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# SCANNED SEP 21

Form **990-PF** 

EXTENDED TO NOVEMBER 15 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number DE BEAUMONT FOUNDATION. 04-3467074 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 7501 WISCONSIN AVENUE 1310E 301-961-5800 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BETHESDA, MD 20814 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) X Other (specify) MODIFIED CASH under section 507(b)(1)(B), check here 167,819,212. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books ıncome 2,390,000 N/A 1 Contributions, gifts, grants, etc., received ıf the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 62 62 STATEMENT 2,175,006 2,175,006. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -1,742,191 6a Net gain or (loss) from sale of assets not on line 10 35,988,148. 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 2,822,877. 2,175,068 Total. Add lines 1 through 11 408,883. 32,138 376,745. 13 Compensation of officers, directors, trustees, etc. 712,608. 36,403 676,204. 14 Other employee salaries and wages 142,866. 142,866. 0. 15 Pension plans, employee benefits 18,128 18,128. 0 . STMT 16a Legal fees b Accounting fees STMT 4 38,886. 12,444 26,441. STMT 5 569,944 308,286 261,658. c Other professional fees AVG 29 2016 ic 17 Interest 66,967 0 0. STMT 6 18 Taxes 19 Depreciation and depletion 17,818 0 239,951. 239,951 20 Occupancy 0. 148,903. 151,701 2,798 21 Travel, conferences, and meetings 39,056. 39,056 0 22 Printing and publications STMT 7 402,239 1,402,239. 0 23 Other expenses 24 Total operating and administrative 3,809,047 3,332,191. expenses. Add lines 13 through 23 392,069 7,666,020 7,666,020. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 10,998,211. 11,475,067 392,069 Add lines 24 and 25 Subtract line 26 from line 12: -8,652,190 a Excess of revenue over expenses and disbursements 1,782,<u>999</u> b Net investment income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2015)

|                  |       | Q-PF (2015) DE BEAUMONT FOUNDATION,  | INC.               |                | 3467074 Page 2            |
|------------------|-------|--|--------------------|----------------|---------------------------|
| P                | art   | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only   | Beginning of year  | End o          | <del></del>               |
| =                |       |  | (a) Book Value     | (b) Book Value | (c) Fair Market Value     |
|                  | 1     | Cash - non-interest-bearing  |                    |                | 15 100 555                |
|                  |       | Savings and temporary cash investments   | 29,440,331.        | 15,498,558.    | 15,498,558.               |
|                  | 3     | Accounts receivable ►  |                    |                |                           |
|                  |       | Less: allowance for doubtful accounts ▶  |                    |                |                           |
|                  | 4     | Pledges receivable ►   |                    |                |                           |
|                  |       | Less: allowance for doubtful accounts ▶  |                    |                |                           |
|                  | ı     | Grants receivable  |                    |                | <del></del>               |
|                  | 6     | Receivables due from officers, directors, trustees, and other  |                    |                |                           |
|                  |       | disqualified persons   |                    |                |                           |
|                  | 7     | Other notes and loans receivable   |                    |                |                           |
|                  |       | Less: allowance for doubtful accounts ▶  |                    |                |                           |
| Assets           | 1     | Inventories for sale or use  |                    |                | <del></del>               |
| 1ss              | 1     | Prepaid expenses and deferred charges  |                    |                | _                         |
| •                | ı     | Investments - U.S. and state government obligations  |                    |                |                           |
|                  | 1     | Investments - corporate stock  |                    |                |                           |
|                  | ı     | Investments - corporate bonds  |                    |                |                           |
|                  | 11    | Investments - land, buildings, and equipment basis   |                    |                |                           |
|                  | l     | Less accumulated depreciation  |                    |                | <del></del>               |
|                  | l     | Investments - mortgage loans   | 142 050 542        | 140 201 651    | 150 014 506               |
|                  | 13    | Investments - other STMT 8   | 143,059,543.       | 148,321,651.   | 152,214,586.              |
|                  | 14    | Land, buildings, and equipment: basis ► 138,629.   | 62 027             | 00 412         | 00 412                    |
|                  |       | Less accumulated depreciation   Althouse the Company of the Compan | 62,937.<br>15,656. | 90,412.        | 90,412.<br>15,656.        |
|                  |       | Other assets (describe DEPOSITS )  | 15,050.            | 15,656.        | 15,050.                   |
|                  | 16    | Total assets (to be completed by all filers - see the  | 170 570 467        | 162 026 277    | 167 010 010               |
|                  | 47    | Instructions. Also, see page 1, item I)  | 1/2,5/8,40/.       | 103,920,277.   | 167,819,212.              |
|                  | 1     | Accounts payable and accrued expenses  |                    |                |                           |
|                  | 18    | Grants payable Deferred revenue  |                    |                |                           |
| Liabilities      | 19    | <b>!</b>   |                    |                |                           |
| į                | 20    | Loans from officers, directors, trustees, and other disqualified persons   |                    |                |                           |
| Ë                | 21    | Mortgages and other notes payable  Other liabilities (describe ▶ )   | ·                  |                |                           |
|                  | 22    | Other habilities (describe   |                    |                |                           |
|                  | 23    | Total liabilities (add lines 17 through 22)  | 0.                 | 0.             |                           |
|                  |       | Foundations that follow SFAS 117, check here   |                    | · ·            |                           |
|                  |       | and complete lines 24 through 26 and lines 30 and 31.  |                    |                |                           |
| es               | 24    | Unrestricted   | 172.578.467.       | 163,786,992.   |                           |
| auc              | 25    | Temporarily restricted   |                    | 139,285.       |                           |
| Bal              | 1     | Permanently restricted   |                    |                |                           |
| or Fund Balances |       | Foundations that do not follow SFAS 117, check here  |                    |                |                           |
| Ē                |       | and complete lines 27 through 31.  |                    |                |                           |
| Š                | 27    | Capital stock, trust principal, or current funds   |                    |                |                           |
| Net Assets       | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund   |                    |                |                           |
| As               | 29    | Retained earnings, accumulated income, endowment, or other funds   |                    |                |                           |
| let              | 30    | Total net assets or fund balances  | 172,578,467.       | 163,926,277.   |                           |
| _                |       |  |                    |                |                           |
| _                | 31    | Total liabilities and net assets/fund balances   | 172,578,467.       | 163,926,277.   |                           |
| P                | art   | III Analysis of Changes in Net Assets or Fund B  | alances            |                |                           |
| <u> </u>         | Total | net assets or fund balances at beginning of year - Part II, column (a), line   | 30                 | Γ              |                           |
| •                |       | it agree with end-of-year figure reported on prior year's return)  |                    | 1              | 172,578,467.              |
| 2                |       | amount from Part I, line 27a   |                    | 2              | -8,652,190.               |
|                  |       | r increases not included in line 2 (itemize)   |                    | 3              | 0.                        |
|                  |       | lines 1, 2, and 3  |                    | . 4            | 163,926,277.              |
|                  |       | eases not included in line 2 (itemize)   |                    | 5              | 0.                        |
| 6                | Tota  | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co   | olumn (b), line 30 | 6              | 163,926,277.              |
|                  |       |  |                    |                | Form <b>990-PF</b> (2015) |

11-24-15

| Pa          | rt IV Capital Gains a   | nd Losses for Tax on In   | vestment                              | t Income                             |               |   |             |          |                              | 7071 . ago 0                     |
|-------------|---|---|---------------------------------------|--------------------------------------|---------------|---|-------------|----------|------------------------------|----------------------------------|
|             |   | oe the kınd(s) of property sold (e.g.<br>ehouse; or common stock, 200 shs |                                       |                                      | ( <b>b)</b> I | How acquire<br>- Purchase<br>- Donation | ed (c       | ) Date a | acquired<br>ay, yr.)         | (d) Date sold<br>(mo., day, yr.) |
| 1a          |   |   | •                                     |                                      |               |   |             |          | -                            |                                  |
| _ <b>b</b>  | SEE ATTACHED  | STATEMENT   |                                       |                                      |               |   |             |          |                              |                                  |
| _ <b>C</b>  |   | ,,  |                                       |                                      |               |   |             |          |                              |                                  |
| <u>d</u>    |   |   | ··· · · · · · · · · · · · · · · · · · |                                      | L.,           |   |             |          |                              |                                  |
| <u>e</u>    |   |   |                                       |                                      | <u> </u>      |   |             |          |                              |                                  |
| _           | (e) Gross sales price   | (f) Depreciation allowed (or allowable)                                   |                                       | st or other basis<br>expense of sale |               |   | (           |          | ain or (loss<br>(f) minus    |                                  |
| _a          |   |   |                                       |                                      |               |   |             |          |                              |                                  |
| _ <u>b</u>  |   |   |                                       |                                      |               |   |             |          |                              |                                  |
| <u>C</u>    |   |   |                                       |                                      |               |   |             |          |                              |                                  |
| <u>d</u>    | 25 000 110  |   | _                                     |                                      |               | <del></del>                             |             |          |                              |                                  |
| _e          | 35,988,148.   |   |                                       | 7,730,33                             | 9.            |   |             |          |                              | <u>1,742,191.</u>                |
|             | complete only for assets snowing  | gain in column (h) and owned by   | I .                                   |                                      |               |   |             |          | ol. (h) gaın<br>ıot less tha |                                  |
|             | (i) F.M.V. as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69                                      |                                       | cess of col. (ı)<br>col. (ı), ıf any |               |   | L           | .osses   | (from col. (                 | (h))                             |
| _ <u>a</u>  |   | ·   |                                       |                                      |               |   |             |          |                              |                                  |
| <u>b</u>    |   |   |                                       |                                      |               |   |             |          |                              |                                  |
| <u> </u>    |   |   |                                       |                                      |               |   |             |          | ,                            |                                  |
| <u>d</u>    | - · · · · · · · · · · · · · · · · · · ·                                       |   |                                       | <del></del>                          |               |   |             |          |                              |                                  |
| _е_         |   |   |                                       |                                      |               |   |             |          |                              | 1,742,191.                       |
| 2 Ca        | apital gain net income or (net cap  | If gain, also enter<br>If (loss), enter -0-                               | n Part I, line<br>In Part I, line     | 7<br>7                               | }             | 2                                       |             |          | _                            | 1,742,191.                       |
|             |   | ) as defined in sections 1222(5) an                                       | ıd (6):                               |                                      |               |   |             |          |                              |                                  |
|             | gain, also enter in Part I, line 8, co<br>(loss), enter -0- in Part I, line 8 | olumn (c).  |                                       |                                      | $ \cdot $     |   |             |          | N/A                          |                                  |
| Pa          | rt V Qualification Un   | der Section 4940(e) for   | Reduced                               | Tax on Net                           | Inv           | <u>3_</u><br>estmen                     | t Inco      | me       | IN / A                       | <u> </u>                         |
|             |   | oundations subject to the section 4                                       |                                       | ····                                 |               |   |             |          |                              | ·                                |
| (, 0, (     | prioriti doe by domestic private i  | odifications subject to the section -                                     | 1540(a) tax on                        | i ilot ilivestillelit ili            | COINC         | ·· <i>)</i>                             |             |          |                              |                                  |
| If sec      | tion 4940(d)(2) applies, leave this   | s part blank.   |                                       |                                      |               |   |             |          |                              |                                  |
| Wast        | the foundation liable for the section   | on 4942 tax on the distributable am                                       | ount of any ve                        | ear in the base per                  | iod?          |   |             |          |                              | Yes X No                         |
|             |   | y under section 4940(e). Do not co  |                                       | •                                    |               |   |             |          |                              |                                  |
|             |   | ch column for each year; see the ir                                       |                                       |                                      | ntries        | ; <u> </u>                              |             |          |                              | •                                |
|             | (a)<br>Base period years  | (b)   |                                       |                                      | (c)           |   |             |          | Dietrik                      | (d)<br>oution ratio              |
| Ca          | lendar year (or tax year beginning  | n) Adjusted qualifying dist   | tributions                            | Net value of no                      |               |   | assets      | (        | (col. (b) div                | rided by col. (c))               |
|             | 2014  | 7,71  | 4,359.                                | 1                                    | 86            | ,159,                                   | 866.        |          |                              | .041439                          |
|             | 2013  |   | 9,136.                                |                                      |               | ,789,                                   |             |          |                              | .035046                          |
|             | 2012  | 4,75  | 5,832.                                |                                      |               | ,415,                                   |             |          |                              | .049844                          |
|             | 2011  |   | 7,779.                                |                                      | <u>13</u>     | ,664,                                   | <u>596.</u> |          |                              | .169619                          |
|             | 2010  | 56  | <u>2,723.</u>                         | _                                    | <u>12</u>     | <u>,202,</u>                            | 345.        |          |                              | .046116                          |
|             |   |   |                                       |                                      |               |   |             |          |                              |                                  |
|             | otal of line 1, column (d)  |   |                                       |                                      |               |   |             | 2        |                              | .342064                          |
|             |   | year base period - divide the total c                                     | on line 2 by 5,                       | or by the number                     | of ye         | ars                                     |             |          |                              |                                  |
| th          | e foundation has been in existenc   | e if less than 5 years  |                                       |                                      |               |   |             | 3        |                              | .068413                          |
| <b>4</b> Er | nter the net value of noncharitable   | -use assets for 2015 from Part X, I                                       | line 5                                |                                      |               |   |             | 4        | 17                           | 8,494,800.                       |
| 5 M         | ultiply line 4 by line 3  |   |                                       |                                      |               |   |             | 5        | 1                            | 2,211,365.                       |
| 6 En        | nter 1% of net investment income  | (1% of Part I. line 27h)  |                                       |                                      |               |   |             | 6        |                              | 17,830.                          |
|             |   | (   |                                       |                                      |               |   |             |          |                              |                                  |
| 7 Ac        | dd lines 5 and 6  |   |                                       |                                      |               |   |             | 7        | 1                            | 2,229,195.                       |
| 8 En        | iter qualifying distributions from f  | Part XII, line 4  |                                       |                                      |               |   |             | 8        | 1                            | 0,998,211.                       |
| lf l        | line 8 is equal to or greater than li   | ne 7, check the box in Part VI, line                                      | 1b, and comp                          | lete that part usin                  | g a 1         | % tax rate.                             |             |          |                              |                                  |

| P             | art IV     | Capital Gains and Los                                     | ses for Tax on Investment Income                                      |   |  |  |                                  |
|---------------|------------|---|---|---|--|--|----------------------------------|
|               |            |   | describe the kind(s) of property solock warehouse; or common stock, 2 |   | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired (mo., day, yr.)            | (d) Date sold<br>(mo., day, yr.) |
|               |            |   | TNERS III - CCA   |   | P  |  |                                  |
|               |            |   | N CAYMAN LTD  |   | P  |  |                                  |
|               |            |   | r OBLIG FUND CL   |   | P  |  |                                  |
|               |            |   | RGING MARKETS R6  |   | P  |  |                                  |
|               |            |   | ORTFOLIO CL I   |   | P  |  |                                  |
|               |            |   | FD-CLIENT CNTR  |   | P  |  |                                  |
|               |            |   | ET FUND-HELD OUT  | SIDE  | P  |  |                                  |
| <u>h</u>      | MONI       | DRIAN GLOBA   | L FIXED INCOME  |   | P  |  |                                  |
| <u> </u>      |            |   |   |   | -  | -  |                                  |
| ـــاــــ      |            |   |   |   |  | <del></del>                                  |                                  |
| _ <u>k</u>    |            | <del></del>   |   |   |  |  |                                  |
|               | _          |   |   |   |  |  |                                  |
| <u>m</u>      | _          |   |   |   |  |  |                                  |
| <u>n</u>      | -          |   |   |   |  |  |                                  |
| 0             |            | <u> </u>  | (6) Depreciation allowed  | (a) Cost or other hade                          | <u> </u>   | ) Gain or (loce)                             |                                  |
|               | (e) G      | Gross sales price   | (f) Depreciation allowed<br>(or allowable)                            | (g) Cost or other basis<br>plus expense of sale |  | ) Gain or (loss)<br>blus (f) minus (g)       |                                  |
| a             |            | 168,084.  |   | 168,084.  |  |  | 0.                               |
| <u>b</u> _    |            | 3,317,006.  |   | 4,597,239.                                      |  |  | 280,233.                         |
| C             | 2          | 26,247,704.   |   | 26,247,704.                                     |  |  | 0.                               |
| <u>d</u>      | _          | 96,642.   |   |   |  |  | 96,642.                          |
| <u>e</u>      |            | 338,730.  |   |   |  |  | 338,730.<br>-1,718.              |
| <u>f</u>      |            | 14,644.   |   | 16,362.   |  |  | $\frac{-1,718}{550,006}$         |
| <u>g</u>      |            | 5,805,338.  |   | 6,364,374.                                      |  |  | 559,036.                         |
| <u>h</u><br>। |            |   |   | 336,576.  |  |  | 336,576.                         |
| 工             |            |   |   |   |  |  |                                  |
| <u>k</u>      |            |   |   |   |  |  |                                  |
| <u> </u>      |            |   |   |   |  |  |                                  |
| <u>m</u>      |            |   |   |   |  |  |                                  |
| <u>n</u>      |            |   |   |   |  |  |                                  |
| 0             | Complet    | to only for accate chavin                                 | g gain in column (h) and owned by                                     | the foundation on 12/31/69                      |  | 2000 (from cal. (b))                         |                                  |
|               | Complet    | te offig for assets showing                               | (i) Adjusted basis  | (k) Excess of col. (i)                          |  | sses (from col. (h))<br>of col. (h) gaın ove |                                  |
|               | (i) F.M    | .V. as of 12/31/69  | as of 12/31/69  | over col. (j), if any                           | ` but r  | not less than "-0-")                         | . ,,                             |
| <u>—</u>      |            |   |   | W   |  | <del></del>                                  | 0.                               |
| b             |            |   |   |   |  | -1.  | 280,233                          |
| c             |            |   |   |   |  |  | 0.                               |
| ď             |            | ,   |   |   |  |  | 96,642.                          |
| e             |            |   |   |   |  |  | 338,730.                         |
| f             |            |   |   |   |  |  | -1,718.                          |
| 9             |            |   |   |   |  |  | 559,036.                         |
| h             |            |   |   |   |  |  | 336,576.                         |
| <u>ı</u>      |            |   |   |   |  |  |                                  |
| 丄             |            |   |   |   |  |  |                                  |
| k             |            |   |   |   |  |  |                                  |
| <u></u>       |            |   |   |   |  |  |                                  |
| m             |            |   |   |   |  |  |                                  |
| <u>n</u>      |            |   |   |   |  |  |                                  |
| 0             |            |   | ·   |   | 1  | <del>_</del>                                 |                                  |
|               | 0          |   | f If gain, also enter   | r in Part I, line 7                             |  | 4  | 740 101                          |
| 2             | capital ga | ain net income or (net ca                                 | pital loss) { If (loss), enter "-(                                    | r in Part I, line 7<br>0-" in Part I, line 7    | 2  |  | 742,191                          |
|               |            |   | s) as defined in sections 1222(5) ar                                  | nd (6):   |  |  |                                  |
|               |            | so enter in Part I, line 8, enter "-0-" in Part I, line 8 |   | ř.  | ,  | NJ/A   |                                  |

|     | 990-PF (2015) DE BEAUMONT FOUNDATION, INC.  rt VI   Excise Tax Based on Investment Income (Section 49)   | 40(a), 49        | 40(b), 4940(e), or             | 04-346'<br>1948 - see | 7074<br>instru      | ction      | age 4      |
|-----|--|------------------|--------------------------------|-----------------------|---------------------|------------|------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here and   |                  |                                |                       |                     |            |            |
|     | Date of ruling or determination letter: (attach copy of letter if n  | ecessary-se      | e instructions)                |                       |                     |            |            |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here  | <b>▶</b> □ an    | d enter 1%                     | 1                     | 3                   | 5,6        | 60.        |
|     | of Part I, line 27b  |                  |                                |                       |                     |            |            |
| C . | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4  | % of Part I,     | line 12, col. (b).             |                       |                     |            |            |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.  | Others enter     | · -0-)                         | 2                     |                     |            | 0.         |
| 3   | Add lines 1 and 2  |                  |                                | 3                     | 3                   | 5,6        |            |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.  | Others ente      | г -0-)                         | 4                     |                     |            | 0.         |
|     | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |                  |                                | 5                     | 3                   | <u>5,6</u> | <u>60.</u> |
| 6   | Credits/Payments:  | 1 1              |                                | 1                     |                     |            |            |
|     | 2015 estimated tax payments and 2014 overpayment credited to 2015  | 6a               | 30,748                         | <u>-</u>              |                     |            |            |
|     | Exempt foreign organizations - tax withheld at source  | 6b               |                                | <b>∤</b>              |                     |            |            |
| C   | Tax paid with application for extension of time to file (Form 8868)  | 6c               |                                | 4                     |                     |            |            |
|     | Backup withholding erroneously withheld  | 6d               |                                | -                     | _                   |            |            |
|     | Total credits and payments. Add lines 6a through 6d  |                  |                                | 7                     | 3                   | <u>0,7</u> | <u>48.</u> |
|     | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is at   | tached           |                                | 8                     | <del></del>         |            | 2.         |
|     | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |                  | <b>•</b>                       | 9                     |                     | 4,9        | 14.        |
|     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |                  | <b>.</b>                       | 10                    |                     |            |            |
|     | Enter the amount of line 10 to be: Credited to 2016 estimated tax  |                  | Refunded                       | 11                    |                     |            |            |
|     | rt VII-A Statements Regarding Activities   |                  |                                |                       | 1                   | Voc        | No         |
|     | During the tax year, did the foundation attempt to influence any national, state, or local leg   | Jisiation or d   | id it participate or interven  | e in                  | 1                   | 163        |            |
|     | any political campaign?  |                  | estructions for the deficition | n\0                   | 1a                  |            | X          |
|     | Did it spend more than \$100 during the year (either directly or indirectly) for political purp  |                  |                                |                       | 1b                  |            |            |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a  | ina copies       | or arry materials publist      | eu or                 |                     |            |            |
|     | distributed by the foundation in connection with the activities.   |                  |                                |                       | 1c                  |            | x          |
|     | Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t | ha vaar          |                                |                       | 16                  |            |            |
|     | (1) On the foundation. > \$ (2) On foundation manage   |                  | 0                              |                       |                     |            |            |
|     | Enter the reimbursement (if any) paid by the foundation during the year for political exper  |                  |                                | <u> </u>              |                     |            |            |
|     | managers. > \$ 0.  | iuiture tax iri  | iposca on toundation           |                       |                     |            |            |
|     | Has the foundation engaged in any activities that have not previously been reported to the   | IRS?             |                                |                       | 2                   |            | x          |
|     | If "Yes," attach a detailed description of the activities.   |                  |                                |                       |                     |            |            |
|     | Has the foundation made any changes, not previously reported to the IRS, in its governin   | a instrument     | t. articles of incorporation.  | or                    |                     |            |            |
|     | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the characteristics.  |                  | ,,                             |                       | 3                   | İ          | X          |
|     | Did the foundation have unrelated business gross income of \$1,000 or more during the y  | -                |                                |                       | 4a                  |            | X          |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?   |                  |                                | N/A                   | 4b                  |            |            |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year  | וני              |                                |                       | 5                   |            | X          |
|     | If "Yes," attach the statement required by General Instruction T   |                  |                                |                       |                     |            |            |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied  | either:          |                                |                       |                     |            |            |
|     | By language in the governing instrument, or  |                  |                                |                       |                     |            |            |
|     | ullet By state legislation that effectively amends the governing instrument so that no mandat  | ory direction    | is that conflict with the sta  | te law                |                     | ,          |            |
|     | remain in the governing instrument?  |                  |                                |                       | 6                   | X          |            |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," $c$  | omplete Pa       | art II, col. (c), and Part X   | v                     | 7                   | X          |            |
|     |  |                  |                                |                       |                     |            |            |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instruc   | tions) 🕨 _       |                                |                       |                     |            |            |
|     | DE, MD   |                  |                                |                       |                     |            |            |
|     | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the  | Attorney Ge      | eneral (or designate)          |                       |                     |            |            |
|     | of each state as required by General Instruction G? If "No," attach explanation  |                  |                                |                       | 8b                  | X          |            |
|     | Is the foundation claiming status as a private operating foundation within the meaning of  |                  |                                | lendar                |                     |            |            |
|     | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"   |                  |                                |                       | 9                   |            | X          |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a sche   | dule listing the | eir names and addresses        |                       | 10<br>orm <b>90</b> | D. DE      | <u>X</u>   |

|    |   | <u> 14-3467074</u> | <u> </u> | Page 5       |
|----|---|--------------------|----------|--------------|
| Pa | irt VII-A Statements Regarding Activities (continued)   |                    |          |              |
|    |   |                    | Yes      | No           |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of  |                    |          |              |
|    | section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11                 |          | LX           |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri  | vileges?           |          |              |
|    | If "Yes," attach statement (see instructions)   | 12                 |          | X            |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13                 | X        |              |
|    | Website address ► WWW.DEBEAUMONT.ORG  |                    |          |              |
| 14 | The books are in care of ▶ ARIEL MOYER Telephone no. ▶  | 301-961-4          | 1948     |              |
|    | Located at ▶ 7501 WISCONSIN AVENUE, SUITE 1310E, BETHESDA, MD   | ZIP+4 ▶20814       | 1        |              |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   | <del></del> -      | <b></b>  | $\cdot \Box$ |
|    | and enter the amount of tax-exempt interest received or accrued during the year   | 15   1             | I/A      |              |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,  |                    | Yes      | No           |
|    | securities, or other financial account in a foreign country?  | 16                 | 7        | Х            |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the  |                    |          |              |
|    | foreign country   |                    |          |              |
| Pa | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required  |                    |          |              |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |                    | Yes      | No           |
| 1a | During the year did the foundation (either directly or indirectly):   |                    |          |              |
|    |   | X No               |          |              |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |                    |          |              |
|    |   | X No               |          |              |
|    |   | x X No             |          |              |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  |                    |          |              |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available   |                    |          |              |
|    |   | X No               |          |              |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |                    |          | ŀ            |
|    | if the foundation agreed to make a grant to or to employ the official for a period after  |                    |          |              |
|    |   | X No               |          | İ            |
| b  | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations  |                    |          |              |
|    | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 16                 |          | x            |
|    | Organizations relying on a current notice regarding disaster assistance check here  |                    |          |              |
| c  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected   |                    |          |              |
|    | before the first day of the tax year beginning in 2015?   | 10                 |          | х            |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation  |                    |          |              |
|    | defined in section 4942(j)(3) or 4942(j)(5)):   |                    |          |              |
| а  | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  |                    |          |              |
|    |   | X No               |          |              |
|    | arms are a second and a second and a second are a second and a second and a second are a second and a second and a second are a second and a second are a second and a second are a second |                    |          |              |
| b  | If "Yes," list the years \( \bigs \)  |                    |          |              |
|    | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach  |                    |          |              |
|    | statement - see instructions.)  | N/A 2b             |          |              |
| C  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.   |                    |          |              |
|    |   |                    |          |              |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |                    |          |              |
|    |   | s X No             |          |              |
| b  | of "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after  |                    | 1        | ľ            |
| -  | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis  |                    |          |              |
|    | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,  | •                  |          |              |
|    | Form 4720, to determine if the foundation had excess business holdings in 2015.)  | N/A 3b             |          |              |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a                 | <u> </u> | Х            |
|    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose   | F                  | 1        | T            |
| -  | had not been removed from jeopardy before the first day of the tax year beginning in 2015?  | 46                 |          | x            |
|    |   | Form 99            | 0-PF     |              |

11-24-15

| orm 990-PF (2015) DE BEAUMONT FOUNDATION, Part VII-B   Statements Regarding Activities for Which I | INC.  | Poguirod (seeks)  | 04-34670   | <b>74</b> Page <b>6</b>    |
|--|---|-------------------|--|----------------------------|
| 5a During the year did the foundation pay or incur any amount to:                                  | TOTTI 4720 Way be n                           | redan ed (contint | iea)   |                            |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section                    | n 4945(e))?                                   | Ye                | s X No   |                            |
| (2) Influence the outcome of any specific public election (see section 4955); of                   | , ,,  |                   |  |                            |
| any voter registration drive?  | ,,,   |                   | s X No   |                            |
| (3) Provide a grant to an individual for travel, study, or other similar purposes                  | ?   |                   | s X No   |                            |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio                  |   |                   |  |                            |
| 4945(d)(4)(A)? (see instructions)  |   | ☐ Ye              | s X No   |                            |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,                | or educational purposes, or fo                | or                |  | 1 1                        |
| the prevention of cruelty to children or animals?  |   |                   | s X No   |                            |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit            | der the exceptions described i                | n Regulations     |  |                            |
| section 53.4945 or in a current notice regarding disaster assistance (see instru                   | ictions)?                                     |                   | N/A  | 5b                         |
| Organizations relying on a current notice regarding disaster assistance check h                    | nere  |                   | ▶□ 「   |                            |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for                | rom the tax because it maintai                | ned               |  |                            |
| expenditure responsibility for the grant?  | N   | // A              | s 🔲 No 📗   |                            |
| If "Yes," attach the statement required by Regulations section 53.494                              | 5-5 <i>(d).</i>                               |                   |  |                            |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to              | pay premiums on                               |                   |  |                            |
| a personal benefit contract?   |   | Ye                | s X No   |                            |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p         | personal benefit contract?                    |                   |  | 6b X                       |
| If "Yes" to 6b, file Form 8870.  |   |                   |  |                            |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s               | shelter transaction?                          | Ye                | s 🗶 No 📙   |                            |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribi          |   |                   | /  | 7b                         |
| Part VIII Information About Officers, Directors, Trust   | ees, Foundation Ma                            | nagers, Highly    | <i>(</i>   |                            |
| Paid Employees, and Contractors  |   |                   |  |                            |
| 1 List all officers, directors, trustees, foundation managers and their                            |   | (c) Compensation  | (d) Contributions to   | (e) Expense                |
| (a) Name and address   | (b) Title, and average hours per week devoted | (If not paid.     | (d) Contributions to<br>employee benefit plans<br>and deferred | account, other             |
| — <u>,</u>   | to position                                   | `enter -0-)'      | compensation   | allowances                 |
|  | -   |                   |  |                            |
| SEE STATEMENT 9  |   | 408,883.          | 10,198.  | 0.                         |
| SEE STRIEMENT 9  |   | 400,003.          | 10,150.  | •                          |
|  | -   |                   |  |                            |
|  | 1   |                   |  |                            |
|  |   |                   |  |                            |
|  | 1   |                   |  |                            |
|  |   |                   |  |                            |
|  |   |                   |  |                            |
|  |   |                   |  |                            |
|  |   |                   |  |                            |
| 2 Compensation of five highest-paid employees (other than those inc                                | luded on line 1). If none,                    | enter "NONE."     |  |                            |
| (a) Name and address of each employee paid more than \$50,000                                      | (b) Title, and average<br>hours per week      | (c) Compensation  | (d) Contributions to<br>employee benefit plans                 | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000                                      | devoted to position                           | (C) Compensation  | and deferred compensation                                      | allowances                 |
| BRIAN CASTRUCCI - 7501 WISCONSIN   | CHIEF PROGRAM                                 | & STRATE          |  | ER                         |
| AVENUE, BETHESDA, MD 20814   | 40.00   | 183,975.          | 15,650.  | 0.                         |
| ARIEL MOYER - 7501 WISCONSIN AVENUE,   | CHIEF OPERATI                                 |                   | R  |                            |
| BETHESDA, MD 20814   | 40.00   | 175,896.          | 10,118.  | 0.                         |
| ADAM JUDGE - 7501 WISCONSIN AVENUE,  | SENIOR LEARNI                                 |                   |  |                            |
| BETHESDA, MD 20814   | 40.00   | 101,862.          | 6,995.   | 0.                         |
| THERESA CHAPPLE - 7501 WISCONSIN   | 1   | & EVALUAT         |  |                            |
| AVENUE, BETHESDA, MD 20814   | 40.00   | 97,596.           | 7,838.   | 0.                         |
|  | SENIOR PROGRA                                 |                   |  | _                          |
| AVENUE, BETHESDA, MD 20814   | 40.00   | 67,404.           | 14,268.  | 0.                         |
| Total number of other employees paid over \$50,000   |   |                   | <u> </u>   | 1                          |
|  |   |                   | Form   | <b>990-PF</b> (2015)       |

PRIME, BUCHHOLZ & ASSOCIATES,

3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000

| 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801   | NVESTMENT ADVISOR               | 218,435.        |
|---|---------------------------------|-----------------|
| PR COLLABORATIVE - 2900 M STREET, NW, SUITE C   | COMMUNICATIONS                  |                 |
| 200, WASHINGTON , DC 20007  | CONSULTING                      | 175,000.        |
| DAVIDOFF COMMUNICATIONS - 730 N. FRANKLIN   | ··                              |                 |
| ST., SUITE 601, CHICAGO, IL 60654   | PPB NATIONAL MEETING            | <b>153,839.</b> |
| JP LEIDER RESEARCH & CONSULTING LLC   |                                 |                 |
| 1012 25TH AVENUE, SE, MINNEAPOLIS, MN 55414   | RESEARCH CONSULTING             | 109,665.        |
| LISA CURTIS - 744 6TH STREET, SW, SUITE 211, E  | BUILD PROJECT                   |                 |
| WASHINGTON , DC 20024   | IANAGEMENT                      | 106,350.        |
| Total number of others receiving over \$50,000 for professional services  | <u> </u>                        |                 |
| Part IX-A Summary of Direct Charitable Activities   |                                 |                 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce | information such as the d, etc. | Expenses        |
| 1 PRACTICAL PLAYBOOK WEBSITE: FULL REDESIGN OF T  | HE PRACTICAL                    |                 |
| PLAYBOOK WEBSITE TO IMPROVE NAVIGATION, USER I  |                                 |                 |
| CONTENT.  | •                               | 291,827.        |
| 2   |                                 |                 |
|   |                                 |                 |
| SEE STATEMENT 10  |                                 | 162,756.        |
| 3   |                                 |                 |
|   |                                 |                 |
| SEE STATEMENT 11  |                                 | 82,015.         |
| 4   |                                 |                 |
|   |                                 |                 |
| SEE STATEMENT 12  |                                 | 42,442.         |
| Part IX-B   Summary of Program-Related Investments  |                                 |                 |
| Describe the two largest program-related investments made by the foundation during the tax year on lines  | s 1 and 2.                      | Amount          |
| 1 <u>N/A</u>  |                                 |                 |
|   |                                 |                 |
|   |                                 |                 |
| 2   |                                 |                 |
|   |                                 |                 |
|   |                                 |                 |
| All other program-related investments. See instructions.  |                                 |                 |
| 3   |                                 |                 |
|   |                                 |                 |
|   |                                 |                 |

Total. Add lines 1 through 3

|          | DE BEAUMONI FOUNDATION, INC.   | <u> </u>  | = 3407074 Tage 0                      |
|----------|--|-----------|---------------------------------------|
| <u>_</u> | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations                           | ndation   | s, see instructions)                  |
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                |           |                                       |
| а        | Average monthly fair market value of securities  | 1a        | 157,044,427.                          |
| b        | Average of monthly cash balances   | 1b        | 24,168,568.                           |
| C        | Fair market value of all other assets  | 1c        |                                       |
| d        | Total (add lines 1a, b, and c)   | 1d        | 181,212,995.                          |
| е        | Reduction claimed for blockage or other factors reported on lines 1a and   |           |                                       |
|          | 1c (attach detailed explanation) 1e 0.   |           |                                       |
| 2        | Acquisition indebtedness applicable to line 1 assets   | 2         | 0.                                    |
| 3        | Subtract line 2 from line 1d   | 3         | 181,212,995.                          |
| 4        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                  | 4         | 2,718,195.                            |
| 5        | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                       | 5         | 178,494,800.                          |
| 6_       | Minimum investment return. Enter 5% of line 5  | 6         | 8,924,740.                            |
| P        | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar             | nd certai | n                                     |
|          | foreign organizations check here  and do not complete this part.)  |           | <u> </u>                              |
| 1        | Minimum investment return from Part X, line 6  | 1         | 8,924,740.                            |
| 2a       | Tax on investment income for 2015 from Part VI, line 5 2a 35,660.  |           |                                       |
| b        | Income tax for 2015. (This does not include the tax from Part VI.)   |           |                                       |
| C        | Add lines 2a and 2b  | 2c        | 35,660.                               |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1  | 3         | 8,889,080.                            |
| 4        | Recoveries of amounts treated as qualifying distributions  | 4         | 0.                                    |
| 5        | Add lines 3 and 4  | 5         | 8,889,080.                            |
| 6        | Deduction from distributable amount (see instructions)   | 6         | 0.                                    |
| 7_       | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1                         | 7         | 8,889,080.                            |
| P        | art XII Qualifying Distributions (see instructions)  |           |                                       |
| 1        | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                 |           |                                       |
| а        | ,  | 1a        | 10,998,211.                           |
| b        | Program-related investments - total from Part IX-B   | 1b        | 0.                                    |
| 2        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                  | 2         | · · · · · · · · · · · · · · · · · · · |
| 3        | Amounts set aside for specific charitable projects that satisfy the:   |           |                                       |
| а        |  | 3a        |                                       |
| b        | Cash distribution test (attach the required schedule)  | 3b        |                                       |
| 4        | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                 | 4         | 10,998,211.                           |
| 5        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                               |           |                                       |
|          | income. Enter 1% of Part I, line 27b   | 5         | 0.                                    |
| 6        | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6         | 10,998,211.                           |
|          | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation | nualifies | for the section                       |

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4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014                           | (d)<br>2015               |
|---|---------------|----------------------------|---------------------------------------|---------------------------|
| 1 Distributable amount for 2015 from Part XI, line 7  | Corpus        | , our o prior to 2011      | 2011                                  | 8,889,080.                |
| 2 Undistributed income, if any, as of the end of 2015   |               | · ****                     | · · · · · · · · · · · · · · · · · · · | 0,009,000.                |
| a Enter amount for 2014 only  |               |                            | 0.                                    |                           |
| b Total for prior years:  |               |                            |                                       |                           |
|   |               | 0.                         |                                       |                           |
| 3 Excess distributions carryover, if any, to 2015:  |               |                            |                                       |                           |
| a From 2010 135, 436.   |               |                            |                                       |                           |
| b From 2011 1,542,550.  |               |                            |                                       |                           |
| c From 2012 36, 433.  |               |                            |                                       |                           |
| d From 2013   |               |                            |                                       |                           |
| e From 2014   |               |                            |                                       |                           |
| f Total of lines 3a through e   | 1,714,419.    |                            |                                       |                           |
| 4 Qualifying distributions for 2015 from  |               |                            |                                       |                           |
| Part XII, line 4: ► \$ 10,998,211.  |               |                            |                                       |                           |
| a Applied to 2014, but not more than line 2a  | 1             |                            | 0.                                    |                           |
| <b>b</b> Applied to undistributed income of prior   |               |                            |                                       | <del></del>               |
| years (Election required - see instructions)  |               | 0.                         |                                       |                           |
| c Treated as distributions out of corpus  |               |                            |                                       | <del></del>               |
| (Election required - see instructions) **   | 360,581.      |                            |                                       |                           |
| d Applied to 2015 distributable amount  | 300,3021      |                            |                                       | 8,889,080.                |
| e Remaining amount distributed out of corpus  | 1,748,550.    |                            |                                       | 0,005,000.                |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount                                   | 0.            |                            |                                       | 0.                        |
| must be shown in column (a))  6 Enter the net total of each column as indicated below:  |               |                            |                                       |                           |
|   | 3,823,550.    |                            |                                       |                           |
| Corpus Add lines 3f, 4c, and 4e Subtract line 5     Prior years' undistributed income. Subtract   | 3,023,330.    |                            |                                       |                           |
| line 4b from line 2b  |               | 0.                         |                                       |                           |
| c Enter the amount of prior years'  |               |                            |                                       |                           |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |                                       |                           |
| d Subtract line 6c from line 6b. Taxable  |               | 0.                         |                                       |                           |
| amount - see instructions   |               | 0.                         |                                       |                           |
| e Undistributed income for 2014. Subtract line  |               | <u> </u>                   |                                       |                           |
| 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.                                    |                           |
| f Undistributed income for 2015. Subtract   |               | ***                        |                                       |                           |
| lines 4d and 5 from line 1. This amount must  |               |                            |                                       |                           |
| be distributed in 2016  |               |                            |                                       | 0.                        |
| 7 Amounts treated as distributions out of   |               |                            |                                       | ****                      |
| corpus to satisfy requirements imposed by   |               |                            |                                       |                           |
| section 170(b)(1)(F) or 4942(g)(3) (Election  |               |                            |                                       |                           |
| may be required - see instructions)   | 2,075,000.    |                            |                                       |                           |
| 8 Excess distributions carryover from 2010  |               |                            |                                       |                           |
| not applied on line 5 or line 7   | 0.            |                            |                                       |                           |
| 9 Excess distributions carryover to 2016.   |               | ·                          |                                       |                           |
| Subtract lines 7 and 8 from line 6a   | 1,748,550.    |                            |                                       |                           |
| 10 Analysis of line 9:  |               |                            |                                       |                           |
| a Excess from 2011  |               |                            |                                       |                           |
| b Excess from 2012  |               |                            |                                       |                           |
| c Excess from 2013  |               |                            |                                       |                           |
| d Excess from 2014  |               |                            |                                       |                           |
| e Excess from 2015 1,748,550.   | _             |                            |                                       |                           |
| 523581 11-24-15   | ** SEE S      | TATEMENT 13                |                                       | Form <b>990-PF</b> (2015) |

523581 11-24-15

| Form 990-PF (2015) DE BEAU  | MONT FOUNDA                           | TION, INC.                   |                           |                             | 167074 Page 10      |
|---|---------------------------------------|------------------------------|---------------------------|-----------------------------|---------------------|
| Part XIV   Private Operating Fo   |                                       |                              | -A, question 9)           | N/A                         |                     |
| 1 a If the foundation has received a ruling or                                      |                                       |                              |                           |                             |                     |
| foundation, and the ruling is effective for   |                                       | -                            | ▶ ∟_                      |                             |                     |
| <b>b</b> Check box to indicate whether the found                                    |                                       | ng foundation described      |                           | 4942(j)(3) or4              | 942(j)(5)           |
| 2 a Enter the lesser of the adjusted net  | Tax year                              | 41.0044                      | Prior 3 years             | ( 0 0040                    | 4.5                 |
| income from Part I or the minimum   | (a) 2015                              | (b) 2014                     | (c) 2013                  | (d) 2012                    | (e) Total           |
| investment return from Part X for   |                                       |                              |                           |                             | 1                   |
| each year listed  | - <u>-</u>                            |                              |                           |                             |                     |
| <b>b</b> 85% of line 2a   | - <del></del> -                       |                              |                           |                             |                     |
| c Qualifying distributions from Part XII,   |                                       |                              |                           |                             |                     |
| line 4 for each year listed   | ·                                     |                              |                           |                             |                     |
| d Amounts included in line 2c not   |                                       |                              |                           |                             |                     |
| used directly for active conduct of   |                                       |                              |                           |                             |                     |
| exempt activities   |                                       |                              |                           |                             |                     |
| e Qualifying distributions made directly  |                                       |                              |                           |                             |                     |
| for active conduct of exempt activities.  |                                       |                              | }                         |                             |                     |
| Subtract line 2d from line 2c   |                                       |                              |                           |                             | _                   |
| 3 Complete 3a, b, or c for the alternative test relied upon:                        |                                       |                              |                           |                             |                     |
| a "Assets" alternative test - enter:  |                                       |                              |                           |                             |                     |
| (1) Value of all assets   |                                       |                              |                           |                             |                     |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                       |                                       |                              |                           |                             |                     |
| <b>b</b> "Endowment" alternative test - enter                                       |                                       |                              |                           |                             |                     |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed |                                       |                              |                           |                             |                     |
| c "Support" alternative test - enter:   | · · · · · · · · · · · · · · · · · · · |                              |                           |                             | _                   |
| (1) Total support other than gross  |                                       |                              |                           |                             |                     |
| investment income (interest,  |                                       |                              |                           |                             |                     |
| dividends, rents, payments on   |                                       |                              |                           |                             |                     |
| securities loans (section 512(a)(5)), or royalties)                                 |                                       |                              |                           |                             | 1                   |
| (2) Support from general public   | · · · · · · · · · · · · · · · · · · · |                              |                           |                             |                     |
| and 5 or more exempt  |                                       |                              |                           |                             |                     |
| organizations as provided in section 4942(j)(3)(B)(iii)                             |                                       |                              |                           |                             |                     |
| (3) Largest amount of support from  |                                       |                              |                           |                             | _                   |
| an exempt organization  |                                       |                              |                           |                             |                     |
| (4) Gross investment income   |                                       |                              |                           |                             |                     |
| Part XV   Supplementary Info  | rmation (Comple                       | te this part only            | if the foundatio          | n had \$5,000 or m          | ore in assets       |
| at any time during t  |                                       |                              |                           | •                           |                     |
| 1 Information Regarding Foundatio   | n Managers:                           |                              |                           |                             |                     |
| a List any managers of the foundation who   | have contributed more                 | than 2% of the total conf    | ributions received by th  | e foundation before the cl  | ose of any tax      |
| year (but only if they have contributed m   | iore than \$5,000). (See s            | ection 507(d)(2).)           | •                         |                             |                     |
| NONE  |                                       |                              |                           |                             |                     |
| b List any managers of the foundation who   | o own 10% or more of th               | e stock of a corporation     | or an equally large por   | tion of the ownership of a  | partnership or      |
| other entity) of which the foundation has   | a 10% or greater interes              | st.                          |                           |                             |                     |
| NONE  |                                       |                              |                           |                             |                     |
| 2 Information Regarding Contributi  | on, Grant, Gift, Loan,                | Scholarship, etc., Pi        | ograms:                   |                             |                     |
| Check here 🕨 🗶 If the foundation of   | nly makes contributions               | to preselected charitable    | organizations and does    | not accept unsolicited req  | uests for funds. If |
| the foundation makes gifts, grants, etc. (  | see instructions) to indiv            | viduals or organizations u   | inder other conditions,   | complete items 2a, b, c, ar | nd d.               |
| a The name, address, and telephone numb   | per or e-mail address of t            | he person to whom appl       | cations should be addr    | essed:                      | _                   |
|   |                                       |                              |                           |                             |                     |
| <b>b</b> The form in which applications should b                                    | e submitted and informa               | tion and materials they sl   | nould include:            |                             |                     |
|   |                                       |                              |                           |                             |                     |
| c Any submission deadlines:   |                                       |                              |                           |                             |                     |
| d Any restrictions or limitations on awards   | , such as by geographic               | al areas, charitable fields, | kinds of institutions, or | r other factors:            |                     |
|   |                                       |                              |                           |                             |                     |
|   |                                       |                              |                           |                             |                     |

| Part XV Supplementary Information                     | (continued)   |                        |  |                          |
|---|---|------------------------|--|--------------------------|
| 3 Grants and Contributions Paid During the Y          |   | Payment                |  |                          |
| Recipient   | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or                      | •                        |
| Name and address (home or business)                   | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution                             | Amount                   |
| a Paid during the year                                |   |                        |  |                          |
|   |   | ļ                      |  |                          |
|   |   |                        |  |                          |
| ADELANTE DEVELOPMENT CENTER                           | NONE  | PC                     | BUILD IMPLEMENTATION                     |                          |
| 3900 OSUNA ROAD, NE                                   |   |                        | AWARD                                    |                          |
| ALBUQUERQUE, NM 87109                                 |   |                        |  | 150,000.                 |
|   |   |                        |  |                          |
| ASSOCIATION OF SCHOOL AND PROGRAMS OF                 | NONE  | PC                     | PHILANTHROPY FELLOW                      |                          |
| PUBLIC HEALTH   |   |                        | PROGRAM                                  |                          |
| 1900 M STREET, NW, SUITE 710                          |   |                        |  | 25.252                   |
| WASHINGTON, DC 20036                                  |   | <del> </del>           |  | 96,969.                  |
|   |   |                        |  |                          |
| ASSOCIATION OF STATE AND TERRITORIAL                  | NONE  | PC                     | MEDICAID & PUBLIC                        |                          |
| HEALTH OFFICIALS                                      |   |                        | HEALTH INTEGRATION                       |                          |
| 2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202     |   |                        | PROJECT                                  | 621,613.                 |
|   |   |                        |  |                          |
|   |   |                        |  |                          |
| ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS | NONE  | PC                     | SENIOR DEPUTIES PROGRAM                  |                          |
| 2231 CRYSTAL DRIVE, SUITE 450                         |   |                        | PROGRAM                                  |                          |
| ARLINGTON, VA 22202                                   |   |                        |  | 150,000.                 |
|   |   |                        |  |                          |
|   |   |                        |  |                          |
| BIKES NOT BOMBS                                       | NONE  | PC                     | GENERAL OPERATING                        |                          |
| 284 ARMORY STREET                                     |   |                        | SUPPORT                                  |                          |
| JAMAICA PLAIN, MA 02130                               | │<br>NTINUATION SHEE                                    |                        | <u> </u>                                 | 5 000.                   |
| b Approved for future payment                         | NITHORITON SHE  | 1 (5)                  | ▶ 3a                                     | 7,666,020,               |
| ,,  |   |                        |  |                          |
|   |   |                        |  |                          |
| ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS | NONE  | PC                     | ASTHO SENIOR DEPUTIES LEADERSHIP PROGRAM |                          |
| 2231 CRYSTAL DRIVE, SUITE 450                         |   |                        | LEADERSHIP FROGRAM                       |                          |
| ARLINGTON, VA 22202                                   |   |                        |  | 150,000.                 |
|   |   |                        |  |                          |
| ASSOCIATION OF STATE AND TERRITORIAL                  | NONE  | ₽C                     | PH WINS: FROM RESEARCH                   |                          |
| HEALTH OFFICIALS                                      |   |                        | TO ACTION                                |                          |
| 2231 CRYSTAL DRIVE, SUITE 450                         |   |                        |  |                          |
| ARLINGTON, VA 22202                                   | +   |                        |  | 359,514.                 |
|   |   |                        |  |                          |
|   |   |                        |  |                          |
| DUKE UNIVERSITY                                       | NONE  | ₽C                     | PRACTICAL PLAYBOOK                       |                          |
| BOX 2914  |   |                        | PHASE II                                 | 2 440 640                |
| MEDICAL CENTER DURHAM, NC 27710  Total SEE CO         | NTINUATION SHE  | ET(S)                  | <b>▶</b> 3b                              | 3,410,642,<br>5,679,062, |
|   |   |                        |  | 000 DE                   |

Form **990-PF** (2015)

04-3467074

DE BEAUMONT FOUNDATION, INC.

| Part XV Supplementary Information  | n  |                      |                                  |                 |
|--|--|----------------------|----------------------------------|-----------------|
| 3 Grants and Contributions Paid During the   | Year (Continuation)  | <u>, , , ,</u>       |                                  |                 |
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount          |
| Name and address (home or business)  | or substantial contributor   | recipient            |                                  |                 |
| CABIN CREEK HEALTH SYSTEMS PO BOX 70 DAWES, WV 25054   | NONE   | PC                   | GENERAL OPERATING<br>SUPPORT     | 20,000.         |
| CDC FOUNDATION 55 PARK PLACE, SUITE 400 ATLANTA, GA 30303  | NONE   | PC                   | EIS GRANT PAYMENT                | 58,8 <b>41.</b> |
| COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202                                       | NONE   | PC                   | GENERAL OPERATING<br>SUPPORT     | 8,800,          |
| COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001  | NONE   | PC                   | GENERAL OPERATING<br>SUPPORT     | 10,000.         |
| DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115  | NONE   | PC                   | GENERAL OPERATING<br>SUPPORT     | 10,000.         |
| DRUID HEIGHTS COMMUNITY DEVELOPMENT CENTER 2140 MCCULLOH STREET  | NONE   | PC                   | BUILD PLANNING AWARD             | 74.057          |
| BALTIMORE, MD 21201  |  |                      |                                  | 74,957.         |
| DUKE UNIVERSITY BOX 2914   | NONE   | PC                   | PRACTICAL PLAYBOOK               |                 |
| MEDICAL CENTER DURHAM, NC 27710  EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION 1825 SAN PABLO AVENUE, SUITE 200 | NONE   | PC                   | BUILD IMPLEMENTATION AWARD       | 2,275,795.      |
| OAKLAND, CA 94612  |  |                      |                                  | 150,000.        |
| EASTSIDE COMMUNITY NETWORK 4401 CONNER STREET DETROIT, MI 48215  | NONE   | ₽C                   | BUILD PLANNING AWARD             | 75,000.         |
| ENVIRONMENTAL HEALTH WATCH 3500 LORAIN AVENUE, SUITE 302 CLEVELAND, OH 44113                                   | NONE   | ₽C                   | BUILD IMPLEMENTATION AWARD       | 150,000.        |
| Total from continuation sheets   |  |                      |                                  | 6,642,438.      |

DE BEAUMONT FOUNDATION, INC.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor FLORIDA INSTITUTE FOR HEALTH BUILD PLANNING AWARD NONE PC INNOVATION 2701 N AUSTRALIAN AVENUE, SUITE 204 WEST PALM BEACH, FL 33407 74.816. FRIENDS OF BOSTON HOMELESS, INC. NONE PC GENERAL OPERATING 12 WISE STREET SUPPORT BOSTON, MA 02130 15,000. FUND FOR PUBLIC HEALTH NEW YORK NONE PC NYC HANES GRANT REFUND 22 CORTLAND STREET, 11TH FLOOR (UNSPENT FUNDS) NEW YORK, NY 10007 -98,878. GRANTMAKERS FOR EFFECTIVE NONE GENERAL OPERATING ÞС ORGANIZATIONS SUPPORT 1725 DESALES STREET, NW, SUITE 404 WASHINGTON, DC 20036 3,190. GRANTMAKERS IN HEALTH NONE ÞC GENERAL OPERATING 1100 CONNECTICUT AVENUE, NW, SUITE SUPPORT 1200 WASHINGTON DC 20036 2,875, GREATER HOMEWOOD COMMUNITY NONE PC GRANT: BALTIMORE CORPORATION HEALTH DEPARTMENT 3503 N CHARLES STREET FELLOW BALTIMORE, MD 21218 85,696. HAP HOUSING NONE ÞС BUILD PLANNING AWARD 322 MAIN STREET, SUITE 1 75,000, SPRINGFIELD MA 01105-2403 HEALTH 2.0 NONE ÞС DATA DIVIDE CHALLENGE 650 DELANCEY STREET 221 GRANT SAN FRANCISCO, CA 94107 62,400. HEALTH CARE FOR ALL NONE ÞС GENERAL OPERATING 30 WINTER STREET, 19TH FLOOR SUPPORT BOSTON, MA 02108 8,000. HEALTH DATA CONSORTIUM NONE PC GRANT: OBESITY DATA 1150 17TH STREET, NW, SUITE 600 CHALLENGE WASHINGTON, DC 20036 46,350. Total from continuation sheets

DE BEAUMONT FOUNDATION, INC.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient HEARTLAND CENTER NONE PC GENERAL OPERATING SUPPORT 16965 NW 45 HIGHWAY PARKVILLE, MO 64152 89,386. HOUSTON FOOD BANK NONE ÞС BUILD IMPLEMENTATION 535 PORTWALL STREET AWARD HOUSTON, TX 77029 150,000. NONE PC INTERIM COMMUNITY DEVELOPMENT BUILD PLANNING AWARD ASSOCIATION 601 S KING STREET SEATTLE, WA 98104 75,000. JOHNS HOPKINS BLOOMBERG SCHOOL NONE ÞС NEW FINANCE DATA SET GRANT 615 N WOLFE STREET BALTIMORE, MD 21205 172,747. PC LAF NONE BUILD PLANNING AWARD 1129 20TH STREET, NW, SUITE 202 WASHINGTON, DC 20036 75,000. LOS ANGELES COUNTY DEPARTMENT OF NONE PC EPI SCHOLARS GRANT HEALTH REFUND (UNSPENT FUNDS) 241 N. FIGUEROA STREET, SUITE 275 LOS ANGELES, CA 90012 -802. MARYLAND DEPARTMENT OF HEALTH & NONE PC INNOVATION GRANT MENTAL HYGIENE REFUND (UNSPENT FUNDS) 201 W. PRESTON STREET, 5TH FLOOR BALTIMORE, MD 21201 -85,000. MENTAL HEALTH ASSOCIATION IN TULSA, NONE PC GENERAL OPERATING INC. SUPPORT 1870 SOUTH BOULDER AVENUE TULSA, OK 74119 15,000. N.A.C.C.H.O. NONE PC BIG CITIES HEALTH 100 17TH STREET, NW, SUITE 200 COALITION WASHINGTON DC 20036 225,352. NATIONAL HEALTH FOUNDATION NONE PС BUILD PLANNING AWARD 515 SOUTH FIGUEROA STREET, SUITE 1300 LOS ANGELES, CA 90071 75,000. Total from continuation sheets

04-3467074

DE BEAUMONT FOUNDATION, INC.

| Part XV Supplementary Information                           | on  | N, INC.  |                                     | 7072       |
|---|---|--|-------------------------------------|------------|
| 3 Grants and Contributions Paid During the                  |   |  |                                     |            |
| Recipient   | if recipient is an individual, show any relationship to | Foundation   | Purpose of grant or                 |            |
| Name and address (home or business)                         | any foundation manager<br>or substantial contributor    | status of recipient  | contribution                        | Amount     |
|   |   |  |                                     |            |
| NEO PHILANTHROPY  | NONE  | PC   | CITYHEALTH                          |            |
| 45 w 36TH STREET, 6TH FLOOR                                 |   |  |                                     |            |
| NEW YORK, NY 10018  |   |  |                                     | 1,054,545. |
| NODEWITH GENERAL ADVISOR OF THE                             |   |  |                                     |            |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE               | NONE  | PC   | GENERAL OPERATING<br>SUPPORT        |            |
| BOSTON MA 02115   |   |  | SUPFORT                             | 8,000.     |
|   |   |  |                                     |            |
| NORTHWEST BRONX COMMUNITY & CLERGY                          | NONE  | ₽C   | BUILD IMPLEMENTATION                |            |
| COALITION 103 E 196TH STREET                                |   |  | AWARD                               |            |
| BRONX NY 10468  |   |  |                                     | 150,000.   |
|   |   |  |                                     | •          |
| OPECON DUDITO MEALEN TWOMTONING                             | NONE  |  |                                     |            |
| OREGON PUBLIC HEALTH INSTITUTE 310 SW 4TH AVENUE, SUITE 900 | NONE  | PC   | BUILD PLANNING AWARD                |            |
| PORTLAND, OR 97204  |   |  |                                     | 74.813.    |
|   |   |  |                                     | ·          |
| DADWARDS FOR DEMMER HEAT MY                                 | NONE  | D.G.   | DULL D. TAKIN EMPARATION            |            |
| PARTNERS FOR BETTER HEALTH 8780 10TH STREET, SUITE 239      | NONE  | PC   | BUILD IMPLEMENTATION AWARD          |            |
| ONTARIO, CA 91762   |   |  | AMALO                               | 150,000.   |
|   |   |  |                                     |            |
| PEW CHARITABLE TRUSTS                                       | NONE  | The state of the s | BUILDING GADAGITHY FOR              |            |
| 901 E STREET, NW  | NONE  | PC   | BUILDING CAPACITY FOR HEALTH IMPACT |            |
| WASHINGTON, DC 20004  |   |  | ASSESSMENT IN CITIES                | 123,060.   |
|   |   |  |                                     | •          |
| POLK COUNTY HOUSING TRUST FUND                              | NONTE   |  |                                     |            |
| 108 3RD STREET, SUITE 350                                   | NONE  | PC   | BUILD IMPLEMENTATION AWARD          |            |
| DES MOINES, IA 50309  |   |  |                                     | 150,000.   |
|   |   |  |                                     |            |
| SEA EDUCATION ASSOCIATION (S.E.A.)                          | NONE  | PC   | GENERAL OPERATING                   |            |
| P.O. BOX 6  | HONE  |  | SUPPORT                             |            |
| WOODS HOLE MA 02543   |   |  |                                     | 25,000,    |
|   |   |  |                                     |            |
| TASK FORCE FOR GLOBAL HEALTH                                | NONE  | PC   | PUBLIC HEALTH                       |            |
| 325 SWANTON WAY   |   |  | INFORMATICS TRAINING                |            |
| DECATUR, GA 30030   |   |  | NETWORK                             | 349,695.   |
|   |   |  |                                     |            |
| THE CIVIC CANOPY  | NONE  | ₽C   | BUILD PLANNING AWARD                |            |
| 3532 FRANKLIN STREET  |   | -  | AATTAAAA                            |            |
| DENVER CO 80205   |   |  |                                     | 74,863.    |
| Total from continuation sheets                              |   |  |                                     |            |

DE BEAUMONT FOUNDATION, INC. 04 - 3467074**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor TOGETHER COLORADO NONE ÞС BUILD PLANNING AWARD 1980 DAHLIA STREET DENVER CO 80220 75,000. TRUSTEES OF INDIANA UNIVERSITY NONE ÞС STATE HEALTH BRYAN HALL 300, 107 S. INDIANA AVENUE LEADERSHIP GRANT BLOOMINGTON, IN 47405 227,605. UNIVERSITY OF MIAMI NONE ÞС BUSINESS SKILLS 1120 NW 14TH STREET, SUITE 912 CONVENING GRANT REFUND MIAMI FL 33136 (UNSPENT FUNDS) -12.257UNIVERSITY OF OTAGO IN AMERICA, INC. NONE PC GENERAL OPERATING 800 TOWNSHIP LINE ROAD, SUITE 250 SUPPORT YARDLEY, PA 19067 12,500. VICTORY PROGRAMS, INC. NONE ÞС GENERAL OPERATING 965 MASSACHUSETTS AVENUE SUPPORT BOSTON, MA 02115 9,000. WAKE FOREST UNIVERSITY HEALTH NONE ÞС JPHMP GRANT SCIENCES MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157 189,589. WASHINGTON GRANTMAKERS NONE GENERAL OPERATING PC 1400 16TH STREET, NW, SUITE 740 SUPPORT WASHINGTON, DC 20036 6,500. YMCA OF THE PIKES PEAK REGION NONE ÞС BUILD PLANNING AWARD 316 N TEJON STREET COLORADO SPRINGS, CO 80903 75,000.

523631 04-01-15

Total from continuation sheets

**Supplementary Information** Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient N.A.C.C.H.O. NONE PC BIG CITIES HEALTH 100 17TH STREET, NW, SUITE 200 COALITION WASHINGTON DC 20036 401,346. NEO PHILANTHROPY NONE PC HEALTHIER CITIES GRANT 45 W 36TH STREET, 6TH FLOOR INSTALLMENT NEW YORK, NY 10018 645,000. PEW CHARITABLE TRUSTS NONE ₽C BUILDING CAPACITY FOR 901 E STREET NW HEALTH IMPACT WASHINGTON, DC 20004 ASSESSMENT IN CITIES 19,849. TASK FORCE FOR GLOBAL HEALTH/PUBLIC NONE PC PUBLIC HEALTH HEALTH INFORMATICS INSTITUTE INFORMATICS TRAINING 325 SWANTON WAY NETWORK DECATUR, GA 30030 313,533, WAKE FOREST UNIVERSITY HEALTH NONE РC THE JPHMP AS A SCIENCES CATALYST FOR MEDICAL CENTER BOULEVARD DISSEMINATION OF WINSTON-SALEM, NC 27157 PRACTICE-BASED RESEARCH TO PUBLIC 379,178. Total from continuation sheets 1 758 906.

| Part XV       | . DE Supplementary Inform      | BEAUMONT ation    | FOUNDATION, I           | INC.                                  | 04-3467074  |
|---------------|--------------------------------|-------------------|-------------------------|---------------------------------------|-------------|
| 3b Grants a   | and Contributions Approved for | or Future Payment | Continuation of Purpose | e of Grant or Contribution            |             |
| NAME OF       | RECIPIENT - WA                 | KE FOREST         | UNIVERSITY HE           | EALTH SCIENCES                        |             |
| THE JPH       | MP AS A CATALYS                | T FOR DISS        | EMINATION OF            | PRACTICE-BASED                        | RESEARCH TO |
| PUBLIC        | HEALTH PRACTITI                | ONERS             |                         |                                       |             |
|               |                                |                   |                         |                                       |             |
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|               |                                |                   |                         |                                       |             |
| <del></del>   |                                |                   |                         |                                       |             |

### Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated.   | Unrelate        | d business income          |  | ed by section 512, 513, or 514 | (e)                               |
|---|-----------------|----------------------------|--|--------------------------------|-----------------------------------|
|   | (a)<br>Business | (b)<br>Amount              | (c)<br>Exclu-<br>sion                            | (d)<br>Amount                  | Related or exempt function income |
| 1 Program service revenue:  | code            |                            | code   | 741104111                      |                                   |
| <u>a</u>  |                 |                            | ╂  |                                |                                   |
| b   |                 |                            | <del>                                     </del> |                                |                                   |
| C   |                 |                            | ++   |                                |                                   |
| d   |                 |                            | $\vdash$   |                                |                                   |
| e   |                 |                            | $\vdash$   |                                |                                   |
| f   |                 |                            |  |                                |                                   |
| g Fees and contracts from government agencies   |                 |                            |  |                                |                                   |
| 2 Membership dues and assessments   |                 |                            |  |                                |                                   |
| 3 Interest on savings and temporary cash  | [               |                            |  |                                |                                   |
| investments   |                 |                            | 14   | 62.                            |                                   |
| 4 Dividends and interest from securities  |                 |                            | 14   | 2,175,006.                     |                                   |
| 5 Net rental income or (loss) from real estate:   |                 |                            |  |                                |                                   |
| a Debt-financed property  |                 |                            |  |                                |                                   |
| b Not debt-financed property  |                 |                            |  |                                |                                   |
| 6 Net rental income or (loss) from personal   |                 |                            |  |                                |                                   |
| property  |                 |                            |  |                                |                                   |
| 7 Other investment income   |                 |                            |  |                                |                                   |
| 8 Gain or (loss) from sales of assets other   |                 |                            |  |                                |                                   |
| than inventory  |                 |                            | 18   | -1,742,191.                    |                                   |
| 9 Net income or (loss) from special events  |                 |                            |  |                                |                                   |
| 10 Gross profit or (loss) from sales of inventory   |                 |                            | 1 1  |                                |                                   |
| 11 Other revenue:   |                 |                            | 1  |                                |                                   |
|   |                 |                            |  |                                |                                   |
| a<br>b  |                 |                            |  |                                |                                   |
|   |                 |                            | 1 1  |                                |                                   |
|   |                 |                            | 1 1  |                                |                                   |
| d   |                 |                            | 1 1  |                                |                                   |
| 12 Subtotal. Add columns (b), (d), and (e)  |                 | 0.                         | +  | 432,877.                       | 0.                                |
| 13 Total. Add line 12, columns (b), (d), and (e)  |                 | 0.                         | <u>• 1 1 1 </u>                                  | 12                             | 432,877.                          |
|   |                 |                            |  | 13 <u>—</u>                    | 432,011.                          |
| (See worksheet in line 13 instructions to verify calculations.)   |                 |                            |  |                                |                                   |
| Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incorrect the foundation's exempt purposes (other than to be activity for which incorrect the foundation's exempt purposes (other than to be activities to be activitie | me is reported  | ın column (e) of Part XVI- |  |                                | olishment of                      |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  | <u> </u>                       |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            | -  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            | _  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                | <del></del>                       |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                |                                   |
|   |                 |                            |  |                                | <u> </u>                          |
|   |                 |                            |  |                                |                                   |

DE BEAUMONT FOUNDATION, INC. 04-3467074 Form 990-PF (2015) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash X 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements X 1b(5) (5) Loans or loan guarantees X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with the prepar Sign PRESIDENT & CEO Here X Yes 8/15/16 Signature of officer or trustee Title Preparer's signature Check Print/Type preparer's name Date self- employed 8/11/16 P00236052 Paid DAVID TRIMNER Firm's EIN ► 41-0746749 Preparer Firm's name ► CLIFTONLARSONALLEN LLP

> Phone no. 571-227-9500 Form **990-PF** (2015)

**Use Only** 

Firm's address ► 4250 N. FAIRFAX DRIVE, SUITE 1020

ARLINGTON, VA 22203

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

**Employer identification number** 

|   | DE BEAUMONT FOUNDATION, INC.  | 04-3467074   |
|---|---|--|
| Organization type (chec                                   | k one):   |  |
| Filers of:  | Section:  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization   |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |
|   | 527 political organization  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation   |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |
|   | 501(c)(3) taxable private foundation  |  |
| Note. Only a section 50°  General Rule  X For an organiza | on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special control of the General Rule and a Special control of the General Rule and a Special control of the General Rule and a Special control of the General Rule and a Special control of the General Rule and a Special control of the General Rule and a Special Rule.  It is a special Rule control of the General Rule and Special Rule.  It is a special Rule control of the General Rule and a Special Rule.  It is a special Rule control of the General Rule and a Special Rule.  It is a special Rule control of the General Rule and a Special Rule.  | ing \$5,000 or more (in money or                         |
| sections 509(a)<br>any one contrib                        | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportion described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the section of th | Sa, or 16b, and that received from                       |
| year, total cont  | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ed of cruelty to children or animals. Complete Parts I, II, and III.  |  |
| year, contributi<br>is checked, ent<br>purpose. Do no     | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received fro ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the <b>General Rule</b> applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year  | more than \$1,000. If this box<br>ous, charitable, etc , |
| but it must answer "No"                                   | on that is not covered by the General Rule and/or the Special Rules does not file Schedul<br>on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its<br>leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

| <u>DE BE</u> | AUMONT FOUNDATION, INC.  | 04                         | <u>-3467074</u>   |
|--------------|--|----------------------------|---|
| Part I       | Contributors (see instructions) Use duplicate copies of Part I if additional                                     |                            |   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
| 1            | ADVISORY BOARD  2445 M STREET, NW  WASHINGTON, DC 20037  | \$\$                       | Person X Payroll  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
| 2            | COLORADO HEALTH FOUNDATION  501 SOUTH CHERRY STREET, SUITE 1100  DENVER, CO 80244                                | \$ <u>1,000,000</u> .      | Person X Payroll  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
| 3            | KRESGE FOUNDATION  3215 W. BIG BEAVER ROAD  TROY, MI 48084   | \$ 700,000.                | Person X Payroll  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
| 4            | ROBERT WOOD JOHNSON FOUNDATION  ROUTE 1 & COLLEGE ROAD EAST  PRINCETON, NJ 08543                                 | \$ 375,000.                | Person X Payroll  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |
| 5            | SULLIVAN AND WORCESTER (ON BEHALF OF THE PIERRE S. DE BEAUMONT ESTATE)  ONE POST OFFICE SQUARE  BOSTON, MA 02109 | \$65,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
|              |  | \$                         | Person Payroll Oncash Complete Part II for noncash contributions )      |

Employer identification number

### DE BEAUMONT FOUNDATION, INC.

04-3467074

|                              | Noncash Property (see instructions). Use duplicate copies of P | art II II additional space is needed           |                      |
|------------------------------|--|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>rom            | (b) Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>rom<br>Part I  | (b) Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>rom<br>Part I  | (b) Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  |  |                      |

| Schedule B      | (Form 990, 990-EZ, or 990-PF) (2015)  |   | Pag  | je 4 |
|-----------------|---|---|--|------|
| Name of orga    | nization  |   | Employer identification number   |      |
| DE BEA          | UMONT FOUNDATION, INC.  |   | 04-3467074_  |      |
| Part III        | Exclusively religious, charitable, etc., conti  | ibutions to organizations described             | ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for | r    |
|                 | the year from any one contributor. Complete completing Part III, enter the total of exclusively religious | s, charitable, etc., contributions of \$1,000 c | or less for the year (Enter this info once)                            |      |
| (a) No.         | Use duplicate copies of Part III if additional  | al space is needed                              | <del></del>  |      |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                                 | (d) Description of how gift is held                                    |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   |   | — i — — — — — — — — — — — — — — — — — —                                |      |
| -               |   | (e) Transfer of gi                              | ift  |      |
|                 |   |   |  |      |
| -               | Transferee's name, address, ar  | nd ZIP + 4                                      | Relationship of transferor to transferee                               |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
| (a) No.         |   |   |  |      |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                                 | (d) Description of how gift is held                                    |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   | (e) Transfer of gi                              | ift  |      |
|                 | Transferee's name, address, ar  | nd ZIP + 4                                      | Relationship of transferor to transferee                               |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift                                 | (d) Description of how gift is held                                    |      |
| Part I          |   |   |  |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   | (e) Transfer of gi                              | lift   |      |
|                 |   |   |  |      |
| _               | Transferee's name, address, ar  | nd ZIP + 4                                      | Relationship of transferor to transferee                               |      |
|                 |   |   | <u> </u>   | _    |
|                 |   |   |  | _    |
| (a) No.<br>from |   |   |  | _    |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                                 | (d) Description of how gift is held                                    |      |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   |   |  | _    |
|                 |   | (e) Transfer of gi                              | ift  |      |
|                 | Transferee's name, address, ar  | nd 7IP + 4                                      | Relationship of transferor to transferee                               |      |
|                 | Transletce s flame, address, at   | T T   | Totalionomp of Bundleror to Bundleroe                                  |      |
|                 |   |   |  | _    |
|                 |   | <del></del>                                     |  | _    |
|                 |   |   |  |      |

| FORM 990-PF INTERE    | ST ON SAVI         | NGS AND TEN                  | MPORARY             | CASH IN                  | VESTMENTS                     | STATEMENT                    | 1   |
|-----------------------|--------------------|------------------------------|---------------------|--------------------------|-------------------------------|------------------------------|-----|
| SOURCE                |                    |                              | A)<br>ENUE<br>BOOKS |                          | (B)<br>VESTMENT<br>COME       | (C)<br>ADJUSTED<br>NET INCOM |     |
| INTEREST - PNC CHEC   | KING               |                              | 62.                 |                          | 62.                           |                              |     |
| TOTAL TO PART I, LI   | NE 3               |                              | 62.                 |                          | 62.                           |                              |     |
| FORM 990-PF           | DIVIDENI           | S AND INTER                  | REST FR             | OM SECUR                 | ITIES                         | STATEMENT                    | 2   |
| SOURCE                | GROSS<br>AMOUNT    | CAPITAI<br>GAINS<br>DIVIDENI | R                   | (A)<br>EVENUE<br>R BOOKS | (B)<br>NET INVES<br>MENT INCO |                              |     |
| DIVIDENDS<br>INTEREST | 2,173,590<br>1,416 |                              | 0. 2,               | 173,590.<br>1,416.       | 2,173,59<br>1,41              |                              |     |
| TO PART I, LINE 4     | 2,175,006          | 5.                           | 0. 2,               | 175,006.                 | 2,175,00                      | 6.                           |     |
| FORM 990-PF           |                    | LEGAI                        | L FEES              |                          |                               | STATEMENT                    | 3   |
| DESCRIPTION           |                    | (A)<br>EXPENSES<br>PER BOOKS | NET I               | B)<br>NVEST-<br>INCOME   | (C)<br>ADJUSTED<br>NET INCOM  |                              |     |
| LEGAL FEES            | _                  | 18,128                       | •                   | 0.                       |                               | 18,1                         | 28. |
| TO FM 990-PF, PG 1,   | LN 16A =           | 18,128                       | •                   | 0.                       |                               | 18,1                         | 28. |
| FORM 990-PF           |                    | ACCOUNT                      | ING FEE             | S                        |                               | STATEMENT                    | 4   |
| DESCRIPTION           |                    | (A)<br>EXPENSES<br>PER BOOKS | NET I               | B)<br>NVEST-<br>INCOME   | (C)<br>ADJUSTED<br>NET INCOM  |                              |     |
| ACCOUNTING FEES       | _                  | 38,886                       | •                   | 12,444.                  |                               | 26,4                         | 41. |
| TO FORM 990-PF, PG    | 1, LN 16B          | 38,886                       | •                   | 12,444.                  |                               | 26,4                         | 41. |

| FORM 990-PF C   | THER PROFES                                      | SIONAL FEES                       | S7.                           | PATEMENT 5                                  |
|---|--|-----------------------------------|-------------------------------|---|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                     | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES               |
| CONSULTING FEES   | 249,834.   | 0.                                |                               | 249,834                                     |
| INVESTMENT MANAGEMENT FEES PAYROLL SERVICE FEES   | 308,286.<br>11,824.                              | 308,286.<br>0.                    |                               | 0.<br>11,824                                |
| TO FORM 990-PF, PG 1, LN 16C  | 569,944.   | 308,286.                          |                               | 261,658                                     |
| FORM 990-PF   | TAX  | ES                                | S                             | TATEMENT (                                  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                     | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLI<br>PURPOSES               |
| EXCISE TAX  | 66,967.  | 0.                                |                               | 0   |
| TO FORM 990-PF, PG 1, LN 18   | 66,967.  | 0.                                |                               | 0   |
| FORM 990-PF   | OTHER E  | XPENSES                           | S'                            | PATEMENT '                                  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                     | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLI<br>PURPOSES               |
| BUILD HEALTH CHALLENGE D&O INSURANCE DIRECT CHARITABLE ACTIVITIES DUES AND SUBSCRIPTIONS              | 311,266.<br>4,592.<br>924,577.<br>16,973.        |                                   |                               | 311,266<br>4,592<br>924,577<br>16,973       |
| EMPLOYEE TRAINING AND DEVELOPMENT INFORMATION TECHNOLOGY MISCELLANEOUS MOVING EXPENSE OFFICE SUPPLIES | 30,272.<br>42,691.<br>689.<br>45,900.<br>25,279. | 0.<br>0.<br>0.                    |                               | 30,272<br>42,691<br>689<br>45,900<br>25,279 |
| TO FORM 990-PF, PG 1, LN 23   | 1,402,239.                                       |                                   |                               | 1,402,239                                   |

| FORM 990-PF                    | OTHER  | INVESTMENTS         |              | STATEMENT 8          |
|--------------------------------|--------|---------------------|--------------|----------------------|
| DESCRIPTION                    |        | VALUATION<br>METHOD | BOOK VALUE   | FAIR MARKET<br>VALUE |
| ABSOLUTE RETURN CAYMAN         |        | COST                | 336,931.     | 174,579.             |
| ADAMAS                         |        | COST                | 4,000,000.   | 4,063,265.           |
| AETHER REAL                    |        | COST                | 653,554.     | 664,431.             |
| ANCHORAGE                      |        | COST                | 4,000,000.   | 4,013,072.           |
| CONVEXITY                      |        | COST                | 5,000,000.   | 5,037,172.           |
| DAVIDSON KEMPNER INSTITUTIONAL |        | COST                | 5,000,000.   | 6,071,327.           |
| FPA CRESCENT PORTFOLIO         |        | COST                | 6,180,750.   | 6,717,509.           |
| HIGHFIELDS CAPITAL             |        | COST                | 6,750,000.   | 9,052,600.           |
| LEGACY VENTURE                 |        | COST                | 800,000.     | 804,173.             |
| LONE JUNIPER                   |        | COST                | 4,000,000.   | 3,903,318.           |
| MASON CAP                      |        | COST                | 5,000,000.   | 4,420,018.           |
| MONDRIAN FIXED INCOME FUND     |        | COST                | 4,942,212.   | 4,619,609.           |
| NEWBURY                        |        | COST                | 1,732,813.   | 1,563,810.           |
| NYES LEDGE                     |        | COST                | 2,000,000.   | 2,006,587.           |
| PARAMETRICS                    |        | COST                | 8,140,905.   | 6,360,077.           |
| RS GLOBAL                      |        | COST                | 3,790,606.   | 1,729,785.           |
| RUTABAGA SMALL CAP             |        | COST                | 5,000,000.   | 5,194,558.           |
| SSGA REAL                      |        | COST                | 5,467,730.   | 4,475,918.           |
| TIFF MULTI ASSET FUND          |        | COST                | 0.           | 0.                   |
| VANGUARD MUTUAL EQUITY FUND    |        | COST                | 71,526,150.  | 77,342,778.          |
| VARDE                          |        | COST                | 4,000,000.   | 4,000,000.           |
| TOTAL TO FORM 990-PF, PART II, | LINE : | 13                  | 148,321,651. | 152,214,586.         |

|   | IST OF OFFICERS, I<br>ND FOUNDATION MANA |                      | STAT                            | EMENT 9 |
|---|--|----------------------|---------------------------------|---------|
| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK                 |                      | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE |
| JAMES B. SPRAGUE, MD<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814 | CHAIRMAN(CEO E                           | FOR PART OF 147,024. |                                 | 0.      |
| MURRAY BRENNAN, MD<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814   | VICE CHAIRMAN<br>1.00                    | 12,500.              | 0.                              | 0.      |
| LEROY PARKER, MD<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814     | SECRETARY/TREA                           |                      | 0.                              | 0.      |
| RICHARD BURNES<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814       | DIRECTOR<br>1.00                         | 0.                   | 0.                              | 0.      |
| CAROL MASSONI<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814        | DIRECTOR<br>1.00                         | 25,000.              | 0.                              | 0.      |
| JOHN STEVENS<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814         | DIRECTOR<br>1.00                         | 0.                   | 0.                              | 0.      |
| GREGORY WAGNER<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814       | DIRECTOR<br>1.00                         | 0.                   | 0.                              | 0.      |
| JOHN AUERBACH<br>7501 WISCONSIN AVENUE<br>BETHESDA, MD 20814        | DIRECTOR<br>1.00                         | 0.                   | 0.                              | 0.      |
| EDWARD L. HUNTER 7501 WISCONSIN AVENUE BETHESDA, MD 20814           | CHIEF EXECUTIV                           | VE DIRECTOR 224,359. | 3,156.                          | 0.      |
| TOTALS INCLUDED ON 990-PF, PAGE                                     | : 6, PART VIII                           | 408,883.             | 10,198.                         | 0.      |

10

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

### ACTIVITY TWO

PRACTICAL PLAYBOOK NATIONAL MEETING: A NATIONAL CONFERENCE ATTENDED BY KEY STAKEHOLDERS FROM ACROSS SECTORS (REPRESENTING PROFESSIONAL ASSOCIATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES AND ACADEMIC INSTITUTIONS) TO HELP CATALYZE A NATIONAL MOVEMENT FOR COLLABORATION BETWEEN PRIMARY CARE AND PUBLIC HEALTH, AND CONNECT LIKE-MINDED INDIVIDUALS AND ORGANIZATIONS TO DRIVE POPULATION HEALTH IMPROVEMENT

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 2

162,756.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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### ACTIVITY THREE

NATIONAL CONSORTIUM FOR PUBLIC HEALTH WORKFORCE DEVELOPMENT: THE FOUNDATION CONVENED A GROUP OF PUBLIC HEALTH LEADERS FROM NATIONAL PARTNERS, AGENCIES, AND ASSOCIATIONS TO SERVE ON THE NATIONAL CONSORTIUM FOR PUBLIC HEALTH WORKFORCE DEVELOPMENT. DRAWING ON THE WORK OF THE DE BEAUMONT FOUNDATION-FUNDED PHWINS PROJECT AND THE REPORT FROM THE WORKFORCE DEVELOPMENT CONVENING HOSTED WITH ASTHO IN 2013, THE CONSORTIUM IS CONDUCTING AN ASSET ANALYSIS OF TRAINING IN PUBLIC HEALTH SYSTEMS THINKING, CHANGE MANAGEMENT, COMMUNICATING PERSUASIVELY, INFORMATICS AND ANALYTICS, PROBLEM SOLVING, AND WORKING WITH DIVERSE POPULATIONS (ISSUES THAT HAVE BEEN IDENTIFIED AS PRIORITIES BY PUBLIC HEALTH WORKERS). THE CONSORTIUM WILL EXPLORE APPROACHES TO EXPAND ACCESS TO AND REDUCE REDUNDANCY IN EXISTING CURRICULA AND TRAININGS IN THESE AREAS.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 3

82,015.

04 - 3467074

DE BEAUMONT FOUNDATION, INC.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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### ACTIVITY FOUR

PUBLIC HEALTH TRAINING STANDARDS CONVENING: IN CONJUNCTION WITH A DE BEAUMONT FOUNDATION GRANT TO THE HEARTLAND CENTERS FOR PUBLIC HEALTH AND COMMUNITY CAPACITY DEVELOPMENT (HC), THE FOUNDATION CONVENED A NATIONAL PANEL OF EXPERTS AND STAKEHOLDERS TO DEVELOP A FRAMEWORK TO SUPPORT THE DEVELOPMENT OF A LEARNING CULTURE AND IMPROVE THE COMPETENCE AND CAPACITY OF PUBLIC HEALTH AGENCIES. THIS INVOLVED IDENTIFICATION OF STRATEGIES, TOOLS, AND METHODS FOR LEARNING ORGANIZATIONS IN ADDITION TO CRITERIA, STANDARDS, AND INDICATORS FOR QUALITY DESIGN AND IMPLEMENTATION OF PUBLIC HEALTH WORKFORCE EDUCATION AND TRAINING PROGRAMS.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 4

42,442.

# SECTION 4942(h)(2) ELECTION AS TO THE TREATMENT OF QUALIFYING DISTRIBUTIONS

de Beaumont Foundation EIN: 04-3467074 7501 Wisconsin Avenue Bethesda, MD 20814

Tax Year Ending: December 31, 2015

Pursuant to IRC Sec.4942(h)(2) and Reg. 53.4942(a)-3(d)(2), the above referenced foundation hereby elects to treat current year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of (check one):

☐ Undistributed income from the tax year(s) ending:

| -                | Tax Year                    | Amount         |  |
|------------------|-----------------------------|----------------|--|
| -<br>-           |                             |                |  |
| <b>Ø</b> Corpus. |                             |                |  |
| Signed:          | Un-                         | <u>elislib</u> |  |
| Aerida           | A a L C L D  Name and Title | Date           |  |

# ELECTION TO TREAT UNUSED PRIOR YEAR CORPUS DISTRIBUTIONS AS CURRENT YEAR CORPUS DISTRIBUTIONS

de Beaumont Foundation
EIN: 04-3467074
7501 Wisconsin Avenue
Bethesda, MD 20814
Tax Year Ending: December 31, 2015

Pursuant to Reg. 53 4942(a)-3(c)(2)(iv), the above referenced foundation hereby elects to treat, as a current corpus distribution, the following unused prior tax years' distributions that were treated as corpus distributions under Reg. 53.4942(a)-3(d)(1)(iii) in such prior tax year:

| Tax Year |      | Amount |  |             |
|----------|------|--------|--|-------------|
|          | 2010 |        |  | \$135,436   |
|          | 2011 |        |  | \$1,542,550 |
|          | 2012 |        |  | \$36,433    |

| Signed: | Ella Co                          | 8117/14 |  |
|---------|----------------------------------|---------|--|
| _       | President al CCO  Name and Title | Date    |  |