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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
DE BEAUMONT FOUNDATION INC

A Employer identification number
04-3467074

Number and street (or P O box number if mail is not delivered to street address)
7501 WISCONSIN AVENUE NO 1310E

Room/suite

B Telephone number (see instructions)
(301) 961-5800

City or town, state or province, country, and ZIP or foreign postal code
BETHESDA, MD 20814

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 172,208,835

J Accounting method ☐ Cash ☐ Accrual ☑ Other (specify) Modified Cash
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	3,326,754			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	92	92		
	4 Dividends and interest from securities	3,021,380	3,021,380		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,740,348			
	b Gross sales price for all assets on line 6a 82,717,924				
	7 Capital gain net income (from Part IV, line 2)		6,740,348		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	13,088,574	9,761,820		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	932,362	18,624		913,738
	14 Other employee salaries and wages	972,490	83,217		889,273
	15 Pension plans, employee benefits	233,873	0		233,873
	16a Legal fees (attach schedule)	47,415	0		47,415
	b Accounting fees (attach schedule)	26,554	0		26,554
	c Other professional fees (attach schedule)	898,075	303,074		595,001
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	96,216	0		0
	19 Depreciation (attach schedule) and depletion	51,286	0		
	20 Occupancy	181,831	0		181,831
	21 Travel, conferences, and meetings	289,912	13,909		276,004
	22 Printing and publications	88,200	0		88,200
	23 Other expenses (attach schedule)	887,334	19,099		868,235
	24 **Total operating and administrative expenses.** Add lines 13 through 23	4,705,548	437,923		4,120,124
	25 Contributions, gifts, grants paid	8,224,869			8,224,869
	26 **Total expenses and disbursements.** Add lines 24 and 25	12,930,417	437,923		12,344,993
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	158,157			
	b **Net investment income** (if negative, enter -0-)		9,323,897		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,649,548	4,621,989	4,621,989
	2 Savings and temporary cash investments	18,058,016	13,506,588	13,506,588
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	135,041,688	137,772,435	153,914,037
	14 Land, buildings, and equipment basis ▶ 320,515			
	Less accumulated depreciation (attach schedule) ▶ 167,450	146,668	153,065	153,065
	15 Other assets (describe ▶)	13,156	13,156	13,156
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	155,909,076	156,067,233	172,208,835
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	155,888,843	155,837,837	
	25 Temporarily restricted	20,233	229,396	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	155,909,076	156,067,233	
	31 **Total liabilities and net assets/fund balances** (see instructions)	155,909,076	156,067,233	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	155,909,076
2	Enter amount from Part I, line 27a	2	158,157
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	156,067,233
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	156,067,233

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	82,717,924		75,977,576	6,740,348
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				6,740,348
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	6,740,348
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	12,285,634	181,969,486	0 067515
2016	9,833,876	168,109,756	0 058497
2015	10,998,211	178,494,800	0 061616
2014	7,714,359	186,159,866	0 041439
2013	4,969,136	141,789,561	0 035046

2	**Total** of line 1, column (d)	2	0 264113
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 052823
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	186,744,389
5	Multiply line 4 by line 3	5	9,864,399
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	93,239
7	Add lines 5 and 6	7	9,957,638
8	Enter qualifying distributions from Part XII, line 4	8	12,344,993

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

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)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	93,239
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	93,239
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	93,239
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 51,924		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	51,924
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	41,315
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
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 remain in the governing instrument?	6	Yes	
7	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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE, MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW DEBEAUMONT ORG

14 The books are in care of ▶ ARIEL MOYER Telephone no ▶ (301) 961-4948

Located at ▶ 7501 WISCONSIN AVENUE SUITE 1310E BETHESDA MD ZIP+4 ▶ 20814

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
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	1b		No
	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 2018?	1c		No
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))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect 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)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EMILY YU 7501 WISCONSIN AVENUE BETHESDA, MD 20814	BUILD EXECUTIVE DIRE 40 00	135,135	67,920	0
CATHERINE SELLERS 7501 WISCONSIN AVENUE BETHESDA, MD 20814	VICE PRESIDENT, IMPA 40 00	130,550	3,818	0
MARK MILLER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	VICE PRESIDENT, COMM 40 00	128,307	3,165	0
CATHERINE PATTERSON 7501 WISCONSIN AVENUE BETHESDA, MD 20814	MANAGING DIRECTOR, U 40 00	83,517	20,310	0
ADAM JUDGE 7501 WISCONSIN AVENUE BETHESDA, MD 20814	SENIOR LEARNING OFFI 40 00	92,722	8,646	0
Total number of other employees paid over $50,000 ▶				6

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
DBA SPARK POLICY INSTITUTE 2717 WELTON STREET DENVER, CO 80205	EVALUATION	234,268
PRIME BUCHHOLZ & ASSOCIATES INC 273 CORPORATE DRIVE PORTSMOUTH, NH 03801	INVESTMENT ADVISOR	220,665
DAVIDOFF MISSION-DRIVE BUSINESS STRATEGY 125 S CLARK STREET 17TH FLOOR CHICAGO, IL 60603	PROGRAM CONSULTING	200,386
MCCABE MESSAGE PARTBERS 1825 CONNECTICUT AVENUE NW SUITE 300 WASHINGTON, DC 20009	COMMUNICATIONS CONSULTING	188,790
RMW CONSULTING 3812 FOREST GROVE DRIVE ANNANDALE, VA 22003	EVALUATION	85,000
Total number of others receiving over $50,000 for professional services. ▶		4

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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 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	234,268
2 BUILD HEALTH CHALLENGE COMMUNICATIONS PROGRAM DESIGN AND IMPLEMENT A COMPREHESIVE COMMUNICATIONS STRATEGY TO SUPPORT THE BUILD HEALTH CHALLENGE PROJECT WORK SUPPORTS BUILD SITES AND ENABLES GRANTEES TO PROMOTE THEIR PROGRAMS	188,790
3 BUSINESS & PUBLIC HEALTH SUMMIT THE GOAL OF THE SUMMIT WAS TO HELP IDENTIFY POSSIBLE PATHS FOR FUTURE FUNDING TO BRIDGE THE WORK OF PUBLIC HEALTH AND THE BUSINESS SECTOR SPECIFICALLY, THE MEETING BROUGHT TOGETHER LEADERS FROM THE PUBLIC HEALTH AND BUSINESS SECTORS TO BETTER UNDERSTAND THE NEED, FACILITATORS, AND BARRIERS TO DEVELOPING AN IMPACTFUL PARTNERSHIP	200,386
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,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	166,191,775
b	Average of monthly cash balances		1b	23,396,437
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	189,588,212
e	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	189,588,212
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	2,843,823
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	186,744,389
6	**Minimum investment return.** Enter 5% of line 5		6	9,337,219

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	9,337,219
2a	Tax on investment income for 2018 from Part VI, line 5	2a	93,239		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	3,150		
c	Add lines 2a and 2b			2c	96,389
3	Distributable amount before adjustments Subtract line 2c from line 1			3	9,240,830
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	9,240,830
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	9,240,830

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	12,344,993
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		
a	Suitability test (prior IRS approval required)	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	12,344,993
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 See instructions	5	93,239
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	12,251,754

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 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				9,240,830
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017. 1,514,855				
f **Total** of lines 3a through e.	1,514,855			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 12,344,993				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	1,811,899			
d Applied to 2018 distributable amount.				9,240,830
e Remaining amount distributed out of corpus	1,292,264			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,619,018			
b Prior years' undistributed income Subtract 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 amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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)	3,326,754			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	1,292,264			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . . 1,292,264				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
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 "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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)					
(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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
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	92	
4 Dividends and interest from securities. . . .			14	3,021,380	
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	6,740,348	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		9,761,820	0
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	9,761,820

(See worksheet in line 13 instructions to verify calculations)

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

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) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (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			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2019-11-11	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
AMY CHAPMAN				P00843460
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶41-0746749
Firm's address ▶ 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203				Phone no (571) 227-9500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES B SPRAGUE MD 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHAIRMAN 10 00	125,000	1,656	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/TREASURER 1 00	0	0	0
ARIEL MOYER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHIEF OPERATING OFFICER 40 00	237,506	11,856	0
BRIAN C CASTRUCCI 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHIEF PROGRAM & STRATEGY OFFICER/ CEO 40 00	265,174	22,430	0
EDWARD L HUNTER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHIEF EXECUTIVE OFFICER 40 00	176,310	9,930	0
BRIEN O'BRIEN 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	0	0	0
CARA HUTCHINS 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	25,000	0	0
CAROL MASSONI 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	25,000	0	0
GREGORY WAGNER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	20,000	0	0
JOHN AUERBACH 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	0	0	0
JOHN STEVENS 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	0	0	0
RICHARD BURNES 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
ALUMNI OF UNIVERSITY OF OTAGO IN AMERICA INC 495A HENRY ST 1040 BROOKLYN, NY 11231	NONE	PC	GENERAL OPERATING SUPPORT	12,500
AMERICAN ACADEMY OF PEDIATRICS INC 345 PARK BLVD ITASCA, IL 60143	NONE	PC	TO SUPPORT A GUN INJURY PREVENTION SUMMIT	219,408
AMERICAN PUBLIC HEALTH ASSOCIATION INC 800 I STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT THE POLICY ACTION INSTITUTE	70,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
AMERICAN PUBLIC HEALTH ASSOCIATION INC 800 I STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT THE 2018 ANNUAL MEETING	40,000
ASSOCIATION OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVE SUITE 700 SEATTLE, MD 20910	NONE	PC	TO SUPPORT A PILOT TO IMPLEMENT ELECTRONIC PUBLIC HEALTH CASE REPORTING	304,954
ASSOCIATION OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVE SUITE 700 SILVER SPRING, MD 20910	NONE	PC	GRANT REFUND	-43,897
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH INC 1900 M STREET NW SUITE 710 WASHINGTON, DC 20036	NONE	PC	GRANT REFUND	-4,000
ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH INC 1900 M STREET NW SUITE 710 WASHINGTON, DC 20036	NONE	PC	PHILANTHROPY FELLOW	210,847
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT THE SENIOR DEPOTIES LEADERSHIP PROGRAM	150,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT PH WINS	95,000
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT THE ASTHO ANNUAL MEETING	12,500
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT THE ASTHO SENIOR DEPUTIES LEADERSHIP PROGRAM	150,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	GRANT REFUND	-19,556
AVENUE CDC 2505 WASHINGTON AVENUE SUITE 400 HOUSTON, TX 77007	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
CABIN CREEK HEALTH CENTER INC PO BOX 70104 ALEX LN CHARLESTON, WV 25304	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
CENTER FOR HEALTH POLICY DEVELOPMENT 2 MONUMENT SQUARE SUITE 910 PORTLAND, ME 04101	NONE	PC	TO SUPPORT RESEARCH AND EDUCATION AROUND PUBLIC HEALTH POLICIES AT THE STATE-LEVEL	218,852
CHILDREN'S LAW CENTER INC 501 3RD STREET NW SUITE 800 WASHINGTON, DC 20001	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
CHILDREN'S LAW CENTER INC 501 3RD STREET NW SUITE 800 WASHINGTON, DC 20001		PC	BUILD OPPORTUNITY FUND RECIPIENT	25,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
COLORADO NONPROFIT DEVELOPMENT CENTER 789 SHERMAN STREET SUITE 250 DENVER, CO 80203		PC	BUILD HEALTH CHALLENGE 2 0	100,000
COMMUNITY HEALTH PARTNERSHIP PO BOX 249 COLORADO SPRINGS, CO 80901	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS 2635 CENTURY PARKWAY NE SUITE 700 ATLANTA, GA 30345		PC	TO SUPPORT THE DIGITAL BRIDGE COLLABORATIVE, WHICH AIMS TO IMPROVE ACCESS TO AND THE EXCHANGE OF HEALTHCARE DATA BETWEEN KEY STAKEHOLDERS	190,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
COUNCIL ON FOUNDATIONS INC 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202	NONE	PC	GENERAL OPERATING SUPPORT	14,600
COVENANT HOUSE461 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	20,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
DUKE UNIVERSITY PO BOX 2914 MEDICAL CENTER DURHAM, NC 27710	NONE	PC	BUILD HEALTH CHALLENGE TECHNICAL ASSISTANCE	375,000
DUKE UNIVERSITY PO BOX 2914 MEDICAL CENTER DURHAM, NC 27710	NONE	PC	PRACTICAL PLAYBOOK PHASE II	175,000
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVE OAKLAND, CA 94610	NONE	PC	TO SUPPORT THE MODEL POLICIES AND PRACTICES AWARD	10,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
ENVIRONMENTAL HEALTH WATCH INC 5802 DETROIT AVE SUITE 1U CLEVELAND, OH 44102	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
ENVIRONMENTAL HEALTH WATCH INC 5802 DETROIT AVE SUITE 1U CLEVELAND, OH 44102	NONE	PC	BUILD OPPORTUNITY FUND RECIPIENT	35,000
FRIENDS OF BOSTON HOMELESS INC 12 WISE STREET BOSTON, MA 02130	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
GENERATE HEALTH STL 1300 HAMPTON AVENUE SUITE 111 ST LOUIS, MO 63139	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1310 L ST NW WASHINGTON, DC 20005	NONE	PC	GENERAL OPERATING SUPPORT	1,920
GRANTMAKERS IN HEALTH 1100 CONNECTICUTE AVENUE NW SUITE 1200 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	11,500
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
GREENSBORO HOUSING COALITION INC 1031 SUMMIT AVENUE SUITE 1E-2 GREENSBORO, NC 27405	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
INDIANA UNIVERSITY 400 E 7TH ST ROOM 501 BLOOMINGTON, IN 47405	NONE	PC	TO PROVIDE TOOLS, TRAINING AND OTHER SUPPORT FOR STATE PUBLIC HEALTH OFFICIALS	48,500
JACKSON MEDICAL MALL FOUNDATION 350 W WOODROW WILSON AVE SUITE 101 JACKSON, MS 39213	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
JEWISH HEALTHCARE FOUNDATION OF PITTSBURGH 650 SMITHFIELD ST SUITE 2400 PITTSBURGH, PA 15222	NONE	PC	TO SUPPORT WOMEN OF IMPACT IN HEALTHCARE, A PUBLIC HEALTH LEADERSHIP COHORT	85,000
LEGAL AID CHICAGO 120 S LASHALLE STREET SUITE 900 CHICAGO, IL 60603	NONE	PC	BUILD OPPORTUNITY FUND RECIPIENT	50,000
LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS STREET SUITE 1200 NEW ORLEANS, LA 70112	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS STREET SUITE 1200 NEW ORLEANS, LA 70112	NONE	PC	BUILD OPPORTUNITY FUND RECIPIENT	55,770
MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIR SUITE 300 OKEMOS, MI 48864	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	187,500
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS 1100 17TH STREET NW 7TH FLOOR WASHINGTON, DC 20036	NONE	PC	TO SUPPORT THE NACCHO ANNUAL CONFERENCE	5,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
NATIONAL FOUNDATION FOR THE CTRS FOR DISEASE CONTR AND PREVENTION INC 55 PARK PLACE SUITE 400 ATLANTA, GA 33136	NONE	PC	GRAND REFUND	-11,681
NATIONAL OPINION RESEARCH CENTER 55 E MONROE 20TH FLOOR CHICAGO, IL 60603	NONE	PC	TO SUPPORT THE PH WINS PROGRAM	10,000
NEO PHILANTHROPY 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PC	TO SUPPORT THE CITYHEALTH PROGRAM	1,451,767
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
NEO PHILANTHROPY 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PC	GRANT REFUND	-191,083
NEO PHILANTHROPY 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PC	TO SUPPORT THE ANNUAL US CONFERENCE OF MAYORS	98,958
NORTH JERSEY HEALTH COLLABORATIVE PO BOX 150 GREEN VILLAGE, NJ 07935	NONE	PC	BUILD HEALTH CHALLENGE 2 0	99,760
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
NORTHERN KENTUCKY REGIONAL ALLIANCE INC 50 E RIVERCENTER BOULEVARD SUITE 250 COVINGTON, KY 41011	NONE	PC	BUILD HEALTH CHALLENGE 2 0	81,056
OXFORD UNIVERSITY DEVELOPMENT NORTH AMERICA 2001 EVANS ROAD CARY, NC 27513	NONE	PC	PRACTICAL PLAYBOOK TEXTBOOK 2	12,000
POLK COUNTY HOUSING TRUST FUND 505 5TH AVENUE SUITE 1000 DES MOINES, IA 50309	NONE	PC	BUILD HEALTH CHALLENGE 2 0	94,900
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
POLK COUNTY HOUSING TRUST FUND 505 5TH AVENUE SUITE 1000 DES MOINES, IA 50309	NONE	PC	BUILD OPPORTUNITY FUND RECIPIENT	23,300
PROJECT DESTINY INC 2200 CALIFORNIA AVENUE PITTSBURGH, PA 15212	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
REBUILDING TOGETHER PHILADELPHIA 4355 ORCHARD STREET SUITE 2R PHILADELPHIA, PA 19124	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
REGENTS OF THE UNIVERSITY OF MICHIGAN 500 S STATE STREET ANN ARBOR, MI 48109	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE TO PUBLIC HEALTH AGENICES TO IMPROVE ACCESS TO HEALTH DATA USED TO IMPROVE PUBLIC HEALTH	95,334
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD SUITE 620 LOS ANGELES, CA 90024	NONE	PC	TO CONDUCT RESEARCH AND PROVIDE TECHNICAL ASSISTANCE AND IMPLEMENTATION SUPPORT TO PUBLIC HEALTH DEPARTMENTS TO ENCOURAGE CROSS-SECTOR COLLABORATION	248,367
RENAISSANCE WEST COMMUNITY INITIATIVE 3610 NOBLES AVENUE CHARLOTTE, NC 28208	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 02543	NONE	PC	GENERAL OPERATING SUPPORT	25,000
SHERIFF'S MEADOW FOUNDATION PO BOX 1088 VINEYARD HAVEN, MA 02568	NONE	PC	GENERAL OPERATING SUPPORT	25,000
SISTER CARMEN COMMUNITY CENTER INC 655 ASPEN RIDGE DRIVE LAFAYETTE, CO 80026	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
TEXAS DEPARTMENT OF STATE HEALTH SERVICES 1100 WEST 49TH STREET AUSTIN, TX 78756	NONE	PC	TO SUPPORT THE MODEL POLICIES AND PRACTICES AWARD	10,000
THE ASPEN INSTITUTE INC 2300 N STREET SUITE 700 WASHINGTON, DC 20037	NONE	PC	TO SUPPORT THE PHRASES PROGRAM	1,529,293
THE COMMUNITY BUILDERS INC 185 DARTMOUTH STREET 9TH FLOOR BOSTON, MA 02116	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
TRENTON HEALTH TEAM INC ONE WEST STATE STREET NO 4 FLOOR TRENTON, NJ 08608	NONE	PC	BUILD HEALTH CHALLENGE 2 0	100,000
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVENUE BOSTON, MA 02111	NONE	PC	GENERAL OPERATING SUPPORT	25,000
TULSAMENTAL HEALTH ASSOCIATION OKLAHOMA 5330 EAST 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				8,224,869

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, 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*				
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	NONE	PC	TO SUPPORT THE DISSEMINATION OF PRACTICE-BASED RESEARCH TO PUBLIC HEALTH PRACTITIONERS	350,000
WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS 1400 16TH STREET NW SUITE 740 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				8,224,869

TY 2018 Accounting Fees Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	26,554	0		26,554

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316001099

TY 2018 Distribution from Corpus Election

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Election: PURSUANT TO IRC SECTION 4942(H)(2) AND REG.53.4942(A)-3 (D)(2), DE BEAUMONT 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 CORPUS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316001099

TY 2018 Investments - Other Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ADAMAS PARTNERS, LP	AT COST	4,000,000	4,131,024
ADAMAS OPPORTUNITIES, L.P.	AT COST	4,000,000	4,262,164
AETHER REAL ASSETS FD III-CCA	AT COST	1,509,814	1,836,129
AMERICAN SECURITIES PARTNER VII LP	AT COST	2,599,213	2,720,458
ANCHORAGE CAPITAL PARTNERS OFFSHORE	AT COST	4,000,000	4,446,261
DAVIDSON KEMPNER INST PTNRS	AT COST	5,000,000	7,113,900
ETON PARK OVERSEES FUND, LTD.	AT COST	14,752	24,487
FIDELITY INTERMEDIATE TREASURY BOND	AT COST	6,300,407	6,327,483
FPA CRESCENT PORTFOLIO CI I	AT COST	5,955,933	6,050,696
HIGHFIELDS CAPITAL LTD-CCA	AT COST	1,492,170	2,036,794
IFP GLOBAL EQUITY LP	AT COST	5,000,000	4,761,470
LEGACY VENTURE VII, LLC	AT COST	2,213,996	3,120,718
LEGACY VENTURE VIII, LLC	AT COST	1,200,000	1,239,056
NEWBURY EQ PARTNERS III-CCA	AT COST	1,495,355	3,076,046
NYES LEDGE OFFSHORE FUND-CCA	AT COST	2,000,000	2,283,588
PARAMETRICS TAX MANAGED EMERG MKT INS	AT COST	6,663,745	6,057,616
SUMMIT PARTNERS GROWTH EQ FD IX	AT COST	2,701,319	3,330,783
VANGUARD EMERGING MARKETS STOCK	AT COST	6,851,701	6,138,118
VARDE INVESTMENT PARTNERS OFFSHORE	AT COST	4,000,000	5,077,459
WHEELOCK REAL ESTATE V	AT COST	1,251,889	1,177,844
VANGUARD FTSE ALL WORLD INSTL	AT COST	33,801,476	33,813,001
VANGUARD SMALL CAP INDEX FUND ETF	AT COST	7,020,774	6,096,618
VANGUARD STK MKT IND #855	AT COST	19,021,071	30,387,410
LEGACY VENTURE IX, LLC	AT COST	75,000	75,000
VARDE FUND XIII (B) (FEEDER) LP	AT COST	125,000	125,000
WHI REAL ESTATE PARTNERS IV-TE LP	AT COST	1,385,084	1,468,652
CONVEXITY HOLDBACK	AT COST	656,002	656,002
SANDERSON INTERNATIONAL VALUE FUND	AT COST	7,437,734	6,080,260

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316001099

TY 2018 Legal Fees Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	47,415	0		47,415

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316001099

TY 2018 Other Assets Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	13,156	13,156	13,156

TY 2018 Other Expenses Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
D&O INSURANCE	3,261	0		3,261
DIRECT CHARITABLE ACTIVITIES	615,383	0		615,383
DUES AND SUBSCRIPTIONS	34,570	0		34,570
EDUCATION & PROFESSIONAL DEVELOPMENT	89,779	0		89,779
INFORMATION TECHNOLOGY	13,905	0		13,905
ACCOUNTING SERVICES	31,832	19,099		12,733
MISCELLANEOUS	6,051	0		6,051
OFFICE EXPENSES	92,553	0		92,553

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316001099

TY 2018 Other Professional Fees Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	578,567	0		578,567
INVESTMENT MANAGEMENT FEES	303,074	303,074		0
PAYROLL SERVICE FEES	16,434	0		16,434

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316001099

TY 2018 Taxes Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	96,216	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316001099

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization
DE BEAUMONT FOUNDATION INC

Employer identification number
04-3467074

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

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 990PF, 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
DE BEAUMONT FOUNDATION INC

Employer identification number
04-3467074

Part I **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____	See Additional Data Table	$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ______	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization
DE BEAUMONT FOUNDATION INC

Employer identification number
04-3467074

Part II Noncash Property

(See instructions) Use duplicate copies of Part 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. 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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
DE BEAUMONT FOUNDATION INC

Employer identification number
04-3467074

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for 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. (Enter this information once. See instructions.) ▶ $** ____________

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 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	

Additional Data

Software ID:
Software Version:
EIN: 04-3467074
Name: DE BEAUMONT FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE SHIELD OF NORTH CAROLINA FOUNDATION PO BOX 2291 DURHAM, NC 27702	$ 155,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	CAMPBELL SOUP FOUNDATION 1 CAMPBELL PI CAMDEN, NJ 08103	$ 54,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	INTERACT FOR HEALTH 3805 EDWARDS ROAD SUITE 500 CINCINNATI, OH 45209	$ 155,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	TELLIGEN COMMUNITY INITIATIVE 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	$ 65,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
5	THE KRESGE FOUNDATION 3215 W BIG BEAVER ROAD TROY, MI 48084	$ 600,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
6	THE ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 COLLEGE ROAD EAST PRINCETON, NJ 08543	$ 2,109,754	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	W K KELLOGG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 04901	$ 187,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)