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SCANNED MAR 1 6 2015

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 private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

■ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

<u>A</u>	For th	e 2014 calendar year, or tax year beginning and	ending				
В	Check if applicab	C Name of organization		D Employer identif	ication number		
Г	Addre	BEAUMONT FOUNDATION OF AMERICA					
Ē	Name			76-0	0650506		
	Initial	N	Room/suite	E Telephone numbe			
	Final	470 ODIEANS SUPERM RIDSM RIOOD			-838-1812		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	81,202.		
	Amen	BEAUMONT, TX 77701		H(a) Is this a group i			
	Appli	F Name and address of principal officer.		for subordinate			
	pend:	SAME AS ABOVE		H(b) Are all subordinates	included? Yes No		
		empt status 501(c)(3) 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list (see instructions)		
		te: ▶ bmtfoundation.com		H(c) Group exempte	on number 🕨		
		organization: X Corporation	L Year	of formation: 2000	M State of legal domicile: TX		
P	art I	Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O			
ř.	2	Check this box  if the organization discontinued its operations or dispositions.	sed of more	than 25% of its net a	ssets		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	3		
<b>જ</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3		
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	6		
Ζį	6	Total number of volunteers (estimate if necessary)		6	0		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>			
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	····	7b	0.		
			-  -	Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)	` '	0.	0.		
Revenue	9	Program service revenue (Part VIII, line 1h)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0.	0.		
Be.	10		11	164,160.	81,202.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116)	الي <u>.</u> است	0.	0.		
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,160. 5 331 103			
		Grants and sımılar amounts paid (Part IX, column (A), linesী (ব) Benefits paid to or for members (Part IX, column (A), line 4)	-	5,321,102. 0.	5,547,861.		
"	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,191,204.	1,022,391.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>			
ben	h	Total fundraising expenses (Part IX, column (A), line 25)	0.		0.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	731,267.	. 886# / Mr		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,243,573.	7,531,010.		
	1	Revenue less expenses Subtract line 18 from line 12		-7,079,413	-7,449,808.		
or	3		Bed	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		34,603,450.	226,033,361.		
ASS	21	Total liabilities (Part X, line 26)		4,833,350.	3,713,069.		
SE.	22	Net assets or fund balances Subtract line 21 from line 20	2	29,770,100.	222,320,292.		
Pa	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of prepared (other than officered s based on all information of wh	nich preparer				
Sig	n	Signature of officer		<u>  421 19</u> Date	<u> </u>		
Her		W. FRANK NEWTON, PRESIDENT, CEO					
		Type or print name and title		)-4 · · · · · · · · · · · ·			
		Print/Type preparer's name Preparer's signature	0	Oate Check [	PTIN		
Paid		Jana Uribe		2/13/15 self-employ			
-	parer	Firm's name Pollans & Cohen, P.C.		Firm's EIN	76-0699045		
Use Only Firm's address 470 Orleans, Suite 810							
		Beaumont, TX 77701		Phone no. <b>4</b> 0	9-832-7400		
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
4320	01 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2014)		

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	rt III   Statement of Program Service Accomplishments	50506 Page 2
Pa	<del></del>	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
•	·	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes LA_No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$1,747,413. including grants of \$1,747,413.) (Revenue \$	)
	SEE SCHEDULE O	,
		<del></del>
		<del></del>
4b	(Code) (Expenses \$1,643,000. Including grants of \$1,643,000. (Revenue \$	)
	SEE SCHEDULE O	
4-	1 070 000	
4c	(Code) (Expenses \$1,070,000. including grants of \$1,070,000.) (Revenue \$	)
	SEE SCHEDULE O	
4d	Other program services (Describe in Schedule O )	
40		1
	(Expenses \$ 2,621,635. including grants of \$ 1,087,448.) (Revenue \$	
<u>4e</u>	Total program service expenses ► 7,082,048.	
		Form <b>990</b> (2014)

Pa	TO THE CHECKLIST OF REQUIRED SCHEDULES			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If Yes, complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	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		X
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	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	L	_X
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>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	<u> </u>	X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	<u></u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	├──	X
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	11d	├─	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	├──	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b>.</b>
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40.	- v	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
В	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	404		, .
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		^
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		1
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del>  ^</del>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<del>  **</del>
	complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Vor" to line 000 did be accompton which consists of violated for product the state of the st		-	<del></del>

	Treatment of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ſ <u></u>	162	140
	domestic government 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 or other assistance to or for domestic individuals on	<u> </u>	<del></del>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
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? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	04-		l
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	$\vdash$	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	$\vdash$	
<b>Z</b> Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		х
<b>h</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	<del>  </del>	
b	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	OC.	1 1	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		^
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1 1	
	complete Schedule L, Part II	00		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	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	07	i i	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	. · · ·	
20	instructions for applicable filing thresholds, conditions, and exceptions).		\%` <i>≆</i> ₹	事4-
а	and the second s	200	2344  	X
b		28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	260		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive more than \$25,000 in no recash contributions? If res, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	1 20		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	
31	If "Yes," complete Schedule N, Part I	] [	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	$\rightarrow$	
32	Schedule N, Part II		.	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	
34	Don't I line 1	1 04 1	-	v
25.	Part V, line 1	34		X
35a		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05	-	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	<b>.</b>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	201 1
		rom	<b>990</b> (2	ZU14)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		ugo 🕶				
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34	_						
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?							
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 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	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)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?							
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7								
a								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	Ld	X				
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X				
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8%		*>				
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	âi.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	88	٠					
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders . 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against			**				
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year    12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
	Note. See the instructions for additional information the organization must report on Schedule 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							
	Enter the amount of reserves on hand	4.5						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
Þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	1				

BEAUMONT FOUNDATION OF AMERICA 76-0650506 Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 Х officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 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 was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 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? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed None

8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► \_ ROBERT CRAFT - (409) 838-1812

470 ORLEANS, FIRST FLOOR, BEAUMONT, TX 77701

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 organizat  (A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)	
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated	
	hours per	box, unless		x, unless person is both an icer and a director/trustee)			h an	compensation	compensation	amount of	
	week	<del></del>		u a u	10010	17003	100)	from	from related	other	
	(list any hours for	iect				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	96 01 (	stee			ısatec		(W-2/1099-MISC)	(***271099****130)	organization	
	organizations	Individual trustee or director	Institutional trustee	·	yee	mper		(11 27 1000 111100)		and related	
	below	ıduat	ncpn	<sub>=</sub>	를	est co oyee	ᅜ			organizations	
	line)	ig A	Instit	Officer	Key employee	Highest compensated employee	Former			_	
(1) WAYNE REAUD	20.00										
CHAIRMAN		X						0.	0.	0.	
(2) GILBERT LOW	5.00		•								
DIRECTOR		X						0.	0.	0 .	
(3) JON HUNTSMAN	5.00										
DIRECTOR		X				ļ		0.	0.	0	
(4) W. FRANK NEWTON	40.00								_		
CEO				X				292,505.	0.	38,460	
(5) EDWARD KELLER	40.00							010 010		22 222	
<u>coo</u>	40.00			X		ļ		218,919.	0.	33,893	
(6) ROBERT CRAFT	40.00	-						454 454		06 001	
GENERAL COUNSEL AND CFO				X		<u> </u>		174,454.	0.	26,801	
		-									
<del></del>						<u> </u>					
							_				
		l									
		1									
		1									
				-						<u> </u>	
	-										
		i									

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)			_	
	(A) Name and trtle	(B) Average hours per week (list any	(do box offic	not cl	(C Posi heck ss pe	tion more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d	an	(F) timate nount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Key employee Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MI		compens from t organiza and rela organiza		e on ed
													<u> </u>	
													-	
			_											
С	Sub-total Total from continuation sheets to Part V	II, Section A						<b>&gt; &gt;</b>	685,878.					0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	685,878. eceived more than \$100	),000 of reportab	0 <b>.</b> le		9,1	3
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	nplc	yee,	, or	highest compensated e	mployee on			Yes	No :*
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		3 	X	<u>م</u>
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors					-		elat	ed organization or indivi	dual for services	;	5		X
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	N	ONE	E				(B) Description of s	ervices	С	ompe	) nsatioi	า
	Total number of independent contractors (i	ncluding but a	ot lu	mite	d to	tho	se lie	stec	l above) who received m	ore than			» «	
	\$100,000 of compensation from the organi	-	.J. III		٠.٠		)		. 42510, 1110 10001160 11	.o.o aran	٠,	" *	2	-

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
,	,	Once in Concede Conte	and a response	or viole to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	. 1a		:			
Gra	b	Membership dues	1b					
ts, An		: Fundraising events	1c					
igi ia		Related organizations	. 1d					
ns,		Government grants (contribut	· —					
er S	f	All other contributions, gifts, gran	•					
ĕ₹		similar amounts not included abo	ve 1f					
ar o pc	g	Noncash contributions included in lines	1a-1f \$					
<u>3 g</u>	h	Total. Add lines 1a-1f		<b>.</b>			<u> </u>	
				Business Code				
S	2 a	·					1	
er c	b	·						
n S	C	·						
Par Pe	d							
Program Service Revenue	е		<del> </del>		<del></del>			
۵.		All other program service reve	enue					
	9	Total. Add lines 2a-2f					, ;	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			81,202.	81,202		
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		<b>•</b>			ļ	
			(i) Real	(ii) Personal				
	6 a					* * * * * * * * * * * * * * * * * * *		
		Less. rental expenses						\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>			ļ	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	\$\$ \$\$			
		assets other than inventory			1	,	8 .	<b>*</b> *.
	b	Less cost or other basis			- 14	,	· •	^ -
		and sales expenses			,			
		Gain or (loss)					\$ <del></del>	
		Net gain or (loss)		<u> </u>			<u> </u>	
ne	8 a	Gross income from fundraisin	-					
Other Reven		including \$	of		^		1 4 × ×	\$ 135
Re		contributions reported on line	-					
Jer		Part IV, line 18	a .					
ᅙ		Less: direct expenses	ь		THEORY AND MAINTAINS IN A CO.			and the same of th
		Net income or (loss) from fund		<b>•</b>				
į	<b>9</b> а	Gross income from gaming ac						
		Part IV, line 19	a		4			× /
		Less direct expenses	b					
		Net income or (loss) from gar		<b>•</b>			<del>                                     </del>	
	10 a	<ul> <li>Gross sales of inventory, less and allowances</li> </ul>				,		
			а					
		Less. cost of goods sold	b				·	
		Net income or (loss) from sale		2		]	1	
	4.4	Miscellaneous Revenu		Business Code				
	11 a							
Ì	b							
	C						+	
	d	All other revenue	•				1	
		Total. Add lines 11a-11d			81,202.	81,202	0.	0.
43200	12	Total revenue. See instructions.		<u> </u>	01,404.	01,404		Form <b>990</b> (2014)
11-07-	14							FUITH <b>33U</b> (2014)

Form 990 (2014) BEAUMONT FOUN
Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,504,850.	<u>5,504,850.</u>		
2	Grants and other assistance to domestic	42 244	40.044		
	individuals See Part IV, line 22	43,011.	43,011.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,	<del></del>			
5	trustees, and key employees	705,597.	582,893.	122,704.	
6	Compensation not included above, to disqualified	703,357.	302,033.	122,104.	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	114,886.	94,907.	19,979.	
8	Pension plan accruals and contributions (include		<u> </u>		
_	section 401(k) and 403(b) employer contributions)	156,768.	129,459.	27,309.	
9	Other employee benefits				
10	Payroll taxes	45,140.	37,276.	7,864.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	36,060.	18,859.	17,201.	
С	Accounting	13,000.	6,799.	6,201.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	353,782.	353,782.		
g	Other (If line 11g amount exceeds 10% of line 25,	1			
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	2,376.	2,138.	238.	
14	Information technology	16,356.	14,720.	1,636.	
15	Royalties	70 500	62 165	7 225	
16	Occupancy	70,500.	63,165.	7,335.	
17	Travel	6,275.	2,510.	3,765.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings Interest	210,018.		210,018.	
20	Payments to affiliates	210,010.	-	410,010.	
21 22	Depreciation, depletion, and amortization	26,484.	23,836.	2,648.	
23	Insurance	92,815.	83,534.	9,281.	
23 24	Other expenses. Itemize expenses not covered	72,013.	00,004.	2,201.	
- •	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	MISCELLANOUS	47,201.	42,480.	4,721.	
b	CONTRACT LABOR	24,440.	22,547.	1,893.	
c	TELEPHONE	24,366.	21,929.	2,437.	
d	PRINTING AND REPRODUCTI	22,241.	20,017.	2,224.	
-	All other expenses	14,844.	13,336.	1,508.	
25	Total functional expenses. Add lines 1 through 24e	7,531,010.	7,082,048.	448,962.	
26	Joint costs. Complete this line only if the organization	, ,			<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	ļ			

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
	•				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing		<del>-</del>	5,932,323.	1	4,028,868.
	2	Savings and temporary cash investments			228,543,739.	2	221,909,711
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compens.					
		Part II of Schedule L			- 10 000 0000	5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
2		employees' beneficiary organizations (see instr)		6			
Clock	7	Notes and loans receivable, net		7			
Ć	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			57,064.	9	52,973
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	723,215.		Å.	
	b	Less accumulated depreciation	10b	680,261.	68,329.		42,954
	11	Investments - publicly traded securities		<u> </u>		11	
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,995.	15	-1,145	
	16	Total assets, Add lines 1 through 15 (must equ	234,603,450.		226,033,361		
	17	Accounts payable and accrued expenses			132,393.		35,658
	18	Grants payable	4,700,957.	18	3,677,411		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
3	22	Loans and other payables to current and forme	r office	rs, directors, trustees,	* *		"" <b>!%%" !</b>
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.		>	
9		Complete Part II of Schedule L				22	, and the second
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	) Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,833,350.	26	3,713,069
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here 🕨 🔲 and			
3		complete lines 27 through 29, and lines 33 ar	id 34.				
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		•		29	
:		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🗓			
		and complete lines 30 through 34.				~	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	30	Capital stock or trust principal, or current funds			0.	30	0
Net Assets O	31	Paid-in or capital surplus, or land, building, or ed	uipme	nt fund	0.	31	0
;	32	Retained earnings, endowment, accumulated in			229,770,100.		222,320,292
2	33	Total net assets or fund balances			229,770,100.		222,320,292
	34	Total liabilities and net assets/fund balances			234,603,450.		226,033,361.

Form	990 (2014) BEAUMONT FOUNDATION OF AMERICA	76-	065050	)6	Pag	e 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	•							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81,	.20	<u>)2.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,				
3	Revenue less expenses Subtract line 2 from line 1	3	-7,4	49	<u>, 8 (</u>	<u>)8.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,7	<u> 70</u>	<u>, 10</u>	<u>.00</u>		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7	_					
8	Pnor 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	222,3	320	, 29	€2.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Y	es	No		
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other		'	:	2*			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	,	<u> </u>		الد		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no b	*		٠.,	· . j		
	separate basis, consolidated basis, or both		>.·		, ,	, ,*		
	Separate basis Consolidated basis Both consolidated and separate basis			A 400				
b	Were the organization's financial statements audited by an independent accountant?		_2	ь 2	K			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		A 1/2		-		
	consolidated basis, or both				`	- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis			<× ×		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		î mu	to.	1		
	review, or compilation of its financial statements and selection of an independent accountant?		_2	2c 2	K			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	int		, · · · ·	لئن		
	Act and OMB Circular A-133?		<u>_3</u>	Ba		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b				

432012 11-07-14

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

-	BEAUMONT FOUNDATION		Ļ	<u>76-0650506</u>
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Acco	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6			
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			<u></u>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	ting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring	
	ımpermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (e.g , recreation or ed	ucation) Preservation of a histori	cally impo	rtant land area
	Protection of natural habitat	Preservation of a certific	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	•		
	listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganızatıo	n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, at	nd enforcing conservation easements dur	ing the yea	ar <b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during th	ne year ►	\$
8	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)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes th	e organiza	tion's accounting for
Da	conservation easements	A A LITTURE OUT	<u> </u>	
Pai	t III Organizations Maintaining Collections of	•	ier Simi	lar Assets.
	Complete if the organization answered "Yes" to Form 99			<del>-</del> -
1a	if the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	ottion, education, or research in furtherand	e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of publi	c service,	provide the following amounts
	relating to these items			
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$ \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial g	aın, provid	de
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
а	Revenue included in Form 990, Part VIII, line 1		<b>•</b>	\$
b	Assets included in Form 990, Part X	•		\$

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

Schedule D (Form 990) 2014

		T FOUNDATI						<u>50506</u>	
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or Ot	her Simi	lar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that are a	significant	use of its	collection r	tems
	(check all that apply):								
а	Public exhibition		ı 🔲	Loan or exc	hange programs				
b	Scholarly research			Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın how th	nev further t	he organization's e	kempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m					iai accoto		Yes	□ No
Pai	t IV Escrow and Custodial Arran					to Form 99	n Part IV		
	reported an amount on Form 990, Pa	rt X, line 21.		o. g			o,, a,		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other assets r	ot included			
	on Form 990, Part X?		,			01 11101000		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:			_	_ 103	
_	arrangement arrangement arrangement	and complete the re	)	ubio			Γ	Amount	
С	Beginning balance					1c	_	Amount	
	Additions during the year					1d		_	
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F	orm 990 Part V line	21 for	2001014 05 0	untadial apparent lia		<del>'</del>	Yes	
	If "Yes," explain the arrangement in Part XIII							」 res	⊢ N°
Par									——
	The state of the s	(a) Current year		rior year	(c) Two years back		years back	(a) Four W	nare back
1a	Beginning of year balance	(a) Current year	(0) -	iior year	(C) I WO years back	(a) Three	years back	(e) Four ye	Sais Dack
_	Contributions	<del></del> -				<del> </del>			
b						+			
	Net investment earnings, gains, and losses					+			
đ	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses					+		<u> </u>	
	End of year balance	<u> </u>	L						
2	Provide the estimated percentage of the cur			g, column (a	a)) held as				
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administered fo	r the organ	ızatıon		
	by							Y	es No
	(i) unrelated organizations				•			3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds					
Par									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o		` '	1 ,	Accumulat		(d) Book v	alue
		basis (investi	ment)	basis	(other)	lepreciation	า		
1a	Land								
b	Buildings								
С	Leasehold improvements	133,				108,7	19.	24	,934.
d	Equipment	589,	562.			571,5	42.		,020.
<u>e</u>	Other								
T-4-1	Add lines 1s through 1s (Column (d) must a	aual Form 000 Port	V aalum	(D) /	10-1			42	95/

Schedule D (Form 990) 2014

Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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.

Information about Schedule | (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047	2014	Open to Public Inspection

**2** Schedule I (Form 990) (2014) **Employer identification number** 76-0650506 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 5,504,850, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table BEAUMONT FOUNDATION OF AMERICA (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SEE ATTACHED SPREADSHEET or government Name of the organization Part

76-0650506 Schedule I (Form 990) (2014) BEAUMONT FOUNDATION OF AMERICA

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III | Grants and Other Assistance to Domestic Individuals.

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
SEE ATTACHED SPREADSHEET		0	43.011.	o		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information requ	ired in Part I, line	e 2, Part III, column	(b), and any other ad	ditional information	

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Schedule I (Form 990) (2014)

#### **SCHEDULE J** (Form 990)

## **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

BEAUMONT FOUNDATION OF AMERICA

**Employer identification number** 76-0650506

Pa	rrt I   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	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 follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to		ĺ	
	establish compensation of the CEO/Executive Director, but explain in Part III.		ĺ	
	X Compensation committee Written employment contract		l	
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	, ja	î ĝ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		5.	
	organization or a related organization:			21 79
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**	*	1 2
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	. 🙀	\$000. *	* **
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	*	ľ	\$\$ \fr\{\alpha\}
	contingent on the revenues of.		Ĺ	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.	<u>*</u>		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لئـــا
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			ļ
	Regulations section 53 4958-6(c)?	9	i	1

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

Schedule J (Form 990) 2014

76-0650506

Page 2

BEAUMONT FOUNDATION OF AMERICA

Schedule J (Form 990) 2014

Part II 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 column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)(I)(B)	ın column (B) reported as deferred ın prıor Form 990
(1) W. FRANK NEWTON	ε	292,505.	0.	0.	23,400.	15,060.	330,965.	0
CEO	Ξ	0	0	0	0.	0.		0.
(2) EDWARD KELLER	ε	218,919.	i	• 0	19,703.	14,190.	252,81	0
000	Œ	0		0.	0.	0		0
(3) ROBERT CRAFT	(9)	174,45		0	15,701.	11,100.	201,255.	0
GENERAL COUNSEL AND CFO	Ξ	0.	0.	0.	0.	0.	0	0
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432112 10-13-14

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Part III Supplemental Information

TTS	ir.									Schedule J (Form 990) 2014
PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS	ATE IN THE HEALTH AND WELLNESS CENTER.									
ART 1, LINE 1A - RELEVANT INFO	MPLOYEES MAY ELECT TO PARTICIPATE IN									

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 **2014**Open to Public

Open to Public Inspection

Name of the organization

BEAUMONT FOUNDATION OF AMERICA

Employer identification number 76-0650506

FORM 990 - ORGANIZATION'S MISSION

The Beaumont Foundation of America awards grants to bring about civic

betterment and social improvements by providing assistance to the 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, uncoventional. 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

churches.

Social Services grants support basic needs, such as food, clothing, shelter, and other aid for indigent, low income, and other underserved populations. The primary area is food to the poor through organized food bank programs. Grants to enhance technology, economies of scale and new partnerships have enabled food banks to meet increased demand for food to those most in need. Special attention 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 awards for emergency care for at risk populations served by

Healthcare Programs fall into three main categories of improved 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 treatment. Outreach is conducted by healthcare workers who are Native American or familiar with customs of potential clients. The second is a community clinic which helps create treating physician homes for underserved families and individuals.

Finally, the Beaumont Foundation made a grant to build a facility to house families of out of town patients. A medical treatment tertiary care hospital often serves patients who are not near their homes.

Unless the families have a place to stay, proper support cannot be

23

Schedule O (Form 990 or 990-EZ) (2014)

#### FORM 990, PART VI, LINE 2:

Chairman Reaud and Director Huntsman are both directors of Huntsman Corp.

#### Form 990, Part VI, line 11:

The Form 990 is prepared by our outside auditors under the direction of Robert Craft, and reviewed by President Newton, and then reviewed by the Board of Directors prior to filing.

#### FORM 990, PART VI, LINE 12C:

Name of the organization  BEAUMONT FOUNDATION OF AMERICA	Employer identification number 76-0650506
With only 5 employees and 3 Directors, we are a small org	_
Regular monitoring and enforcement of the conflict of int	erest policy
is part of normal operations. Annual review of the policy	vis also
performed.	
FORM 990, PART VI, LINE 15A:	
The Foundation uses a nationally recognized compensation	consultant,
the Hay Group, to determine an appropriate range of compe	ensation for
officers and other employees (the Directors serve without	
compensation). The performance of the officers and other	employees is
annually reviewed by the Executive Performance and Compen	sation
Committee of the Board of Directors. The compensation is	then voted
upon by the Board of Directors.	
Form 990, Part VI, Line 15b:	
See explanation for Form 990, Part VI, Line 15a above.	
Form 990, Part VI, line 19:	
The Foundation makes its Determination Letter, Form 990s,	audits,
governing documents, and conflicts of interest policy ava	ilable to the
public upon request by phone, fax, email, letter, or in p	person.

State Zip	TX 75201	TX 79174	TX 77007	TX 78714	TX 75840	TX 78228	TX 78751		TX 78705	TX 79409	NJ 07724	TX 77706	TX 77701	TX 77710	NY 10027	TX 78713	TX 77707	TX 77707	TX 77710	TX 75965	1X 76798	TX 77710	TX 79409	TX 77710		
City	Dallas .	Amarillo	Houston	Austin	Fairfeld	San Antonio	Austin		Austin	Lubbock	Tinton Falls	Beaumont	Beaumont	Beaumont	New York	Austin	Beaumont	Beaumont	Beaumont	Nacogdoches	Waco	Beaumont	Lubbock	Beaumont		
Street Address	600 North Pearl Street, Suite 2260	P O Box 1890	4950 Memorial Drive	P O Box 140767	P O Box 1177	2939 W Woodlawn	3804 Avenue B		727 E. Dean Keaton	Development Building, 15th and Akron	235 Hope Rd	4108 Delaware	850 Forsythe Street	P O Box 10011	1140 Amsterdam Ave.	P O Box Y	5950 Kelly Drive	5950 Kelly Drive	P O Box 10011	P O Box 13024	One Bear Place #97096	4400 Martin Luther King, Jr Pkway	Texas Tech Plaza, Suite 308E, Box 45025	P O Box 10011	Various	Various
Grant Amount	\$133,500	\$159,300	\$88,800	\$518,400	\$13,200	\$120,000	\$22,500	\$1,055,700	\$17,500	\$250,000	\$7,500	\$9,710	\$3,153	\$10,500	\$46,650	\$13,400	\$5,500	\$2,800	\$2,086	\$35,000	\$35,000	\$35,000	\$35,000	\$100,000	\$190,000	\$85,000
TaxID	75-2125945	75-0808768	76-0318867	74-1109745	71-1662544	74-1109660	74-1144638	II	74-6000203	75-6043842	22-1853774	74-6021045	76-0022337	74-600298	13-5598093		74-1395996	74-1395996	74-600298	75-6002514	74-1159753	74-6000298	75-6043842	74-6000298		
Name of Entity	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	Helping Hand Home for Children		University of Texas School of Law	Texas Tech University School of Law	Ranney School	All Saints Episopal School	St Anthony Catholic School	Lamar University	Columbia University	University of Texas LBJ School	Monsignor Kelly Catholic High School	Monsignor Kelly Catholic High School	Lamar University	Stephen F Austin State University - TLIP	Baylor University - TLIP	Lamar University - TLIP	Texas Tech University - TLIP	Lamar University/TSUS Foundation	Southeast Texas Excellence in Education	Lubbock Excellence in Education
App ID#	C C14000052	C C14000053	C C14000054	C C14000055	C C14000056	C C14000057	C C14000058		E E14000001	E E14000002	E E14000003	E E14000004	E E14000005	E E14000006	E E14000007	E E14000008	E E14000009	E E14000010	E E14000011	E E14000012	E E14000013	E E14000014	E E14000015	E E14000017	E E14000018	E E14000019

Zip	•			77710	15705	75962		75968	77710	70777	77642	94117		72205	22121	24450	75275	77710	70777	84322			84108	27706	78723		77806	78745	76701
State				¥	Ą	¥		¥	¥	¥	ř	۲		AR	*	Α>	¥	¥	¥	5			₹	ĭ	¥		¥	¥ i	ĭ
City				Beaumont	Indiana	Nacogdoches		Pineland	Beaumont	Beaumont	Port Arthur	San Francisco		Little Rock	Mt Vernon	Lexington	Dallas	Beaumont	Beaumont	Logan			Salt Lake City	Beanmont	Austin		Bryan	Austin	Waco
Street Address		Vanous	Various	855 East Lavaca	1011 South Drive, Sutton Hall Rm 330	P O Box 13052	Various	P.O Box 894	P O Box 10011	5950 Kelly Drive	3542 9th Avenue	2130 Fulton Street	Vanous	4301 W Markham, Slot 529	P O Box 110	204 W Washington Street	P O Box 750281	4400 Martin Luther King, Jr Pkway	5950 Kelly Drive	1400 Old Main Hill	Various		500 Huntsman Way	2390 S Dowlen R PMB #46	4900 Mueller Boulevard		P O Box 74	8201 S Congress Ave	300 S 15th
Grant Amount		\$45,000	\$45,000	\$16,000	\$11,000	\$120,000	\$11,000	\$40,000	\$20,000	\$105,000	\$10,000	\$7,200	\$50,000	\$40,000	\$25,000	\$50,000	\$50,000	\$100,000	\$6,700	\$110,000	\$1,714	\$1,747,413	\$1,000,000	\$50,000	\$20,000	\$1,070,000	\$30,000	\$100,000	\$50,000
TaxID				76-0694136		75-6002514		78-2878962	74-6021045	74-1395996	11-3721907	94-1156628		71-6056774	71-6056774	54-0505977	75-0800689	74-6000298	74-1395996	87-6000528	ı	II	87-0541293	76-0550450	20-0468031	II	74-238446	74-2217350	74-1711575
Name of Entity		Southeast New Mexico Excellence in Education	East Texas Excellence in Education	Lamar Institute of Technology	Indiana Univ. of Pennsylvania	Stephen F. Austin State University	Laptops for Scholarship Recipients	Sabine Area Career Center	All Saints Episcopal School	Monsignor Kelly Catholic HS	Univ of Houston	Univ of San Francisco	Low Family College Scholarship	University of Arkansas School of Nursing	Mount Vernon Ladles' Association-Library	Washington and Lee University	Southern Methodist University	Lamar University	Monsignor Kelly Catholic HS	Utah State University	Designation to be determined		Huntsman Cancer Foundation	Julie Roger's Cancer "Gift of Life" Program	Dell Children's Hospital		Brazos Valley Food Bank	Capital Area Food Bank of Texas	Caritas of Waco
App ID#		E E14000020	E E14000021	E E14000022	E E14000023	E E14000024	E E14000025	E E14000027	E E14000059	E E1400066	E E1400071	E E14000072	E E14000073	E E14000074	E E14000075	E E14000085	E E14000086	E E14000087	E E14000065	E E14000077	ш			Н С14000078	Н С14000079		S C14000030		S C14000032

App ID#	Name of Entity	TaxID	Grant Amount	Street Address	City	State	Zip
							•
C14000033	Concho Valley Regional Food Bank	75-1897032	\$30,000	P O Box 1207	San Angelo	¥	76902
C14000034	East Texas Food Bank	75-222686	\$50,000	P O Box 6974	Tyler	¥	75711
C14000035	El Pasoans Fighting Hunger	45-2893839	\$30,000	9541 Plaza Circle	El Paso	¥	79927
C14000036	Food Bank of Corpus Christi	74-2234089	\$50,000	826 Krill Street	Corpus Christi	¥	78408
C14000037	Food Bank of Golden Crescent	74-2534561	\$30,000	P O Box 5085	Victoria	¥	77901
C14000038	Food Bank of the Rio Grande Valley	74-2421560	\$50,000	P O Box 6251	McAllen	¥	78502
C14000039	Food Bank of West Central Texas	75-1888192	\$30,000	5505 North 1st Street	Abilene	¥	79603
C14000040	Galveston County Food Bank	20-0408375	\$30,000	624 4th Avenue N	Texas City	¥	77590
C14000041	High Plains Food Bank	75-1838348	\$50,000	P O Box 31803	Amarillo	¥	79120
C14000042	Houston Food Bank	74-2181456	\$100,000	3811 Eastex Freeway	Houston	¥	77026
C14000043	Montgomery County Food Bank	76-0153892	\$30,000	111 S 2nd Street	Conroe	ĭ	77301
C14000044	North Texas Food Bank	75-1785357	\$100,000	4500 S Cockrell Hill Rd	Dallas	ř	75236
C14000045	San Antonio Food Bank	74-2122979	\$100,000	5200 Old Hwy 90W	San Antonio	ጟ	78227
C14000046	South Plains Food Bank	75-1904829	\$50,000	4612 Locust Ave	Lubbock	ĭ	79404
C14000047	South Texas Food Bank	74-2574983	\$50,000	P O Box 2007	Laredo	¥	78044
C14000048	Southeast Texas Food Bank	76-0338721	\$75,000	P O Box 21012	Beaumont	¥	77720
C14000049	Tarrant Area Food Bank	75-1822473	\$100,000	2600 Cullen Street	Fort Worth	¥	76107
C14000050	West Texas Food Bank	75-2057692	\$30,000	1008 E 2nd Street	Odessa	¥	79761
C14000051	Wichita Falls Area Food Bank	75-1812865	\$30,000	1230 Midwestern Pkwy	Wichita Falls	¥	76307
C14000061	Greater Good Hope Baptist Church	76-0399209	\$10,000	2725 W Virginia	Beaumont	ዾ	77705
C14000062	Catholic Charities of SE Texas	74-1900345	\$10,000	990 Interstate 10 N, Suite 140	Beaumont	¥	77703
C14000063	Jones Memorial Church of God In Christ	32-0254354	\$5,750	3355 Houston Street	Beaumont	¥	77705
C14000064	Magnolia Missionary Baptist Church	76-0093882	\$10,000	2830 Pine Street	Beaumont	¥	77703
C14000067	Greater Love Zion Church of God in Christ	74-6189106	\$10,000	4296 Magnolia Ave	Beaumont	¥	77703
C14000068	Saint Temple Church of God in Christ	76-0086446	\$2,500	2120 Renaud Street	Beaumont	×	77703
C14000069	Southeast Texas Family Resource Center	76-0639902	\$10,000	10410 Dusty Lane	Beaumont	¥	77713
C14000070	Temple of Praise Church of God in Christ	76-0589232	\$5,750	2060 Irving	Beaumont	¥	10777
C14000076	Montgomery County Women's Center	76-0061208	\$25,000	1401 Airport Road	Conroe	×	77301
E14000029	KVLU Radio at Lamar Uiversity	23-7290265	\$119,000	P O Box 10064	Beaumont	¥	77710
C14000026	Nutrition and Services for Seniors	76-0074137	\$60,000	4590 Concord Road	Beaumont	¥	77703
C14000028	Some Other Place	74-210371	\$75,000	590 Center Street	Beaumont	¥	10777
C14000060	Family Services of Southeast Texas	74-1382713	\$25,000	4108 Delaware	Beaumont	¥	77706

	App ID#	Name of Entity	TaxID	Grant Amount	Street Address	City	State	, diz
"	C14000080	Austin Symphony	74-6000068	\$15,000	501 W. 3rd Street	Austin	¥	78701
"	C14000081	The Good Shepherd Episcopal Church	74-1238449	\$10,000	3201 Windsor Road	Austin	¥	78703
"	C14000082	St John Neumann Catholic Church	74-2763690	\$3,500	5455 Bee Cave Road	Austin	¥	78746
	C14000083	St Patrick Catholic Church		\$1,500	2500 Limmer Loop	Hutto	¥	78634
"	C14000084	Catholic Charities	74-1900345	\$50,000	990 Interstate 10 N, Surte 140	Beaumont	¥	77703
			II	\$1,643,000				
_		Children of Fallen Heroes - 35 Laptops and 400 Bibles	"	\$32,011				

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# **Grants by Type**

Social Services Grants \$1,643,000	Healthcare Grants \$1,070,000		Educational Programs \$1,747,413
Social Servic		Healthc	Educational Healthoo