#### EXTENDED TO NOVEMBER 15 2017 Return of Private Foundation

Form **990-PF** 

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

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

DMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2016 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 1310E 301-961-5800 7501 WISCONSIN AVENUE City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here BETHESDA, MD 20814 Initial return G Check all that apply: 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 Check type of organization: X Section 501(c)(3) exempt private foundation 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 1 Fair market value of all assets at end of year J Accounting method: Cash Accrual F If the foundation is in a 60-month termination, X Other (specify) MODIFIED CASH (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 175,095,196. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a) Contributions, gifts, grants, etc., received 2,375,000 N/A Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 60 60. STATEMENT 2,661,178. 2,661,178 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 1,579,634 6a Net gain or (loss) from sale of assets not on line 10 <u>.5</u>58,080. 1,579,634 7 Capital gain net income: 8 Net short-term capital gat 080 9 Income modifications of Gross sales less returns and allowances NOV 2 2 2017 b Less Cost of goods sold c Gross profit or (loss) Zaden, Ut 479 11 Other income 0 STATEMENT Total Add lines 1 through 11 616,351 240,872 12 27,117. 331,552. 358,669. Compensation of officers, directors, trustees, etc 836,343. 39,171. 797,172. 14 Other employee salaries and wages 160,185 0. 160,185. 15 Pension plans, employee benefits Expenses <u>31,525</u>. <u>31,525</u>. 16a Legal fees STMT 4 0 STMT 5 27,229. 0. 27,229. **b** Accounting fees STMT 530,548. 273,190 257,358. 6 c Other professional fees and Administrative 17 Interest 7 20,796. 0. STMT 0 18 Taxes 19 Depreciation and depletion 27,358. 0. 158,178. <u>158,1</u>78. 20 Occupancy 0 164,043. 8,631 155,412. 21 Travel, conferences, and meetings 10,539. 10,539. 22 Printing and publications 0. SCANNED DEC 0 13,550 112,633. 099,083. perating 23 Other expenses STMT 8 24 Total operating and administrative 3,438,046 3,02<u>8,233.</u> 361,659 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 6,805,643. 6,805,643. Total expenses and disbursements. 10,243,689 9,833,876. Add lines 24 and 25 361,659 27 Subtract line 26 from line 12: -3,627,338 2 Excess of revenue over expenses and disbursements 3,879,213 b Net investment income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

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

Form **990-PF** (2016) (

N/A

Form 990-PF (2016) DE Part IV Capital Gains	BEAUMONT FOUNDA and Losses for Tax on	ATION, I	NC. t Income				0	4-346	7074	Page 3
(a) List and desc	ribe the kind(s) of property sold ( arehouse; or common stock, 200	e.g , real estate,		, b						sold sy, yr.)
	,				- DOIL		<u> </u>			
b SEE ATTACHED	STATEMENT	· <u> </u>								
C										_
<u>d</u>										
<u>e</u>		<del></del>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,,	st or other basis expense of sale					ain or (loss) s (f) minus (		
a b			-							
C										
d										
e 39,558,080.		3	7,978,446	6.					1,579	634.
	ng gain in column (h) and owned					(1) (	Sains (C	Col. (h) gain i		7 0 0 0
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			còl. (I	k), but i	not less than (from col. (f	ı -0-) <b>or</b>	
<u>a</u>				_					_	
<u>b</u>										
d d			<del></del>			-				·
e				十					1,579	634
	C If gain, also or	ator in Part I line	<del></del>	7					<u>. , , , , , , , , , , , , , , , , , , ,</u>	,034.
2 Capital gain net income or (net ca	pital loss) If (loss), enter	nter in Part I, line -0- in Part I, line	7	$  \cdot  $	2				1,579	634.
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5)			$\int$						
If (loss), enter -0- in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income.						N/A				
For optional use by domestic private						ent Inco	me			
f section 4940(d)(2) applies, leave the  Was the foundation liable for the sector  f "Yes," the foundation does not qual	is part blank. tion 4942 tax on the distributable	amount of any ye	ear in the base perio		•,				Yes	<b>X</b> No
Enter the appropriate amount in a	each column for each year; see th	e instructions bet	fore making any ent	tries.						
<b>(a)</b> Base period years Calendar year (or tax year beginnii		distributions	Net value of non-	(c) char	ıtable-	use assets		Distribi (col. (b) divi	(d) ution ratio ded by col. (	(c))
2015		98,211.				<u>4,800.</u>				<u> 1616</u>
2014		14,359.				9,866.				<u>11439</u>
2013		69,136.				9,561.				35046
2012	4, /	55,832. 317,779.				5,003.				19844
2011	4,3	11,//9.		L 3 ,	, 00	<u>4,596.</u>				<u> 9619</u>
? Total of line 1, column (d)							2		3 F	7564
3 Average distribution ratio for the 5	5-year base period - divide the tot	al on line 2 by 5.	or by the number o	of vea	ars					,,,,,,,
the foundation has been in exister		······································		,			3		.07	1513
Enter the net value of noncharitab	le-use assets for 2016 from Part	X, line 5					4	168	3,109,	756.
5 Multiply line 4 by line 3			5	12	2,022,	033.				
Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		38,	792.
Add lines 5 and 6							7	12	2,060,	825.
Enter qualifying distributions from	·	madh action 1	lata that a set one	_ 46:	/ 1-		8		833,	876.
If line 8 is equal to or greater than See the Part VI instructions.	mic 1, Glicuk ilib DUX III Part VI, II	не то, ана сотр	iete tilat pärt using	a 1%	o tax ra	11 <b>6.</b>				

	990-PF (2016) DE BEAUMONT FOUNDATION, INC.	10/2\ 27 4	04-	<u>3467074</u>	<u> </u>	Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	ω(e), or 4	948 -	see instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions	;)	.			
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	P	1		//,5	<u>84.</u>
	of Part I, line 27b	,				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (I	)). ノ				•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2		77 6	0.
	Add lines 1 and 2  Subtitle A (neares) toy (demostra section 4047/s)/(1) trusts and toyable foundations and a Other section 4047/s)/(1) trusts and toyable foundations and a Other section 4047/s)/(1) trusts and toyable foundations and a Other section 4047/s)/(1) trusts and toyable foundations and toyable foundations and toyable foundations are to other sections are to other sections and toyable foundations are to other sections are to other sect		3		/ / , :	84.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) <b>Tax based on investment income</b> . Subtract line 4 from line 3. If zero or less, enter -0-		4		77 6	0. 84.
	Credits/Payments;		5		1 / , ;	004.
		9,785.				
		9,100.	}			
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c	·	<del> </del>			
	Backup withholding erroneously withheld  6d					
	Total credits and payments. Add lines 6a through 6d		7		: a	785.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attached		8	······································	,,,,	05.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9		7 7	799.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	<del> </del>	','	77.
		efunded 🚩	11			
	art VII-A Statements Regarding Activities	Ciuliaca P	, ,,,			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participat	e or intervene	ın		Yes	No
	any political campaign?	o		1a	† —	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	the definition	)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate		•			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fou	ndation				
	managers. ► \$0 .					
2	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.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation, o	or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	ļ	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	with the state	law		1	
	remain in the governing instrument?			6	X	<del> </del>
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),	and Part XV	′	7	X	
0-						
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
L	DE, MD					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designation of each state as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Conomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by Canomic Instruction C3.15" No. 11, attack as required by C3.15" No. 11, attack as required by C4.15" No. 11, attack as r	jnate)		١.,	v	
n	of each state as required by General Instruction G? If "No," attach explanation	/1\/E\ for oc!-	ndo-	<u>8b</u>	X	+-
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	(J)(a) for cale	пиаг			v
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and ad	dranec -		10	1	X
ĮŪ_	ביום מוזץ אינו סטווס שפטטווס סטוטסומוונומו פטווגווושנטוס טטווווש נווט נומל year of it "Yes," attach a schedule listing their names and ad	aresses		10	<u> </u>	<u></u>

orm 990-PF (2016) DE BEAUMONT FOUNDATION,	INC.		<u>04-34670</u>	74	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		<u></u>	F==1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
any voter registration drive?	•		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	<u> </u>	[32]		
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t		s X No		į
the prevention of cruelty to children or animals?	da- tha amandana da		S LAL NO		ł
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	NT / N	E L	
section 53.4945 or in a current notice regarding disaster assistance (see instri Organizations relying on a current notice regarding disaster assistance check l			N/A	5b	<del></del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		unad			
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		I/A 16	:S NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?	16	l l	6b	X
If "Yes" to 6b, file Form 8870	personal benefit contract:		<b></b>		<del> </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	□ v <sub>4</sub>	s X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly		<u>: -                                    </u>	
Paid Employees, and Contractors		0 , 0 .	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(-) Nome and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allov	wances
SEE STATEMENT 10		358,669.	16,559.		0.
				ļ	
			<u>-</u> .		
	1				
	1				
2 Compensation of five highest-paid employees (other than those inc	oluded on line 1) If none	ontor "NONE "			
2 Compensation of five nighest-paid employees (other than those in	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	nt, other
BRIAN CASTRUCCI - 7501 WISCONSIN	devoted to position  CHIEF PROGRAM	& STRATE	compensation		wances
AVENUE, BETHESDA, MD 20814	40.00	193,174.		EK	0
ARIEL MOYER - 7501 WISCONSIN AVENUE,	<del> </del>	<del></del>	<u>16,918.</u>	-	0.
BETHESDA, MD 20814	40.00	NG OFFICE 184,691.	11,315.		0.
THERESA CHAPPLE - 7501 WISCONSIN	<del> </del>	& EVALUAT		CEP	<u> </u>
AVENUE, BETHESDA, MD 20814	40.00	125,000.	13,453.	CER	0.
ADAM JUDGE - 7501 WISCONSIN AVENUE,	SENIOR LEARNI				
BETHESDA, MD 20814	40.00	105,936.	8,093.		0.
CATHERINE PATTERSON - 7501 WISCONSIN	SENIOR PROGRA			<del></del>	
AVENUE, BETHESDA, MD 20814	40.00	90,000.	15,619.		0.
Total number of other employees paid over \$50,000	20100	, ,,,,,,,,,	<b>1</b> 3,013.	<u> </u>	2
o. o op.o.o. paid o.d. ψασίους					

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#### DE BEAUMONT FOUNDATION, INC. 04-3467074 Form 990-PF (2016) Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 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 (b) Type of service (c) Compensation PR COLLABORATIVE - 2900 M STREET, NW. SUITE COMMUNICATIONS 200, WASHINGTON, DC 20007 227,500. CONSULTING DBA SPARK POLICY INSTITUTE 2717 WELTON STREET, DENVER, CO 80205 EVALUATION 212,185. PRIME, BUCHHOLZ & ASSOCIATES, INC 273 CORPORATE DRIVE, PORTSMOUTH, NH 03801 205,201. INVESTMENT ADVISOR DAVIDOFF COMMUNICATIONS - 730 N. FRANKLIN STREET, SUITE 601, CHICAGO, IL 60654 PPB NATIONAL MEETING 177,663. DARA MENDEZ 120 URBAN DRIVE, VERONA, PA 15147 RESEARCH 99,558. Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 11 212,185. SEE STATEMENT 12 207,423. SEE STATEMENT 13 99,558. 4 PRACTICAL PLAYBOOK WEBSITE: FULL REDESIGN OF THE PRACTICAL PLAYBOOK WEBSITE TO IMPROVE NAVIGATION, USER INTERFACE, AND 43,707. CONTENT. 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 1 and 2. Amount N/A

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

For	m 990-PF (2016) DE BEAUMONT FOUNDATION, INC.	04	<u>-3467074</u> Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	163,476,153.
b	Average of monthly cash balances	1b	7,193,650.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	170,669,803.
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	1 2	0.
3	Subtract line 2 from line 1d	3	170,669,803.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,560,047.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	168,109,756.
6	Minimum investment return. Enter 5% of line 5	6	8,405,488.
_	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)		···
1	Minimum investment return from Part X, line 6	1	8,405,488.
2a	Tax on investment income for 2016 from Part VI, line 5	4	
þ	Income tax for 2016. (This does not include the tax from Part VI.)	4	
C	Add lines 2a and 2b	2c	77,584.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,327,904.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,327,904.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,327,904.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		·
а		1a	9,833,876.
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:		· · · · · · · · · · · · · · · · · · ·
	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,833,876.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		2   2 2 7 3 7 3 4

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income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

## Part XIII Undistributed Income (see instructions)

	·			
, , ,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Оограз	Today prior to 2010	2010	2010
line 7				8,327,904.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:				
		0.	··· · <u>-</u> ·· · ·	
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013			:	
d From 2014				
e From 2015 1,748,550.	1 540 550			
f Total of lines 3a through e	1,748,550.			
4 Qualifying distributions for 2016 from		1		
Part XII, line 4: ►\$ 9,833,876.			0.	
a Applied to 2015, but not more than line 2a			U •	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions) **	376,450.			
d Applied to 2016 distributable amount	370, 430.	• •		8,327,904.
e Remaining amount distributed out of corpus	1,129,522.			0,521,504.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	2 1			
6 Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,254,522.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<del></del>
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 2015. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2016. Subtract			U.•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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)	2,125,000.			
8 Excess distributions carryover from 2011	, , , , , , ,			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	1,129,522.			
10 Analysis of line 9:				
a Excess from 2012				
<b>b</b> Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 1,129,522.	** 000 0	DAMEMENTO 1/		Form <b>QQ0_DE</b> (2016)

Part XV Supplementary Information	<del>`</del>	_		
3 Grants and Contributions Paid During the	f recipient is an individual,	Payment		
Recipient  Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Todpient		
ADELANTE DEVELOPMENT CENTER	NONE	PC	BUILD IMPLEMENTATION	
3900 OSUNA ROAD, NE ALBUQUERQUE, NM 87109			AWARD	100,000
AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)	NONE	PC	SUPPORT FOR APHA ANNUAL MEETING: APHA	
800 I STREET, NW WASHINGTON, DC 20001			LIVE	50,000
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	NONE	PC	PHWINS RESEARCH TO ACTION	
2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202				359,507
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	NONE	PC	ASTHO PUBLIC HEALTH WORKFORCE INTEREST AND	
2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202			NEEDS SURVEY	334,871
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	NONE	PC	SR. DEPUTIES GRANT DISBURSEMENT	
2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202				150,000
total SEE CO.  b Approved for future payment	NTINUATION SHEE	ET(S)	<b>▶</b> 3a	6,805,643
ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH	NONE	PC	ASPPH PUBLIC HEALTH PHILANTHROPY	
L900 M STREET, NW, SUITE 710 WASHINGTON, DC 20036			FELLOWSHIP YEARS 2-6	536,542
ASSOCIATION OF STATE AND TERRITORIAL IEALTH OFFICIALS	NONE	PC	PH WINS 2.0/3.0	
231 CRYSTAL DRIVE, SUITE 450 RLINGTON, VA 22202				482,061
DUKE UNIVERSITY MEDICAL CENTER	NONE	PC	PRACTICAL PLAYBOOK	
MEDICAL CENTER DURHAM, NC 27710	NIMITATION CONT.	am / G )	PHASE II	2,410,642
Total SEE CO	NTINUATION SHEE	T.(2)	<b>▶</b> 3b	7 536 665

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	60.	
4 Dividends and interest from securities			14	2,661,178.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<del></del>			·
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income		<del></del>			
8 Gain or (loss) from sales of assets other					
than inventory			18	1,579,634.	
9 Net income or (loss) from special events			10	1,5/5,034.	· · · · · · · · · · · · · · · · · · ·
10 Gross profit or (loss) from sales of inventory			+ +		
11 Other revenue:					
a MISCELLANEOUS INCOME			14	479.	
b					
C					
d					
e					·
12 Subtotal. Add columns (b), (d), and (e)		(	).	4,241,351.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	4,241,351.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpos
--

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						

Form **990-PF** (2016)

		Exempt Organ	izations						
1	Did the o	organization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in section 501(c) of	jj	Yes	No
	the Code	e (other than section 501(c	)(3) organizations) o	or in section 52	7, relating to political organ	izations?			
а	Transfer	s from the reporting found	ation to a noncharita	ible exempt or	ganızatıon of:				
	(1) Cas	h					1a(1)		X
	(2) Oth	er assets					1a(2)		_X_
b	Other tra	ansactions:							}
	(1) Sale	es of assets to a noncharita	ble exempt organiza	tion			1b(1)		X
	(2) Pur	chases of assets from a no	ncharitable exempt	organization			1b(2)		X
	(3) Ren	ital of facilities, equipment,	or other assets				1b(3)		X
	(4) Ren	mbursement arrangements					1b(4)		_X_
	(5) Loa	ns or loan guarantees					1b(5)		X
	(6) Per	formance of services or me	embership or fundra	ısıng solıcıtatıo	ns		1b(6)		X
	_	of facilities, equipment, ma	-		• -		_1c		_X_
d						ways show the fair market value of the goods		ets,	
					ed less than fair market valu	e in any transaction or sharing arrangement,	show in		
(a).		(d) the value of the goods,	,						
(a)L	.ine no	(b) Amount involved	(c) Name o		e exempt organization	(d) Description of transfers, transactions, an	d sharing an	rangeme	ents
		<del></del>		N/A	<del> </del>				
					<del></del>	<del>                                     </del>			
		<del></del>		-		<del> </del>			
						<del></del>	<del></del> -		
-						<del></del>			
					-				
		<del></del>							
		<del></del>					-		
2a	Is the fo	undation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described			
	in sectio	on 501(c) of the Code (othe	r than section 501(c	:)(3)) or in sect	tion 527?		Yes	X	No
þ	If "Yes,"	complete the following sch	edule.						
		(a) Name of org	janization		(b) Type of organization	(c) Description of relation	ship		
		N/A							
	<del>-  </del>								
c:	Und and	er penalties of perjury, I declare belief, it is true, correct, and cor	that I have examined the inplete Declaration of pi	is return, includin reparer (other thai	ig accompanying schedules and n taxpayer) is based on all inform	statements, and to the best of my knowledge nation of which preparer has any knowledge PRESIDENT &	fay the IRS o	discuss	this
	gn and ere	(0)	1/				hown below	(see ins	<u>str</u> )?
110		anatura of afficer or truotes	-		11/9/2017		X Yes	_ L	J No
	51	gnature of officer or trustee		Dranararia a	Date	Title Check if PTIN			
		Print/Type preparer's na	1111E	Preparer's si		self- employed			
D:	aid	DATE OF THE	nien ana	10	<del></del>		00444	011	
	aiu eparei	DAVID TRIM		NIATT TON	<del></del>	Firm's EIN ► 41-0	00444		
	se Only		r TONLAKS(	MYTTRN	LLP	Firm's EIN > 41-	,,40/	せブ	
٠.	VIII]	´	1 N CIPI	מגסם ש	, SUITE 200				
			LINGTON,		=	Phone no. 571-2	27-0	500	
		AR	TINGION,	VA 444	<u> </u>		Form <b>990</b>		
							, ,,,,,		\~~ · · · /

### 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

2016

Name of the organization Employer identification number BEAUMONT FOUNDATION 04 - 3467074Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

$\mathtt{DE}$	BEAUMONT	FOUNDATION,	INC.

04-3467074

Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADVISORY BOARD  2445 M STREET, NW  WASHINGTON, DC 20037	\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COLORADO HEALTH FOUNDATION  501 SOUTH CHERRY STREET, SUITE 1100  DENVER, CO 80244	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KRESGE FOUNDATION  3215 W. BIG BEAVER ROAD  TROY, MI 48084	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBERT WOOD JOHNSON FOUNDATION  ROUTE 1 & COLLEGE ROAD EAST  PRINCETON, NJ 08543	\$ 625,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### DE BEAUMONT FOUNDATION, INC.

04-3467074

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization **Employer identification number** DE BEAUMONT FOUNDATION 04-3467074 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enterthis info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
	describe the kind(s) of property so rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VANGUARD MUTUA	L EQUITY FUND		P		
b FPA CRESCENT P	ORTFOLIO CL I		P		
c MONDRIAN GLOBA	L FIXED INCOME		P		
d ABSOLUTE RETUR	N CAYMAN LTD		P		
e MASON CAP LTD	FUND		P		
f FIRST AMER GOV	T OBLIG FUND CL	Z	P		
g AMERICAN SECUR	ITIES ASSOCIATIO	) <u>N</u>	P		
h CONVEXITY CAPI	TAL OFFSHORE		P		
<u> </u>					,
<u> </u>					
<u>k</u>					
!				ļ	
m					
<u>n</u>					
0				1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)	
a 6,600,000.		4,558,141.			041,859.
b 1,500,000.		1,310,191.			<u>189,809.</u>
<u>C</u>		60,286.			<u>-60,286.</u>
d 174,631.		336,931.			<u>162,300.</u>
e 4,570,552.		5,000,000.		_	429,448.
f 25,016,793.		25,016,793.			0.
g 45,700.		45,700.			0.
h 1,650,404.		1,650,404.			0.
I					
<u> </u>					
k				<del>-</del> .	
l					
m					
<u>n</u>					
Complete only for accets chowing	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) L o	and (from and (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	sses (from col. (h)) of col. (h) gaın over ıot less than "-0-")	
(1) 11	as of 12/31/69	over col. (j), if any			
a					<u>041,859.</u>
b					189,809.
C		<u> </u>			<u>-60,286.</u>
d			· · · · · · · · · · · · · · · · · · ·		162,300.
<u>e</u>				<del></del>	429,448.
<u>f</u>					0.
9					0.
<u>h</u>					0.
<u> </u>				<del> </del>	·
1.	<u> </u>				<del> </del>
<u>k</u>				-	
m					
<u>n</u>		-			
0		1			
2 Capital gain net income or (net ca	inital loss) [ If gain, also ente	r in Part I, line 7 0-" in Part I, line 7	,	1	570 621
		, I	2	<u> </u>	579,63 <b>4.</b>
3 Net short-term capital gain or (los		nd (6):			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		ř l	,	N/A	
" (1000), office of Hill all I, IIII (	,	<i>)</i>	o I	TA / 🛂	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	7
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE, SUITE 450 ARLINGTON, VA 22202	NONE	PC	ASTHO ANNUAL MEETING SESSION SPONSORSHIP	6,000
BLOOMBERG SCHOOL OF PUBLIC HEALTH 615 N WOLFE STREET BALTIMORE, MD 21205	NONE	PC	USING HEALTHCARE DATA IN PUBLIC HEALTH PRACTICE	100,000
CABIN CREEK HEALTH SYSTEMS PO BOX 70 DAWES, WV 25054	NONE	PC	GENERAL OPERATING SUPPORT	25,000
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	none	PC	GENERAL OPERATING SUPPORT	10,000
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	NONE	PC	GENERAL OPERATING SUPPORT	10,000
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	NONE	PC	GENERAL OPERATING SUPPORT	10,000
DUKE UNIVERSITY BOX 2914 MEDICAL CENTER DURHAM, NC 27710	NONE	PC	PRACTICAL PLAYBOOK	1,144,874
EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION 1825 SAN PABLO AVENUE, SUITE 200 OAKLAND, CA 94612	NONE	PC	BUILD IMPLEMENTATION AWARD	100,000
EASTSIDE COMMUNITY NETWORK 4401 CONNER STREET DETROIT, MI 48215	NONE	PC	BUILD PLANNING AWARD	100,000
ENVIRONMENTAL HEALTH WATCH 3500 LORAIN AVENUE, SUITE 302 CLEVELAND, OH 44113	NONE	₽C	BUILD IMPLEMENTATION AWARD	100,000
3500 LORAIN AVENUE, SUITE 302 CLEVELAND, OH 44113 Total from continuation sheets			AWARD	100 5,811

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or show any relationship to Foundation status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor FLORIDA INSTITUTE FOR HEALTH NONE ÞС BUILD PLANNING AWARD INNOVATION 2701 N AUSTRALIAN AVENUE, SUITE 204 WEST PALM BEACH, FL 33407 100,000. FRIENDS OF BOSTON HOMELESS, INC. NONE PC GENERAL OPERATING 12 WISE STREET SUPPORT BOSTON, MA 02130 15,000. GRANTMAKERS FOR EFFECTIVE NONE РC GENERAL OPERATING SUPPORT ORGANIZATIONS 1725 DESALES STREET, NW, SUITE 404 WASHINGTON, DC 20036 3,190. GRANTMAKERS IN HEALTH NONE ÞС GIH CONTRIBUTION 1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON DC 20036 3,175. HAP HOUSING NONE PC BUILD PLANNING AWARD 322 MAIN STREET, SUITE 1 SPRINGFIELD, MA 01105-2403 100,000. HOUSTON FOOD BANK NONE ÞC BUILD IMPLEMENTATION 535 PORTWALL STREET AWARD HOUSTON, TX 77029 100,000. INTERIM COMMUNITY DEVELOPMENT NONE PC BUILD PLANNING AWARD ASSOCIATION 601 S KING STREET SEATTLE, WA 98104 100,000. JEWISH VOICE FOR PEACE NONE ₽C GENERAL OPERATING 1611 TELEGRAPH AVENUE, SUITE 1020 SUPPORT OAKLAND, CA 94612 5,000. LAF NONE PC BUILD PLANNING AWARD 1129 20TH STREET, NW, SUITE 202 WASHINGTON, DC 20036 100,000. MENTAL HEALTH ASSOCIATION IN TULSA. NONE ÞС GENERAL OPERATING TNC SUPPORT 1870 SOUTH BOULDER AVENUE TULSA, OK 74119 15,000. Total from continuation sheets

DE BEAUMONT FOUNDATION, INC.

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NATIONAL ASSOCIATION OF COUNTY AND NONE BCHC GRANT PC CITY HEALTH OFFICIALS DISBURSEMENT 100 17TH STREET, NW. SUITE 200 WASHINGTON, DC 20036 200,673. NATIONAL HEALTH FOUNDATION NONE PC BUILD PLANNING AWARD 515 SOUTH FIGUEROA STREET. SUITE 1300 LOS ANGELES CA 90071 100,000. NEO PHILANTHROPY NONE PC CITYHEALTH GRANT DISTRIBUTION 45 W 36TH STREET. 6TH FLOOR NEW YORK, NY 10018 396,430. NORTHWEST BRONX COMMUNITY & CLERGY NONE PC BUILD IMPLEMENTATION COALITION AWARD 103 E 196TH STREET BRONX, NY 10468 100,000. OREGON PUBLIC HEALTH INSTITUTE NONE PC BUILD PLANNING AWARD 310 SW 4TH AVENUE, SUITE 900 PORTLAND, OR 97204 100,000. PARTNERS FOR BETTER HEALTH NONE PC BUILD IMPLEMENTATION 8780 10TH STREET, SUITE 239 AWARD 100,000. ONTARIO, CA 91762 POLK COUNTY HOUSING TRUST FUND NONE BUILD IMPLEMENTATION PC 108 3RD STREET, SUITE 350 AWARD DES MOINES, IA 50309 100,000. SCHOOL OF PUBLIC HEALTH & TROPICAL NONE ÞС PH WINS DATA MEDICINE QUALITATIVE ANALYSIS 1440 CANAL STREET, SUITE 2400 NEW ORLEANS, LA 70112 14,923. SEA EDUCATION ASSOCIATION (S.E.A.) NONE ÞC GENERAL OPERATING SUPPORT P.O. BOX 6 WOODS HOLE, MA 02543 25,000. NONE STRONG CITY BALTIMORE PC BALTIMORE CORPS FELLOW 3503 N CHARLES STREET GRANT BALTIMORE, MD 21218 74,829.

Total from continuation sheets

04-3467074 DE BEAUMONT FOUNDATION, INC. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, 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 EXECUTIVE INFORMATICS PC TASK FORCE FOR GLOBAL HEALTH NONE GRANT 325 SWANTON WAY 91,896. DECATUR, GA 30030 PROMOTING THE POWER OF NONE PC THE ASPEN INSTITUTE PUBLIC HEALTH GRANT 1 DUPONT CIRCLE, NW, SUITE 700 DISTRIBUTION 1,283,654. WASHINGTON, DC 20036 BUILD PLANNING AWARD NONE PC THE CIVIC CANOPY 3532 FRANKLIN STREET 75,000. DENVER, CO 80205 HIA GRANT PAYMENT THE PEW CHARITABLE TRUSTS NONE ÞC 901 E STREET, NW, #10 19.849. WASHINGTON, DC 20004 NONE ÞС WIN-WIN GRANT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES 1111 FRANKLIN STREET, 12TH FLOOR 56,500. OAKLAND, CA 94607 THE REGENTS OF THE UNIVERSITY OF NONE PC LEARNING FROM THE FLINT WATER CRISIS: MICHIGAN PROTECTING THE 881 N UNIVERSITY AVENUE PUBLIC'S HEALTH DURING ANN ARBOR, MI 48109 A FINANCIAL EMERGENCY 86,062. NONE РC BUILD PLANNING AWARD TOGETHER COLORADO 1980 DAHLIA STREET 100,000. DENVER CO 80220 UNIVERSITY OF MIAMI NONE PC CERTIFICATE PROGRAM GRANT 1120 NW 14TH STREET, SUITE 912 421,371. MIAMI, FL 33136 ÞС NONE GENERAL OPERATING UNIVERSITY OF OTAGO IN AMERICA, INC. SUPPORT 800 TOWNSHIP LINE ROAD, SUITE 250 12,500. YARDLEY, PA 19067

VICTORY PROGRAMS, INC.

BOSTON MA 02115

965 MASSACHUSETTS AVENUE

Total from continuation sheets

ÞС

GENERAL OPERATING

10,000.

SUPPORT

NONE

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor NONE ÞС WAKE FOREST UNIVERSITY HEALTH PRACTICE BASED SCIENCES RESEARCH FOR PH MEDICAL CENTER BOULEVARD PRACTITIONERS WINSTON-SALEM, NC 27157 189,589. WASHINGTON GRANTMAKERS NONE PC GENERAL OPERATING 1400 16TH STREET, NW, SUITE 740 SUPPORT WASHINGTON DC 20036 5,750. NONE YMCA OF THE PIKES PEAK REGION PC BUILD PLANNING AWARD 316 N TEJON STREET 100,000. COLORADO SPRINGS, CO 80903 Total from continuation sheets

4 107 420

**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 contribution any foundation manager Name and address (home or business) recipient or substantial contributor NATIONAL ASSOCIATION OF COUNTY AND NONE ÞС BIG CITIES HEALTH CITY HEALTH OFFICIALS COALITION 100 17TH STREET, NW, SUITE 200 WASHINGTON DC 20036 200,673. PC NATIONAL PRESS FOUNDATION NONE TRAINING JOURNALISTS ON PUBLIC HEALTH 1211 CONNECTICUT AVENUE, NW, SUITE 310 95,000. WASHINGTON, DC 20036 NEO PHILANTHROPY NONE PC CITYHEALTH INITIATIVE 45 W 36TH STREET, 6TH FLOOR NEW YORK, NY 10018 248,570. TASK FORCE FOR GLOBAL HEALTH/PUBLIC NONE РC EXECUTIVE INFORMATICS: HEALTH INFORMATICS INSTITUTE AN INFORMATICS 325 SWANTON WAY LEARNING SYSTEM FOR DECATUR, GA 30030 PUBLIC HEALTH LEADERSHIP 90. ₽C THE ASPEN INSTITUTE NONE PROMOTING THE POWER OF PUBLIC HEALTH 1 DUPONT CIRCLE, NW, SUITE 700 1,529,293. WASHINGTON, DC 20036 THE REGENTS OF THE UNIVERSITY OF NONE PC WIN-WIN COLLABORATION CALIFORNIA, LOS ANGELES ACROSS SECTORS: 1111 FRANKLIN STREET, 12TH FLOOR TECHNICAL ASSISTANCE OAKLAND, CA 94607 IN COMMUNICATION & IMPLEMENTATION 863,259. THE REGENTS OF THE UNIVERSITY OF NONE ÞС LEARNING FROM THE FLINT WATER CRISIS: MICHIGAN 881 N UNIVERSITY AVENUE PROTECTING THE ANN ARBOR, MI 48109 PUBLIC'S HEALTH DURING A FINANCIAL EMERGENCY 86,061. UNIVERSITY OF MIAMI ÞС UNIVERSITY OF MIAMI NONE 1120 NW 14TH STREET, SUITE 912 PUBLIC HEALTH BUSINESS MIAMI, FL 33136 FUNDAMENTAL CERTIFICATE PROGRAMS 894,885. NONE ЬC WAKE FOREST UNIVERSITY HEALTH THE JPHMP AS A SCIENCES CATALYST FOR DISSEMINATION OF MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157 PRACTICE-BASED RESEARCH TO PUBLIC 189 589.

Total from continuation sheets

Part XV	Cumplementon	DE BEAUMONT	FOUNDATION,	INC.	04-3467074
	Supplementary				
3b Grants a		proved for Future Payme	nt Continuation of Purpos	se of Grant or Contribution	
NAME OF	RECIPIENT	- WAKE FOREST	UNIVERSITY H	EALTH SCIENCES	
тик три	· MP AS A CAT	ALYST FOR DIS	SEMINATION OF	PRACTICE-BASED	RESEARCH TO
			DELIZION OI	TIGICITED DIDED	THE PROPERTY OF
PUBLIC	HEALTH PRAC	TITIONERS			
	<del></del>				
		···			

FORM 990-PF INTERE	ST ON SAVI	NGS AN	D TEMI	PORARY	CASH	INV	ESTMENTS	STA	TEMENT	1
SOURCE			(A) REVENUE NE PER BOOKS		NET	(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		3
INTEREST - PNC CHEC	KING		_	60.	-		60.			
TOTAL TO PART I, LI	NE 3			60.			60.			
FORM 990-PF	DIVIDENDS	S AND	INTERI	EST FR	OM SEC	URI	ries	STA	TEMENT	2
SOURCE	GROSS AMOUNT	G.	PITAL AINS IDENDS		(A) EVENUE R BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
DIVIDENDS INTEREST	2,650,098.			2,	650,09 11,08		2,650,09 11,08			
TO PART I, LINE 4	2,661,178.	•	(	2,	661,17	8.	2,661,17	8.		
FORM 990-PF		OT	HER IN	COME	:=			STA	TEMENT	3
DESCRIPTION			I	(A) REVEN PER BO	UE	NE'	(B) F INVEST- NT INCOME		(C) ADJUSTEI ET INCON	
MISCELLANEOUS INCOM	E			<del></del>	479.		0			
TOTAL TO FORM 990-P	F, PART I,	LINE	11		479.		0	· -		
FORM 990-PF		]	LEGAL	FEES				STA	TEMENT	4
DESCRIPTION		(A EXPEN; PER B	SES	NET I	B) NVEST- INCOME		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
LEGAL FEES		31	,525.		0	•	-		31,52	25.
TO FM 990-PF, PG 1,	LN 16A	31	,525.		0	•			31,52	25.

FORM 990-PF	ACCOUNTI		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	27,229.	0.		27,229.	
TO FORM 990-PF, PG 1, LN 16B	27,229.	0.		27,229.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES INVESTMENT MANAGEMENT FEES PAYROLL SERVICE FEES	245,307. 273,190. 12,051.	273,190.		245,307. 0. 12,051.	
TO FORM 990-PF, PG 1, LN 16C	530,548.	273,190.		257,358.	
FORM 990-PF	TAX	ES	S'	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX	20,796.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	20,796.	0.		0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BUILD HEALTH CHALLENGE D&O INSURANCE	285,495. 5,778. 682,033.	0. 0. 0.		285,495. 5,778. 682,033.	
DIRECT CHARITABLE ACTIVITIES DUES AND SUBSCRIPTIONS EMPLOYEE TRAINING AND	6,260.	0.		6,260.	

DÈ BEAUMONT FOUNDATION, INC	·			04-34670	74
INFORMATION TECHNOLOGY IN-HOUSE ACCOUNTING MISCELLANEOUS LOSS ON DISPOSAL OFFICE SUPPLIES	40,259. 22,584. 3,702. 716. 30,908.	0. 13,550. 0. 0.		40,25 9,03 3,70 71 30,90	4. 2. 6.
TO FORM 990-PF, PG 1, LN 23	1,112,633.	13,550.		1,099,083.	
FORM 990-PF	OTHER INVEST	rments		STATEMENT	9
DESCRIPTION	VALUA METI	ATION HOD BO	OOK VALUE	FAIR MARKET VALUE	1
ABSOLUTE RETURN CAYMAN	COS		0.		0.
ADAMAS	COS		8,000,000.	8,668,58	
AETHER REAL	COS		1,106,210.	1,231,15	
AMERICAN SECURITIES PARTNER	COS		968,751.	909,35	
ANCHORAGE	COS		4,000,000.	4,094,72	
CONVEXITY	COS		6,349,596.	6,234,13	
DAVIDSON KEMPNER INSTITUTION			5,000,000.	6,496,57	
ETON PARK	COS		4,000,000.	3,924,18	
FPA CRESCENT PORTFOLIO	COS		5,224,291.	5,921,22	
HIGHFIELDS CAPITAL	COS		6,750,000.	9,554,50	
LEGACY VENTURE	COS		1,225,000.	1,254,78	
LEGACY VENTURE III LONE JUNIPER	COS		150,000.	127,38	
MASON CAP	COS		4,000,000. 228,552.	3,866,67	
MONDRIAN FIXED INCOME FUND	COS		4,942,547.	228,55 4,587,74	
NEWBURY	COS		1,889,851.	2,344,32	
NYES LEDGE	COS		2,000,000.	2,026,74	
PARAMETRICS	COS		8,343,397.	7,150,61	
RS GLOBAL	COS		3,790,606.	2,658,17	
RUTABAGA SMALL CAP	COS		5,000,000.	6,955,37	
COOL DEAT	COL		0 447 571	0,333,37	

SSGA REAL

VARDE

VANGUARD MUTUAL EQUITY FUND

TOTAL TO FORM 990-PF, PART II, LINE 13

COST

COST

COST

8,631,120.

4,486,303.

77,838,531.

169,190,747.

8,447,571.

4,000,000.

68,978,118.

154,394,490.

	IST OF OFFICERS, ND FOUNDATION MAN	STATEMENT 10		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JAMES B. SPRAGUE, MD 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHAIRMAN 40.00	50,000.	2,911.	0.
MURRAY BRENNAN, MD 7501 WISCONSIN AVENUE BETHESDA, MD 20814	VICE CHAIRMAN 1.00	12,500.	0.	0.
LEROY PARKER, MD 7501 WISCONSIN AVENUE BETHESDA, MD 20814	SECRETARY AND	TREASURER 0.	0.	0.
RICHARD BURNES 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
CAROL MASSONI 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	25,000.	0.	0.
JOHN STEVENS 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
GREGORY WAGNER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
JOHN AUERBACH 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
EDWARD L. HUNTER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	PRESIDENT AND 40.00		TIVE OFFI: 13,648.	CER 0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	358,669.	16,559.	0.

EVDENCEC

FORM 990-PF	SUMMARY OF	DIRECT	CHARITABLE	ACTIVITIES	STATEMENT	11

### ACTIVITY ONE

BUILD HEALTH CHALLENGE RESEARCH PROGRAM: DESIGN AND IMPLEMENT A COMPREHENSIVE QUALITATIVE AND QUANTITATE RESEARCH AND EVALUATION PLAN TO SUPPORT THE BUILD HEALTH CHALLENGE PROJECT. FINDINGS INFLUENCE TECHNICAL ASSISTANCE PROVIDED TO BUILD SITES AND ENABLE GRANTEES TO FORM BETTER, MORE-EFFECTIVE CROSS-SECTOR PARTNERSHIPS.

				EXPENSES
TO FORM 990-PF,	PART IX-A,	LINE 1		212,185.
			_	
FORM 990-PF	SUMMARY	OF DIRECT	CHARITABLE ACTIVITIES	STATEMENT 12

### ACTIVITY TWO

PRACTICAL PLAYBOOK NATIONAL MEETING: CONFERENCE ATTENDED BY KEY STAKEHOLDERS FROM ACROSS SECTORS REPRESENTING PROFESSIONAL ASSOCIATIONS, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES AND ACADEMIC INSTITUTIONS AND ACROSS THE COUNTRY CAME TOGETHER AT THE NATIONAL MEETING TO HELP CATALYZE A NATIONAL MOVEMENT, ACCELERATE COLLABORATIONS BY FOSTERING SKILL DEVELOPMENT, AND CONNECT WITH LIKE-MINDED INDIVIDUALS AND ORGANIZATIONS TO FACILITATE THE EXCHANGE OF IDEAS TO DRIVE POPULATION HEALTH IMPROVEMENT.

					EVLEMOED	
TO FORM 990-PF, PART IX-A, LINE 2					207,423	
<del></del>	<del></del>	<del>z z z z z</del>	<u> </u>	<del></del>		
FORM 990-PF	SUMMARY	OF DIRECT	CHARITABLE	ACTIVITIES	STATEMENT	13

### ACTIVITY THREE

HOSPITAL ENGAGEMENT PROJECT: A RESEARCH STUDY TO EXPLORE AND BETTER UNDERSTAND HOSPITAL CEOS' RATIONALE FOR PARTNERING IN THE BUILD HEALTH CHALLENGE AND EXAMINE HOSPITAL CEOS' DEFINITION OF, AND APPROACH TO, THE SOCIAL DETERMINANTS OF HEALTH, POPULATION HEALTH, AND HEALTH EQUITY. FINAL DELIVERABLES INCLUDE A REPORT FOR HOSPITAL/HEALTH CARE

04-3467074

DE BEAUMONT FOUNDATION, INC.

LEADERS TO ENCOURAGE THEM TO INVEST IN LOCAL ACTIVITIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH; RESEARCH ARTICLES TO DOCUMENT THE VALUE OF THESE INVESTMENTS, AND BLOGS TO ENCOURAGE COMMUNITY BASED ORGANIZATIONS TO PARTNER WITH HOSPITALS:

**EXPENSES** 

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

99,558.