6021045
\$67,768 74-1590489 1802 Hartford \$3.500 ou 1455590 0130 Europ Europe
74-2226156
\$3,500,000 74,6000298 P.O. Box 10011 \$3,307,785
\$1,000,000 87.0541293 500 Huntsman Way
38-2693343
\$20,000 26-1990505 3120 College Street \$10,000 13-5613707 10000 Strondste Riv
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\$50,000 76-0074137 4590 Canoord
74.2103171
74-2380446
74-2217350
74-1711575
\$30,000 75-1897032 P O Box 1207
75-2222686
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\$50,000 75-1904829
\$50,000 76-25/4983
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\$10,000 76-0589232
\$5,750 51-0660861
\$10,000 11-3721907
\$1,394,000

Social Services

Healthcare

Children of Failen Heroes
30 Jugines 123 16230 102012
30 Jugines 155,553 20 102012
30 Jugines 155,553 20 102012
30 Jugines 155,553 50 102012
30 Jugines 155,554 50 102012
30 Jugines 155,550 5

Barnes Community Center (Reversal) Chns Quin Foundation (Reversal)

Reversals

Other Expenses

Total

\$51,121

\$6,746,830

Various \$160,224 \$160,224 -\$100,000 -\$176,000