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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

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

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)* ▶$ 191,118,310

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)	3,567,998			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	91	91		
	4	Dividends and interest from securities	2,793,933	2,793,933		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	3,516,854			
	b	Gross sales price for all assets on line 6a 54,986,375				
	7	Capital gain net income (from Part IV, line 2)		3,516,854		
	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	9,878,876	6,310,878		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	794,589	32,336		762,253
	14	Other employee salaries and wages	2,020,951	122,646		1,898,305
	15	Pension plans, employee benefits	400,273	0		400,273
	16a	Legal fees (attach schedule)	32,125	0		32,125
	b	Accounting fees (attach schedule)	27,794	0		27,794
	c	Other professional fees (attach schedule)	1,980,899	354,765		1,626,134
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	97,470	0		0
	19	Depreciation (attach schedule) and depletion	79,367	0		
	20	Occupancy	288,733	0		288,733
	21	Travel, conferences, and meetings	676,951	20,451		656,500
	22	Printing and publications	146,509	0		146,509
	23	Other expenses (attach schedule)	942,349	21,595		920,754
	24	**Total operating and administrative expenses.** Add lines 13 through 23	7,488,010	551,793		6,759,380
	25	Contributions, gifts, grants paid	6,007,987			6,007,987
	26	**Total expenses and disbursements.** Add lines 24 and 25	13,495,997	551,793		12,767,367
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-3,617,121			
	b	**Net investment income** (if negative, enter -0-)		5,759,085		
	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	4,621,989	3,874,637	3,874,637
	2 Savings and temporary cash investments	13,506,588	2,196,759	2,196,759
	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)	137,772,435	146,313,169	184,765,431
	14 Land, buildings, and equipment: basis ▶ 506,398			
	Less: accumulated depreciation (attach schedule) ▶ 238,071	153,065	268,327	268,327
	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)	156,067,233	152,666,048	191,118,310
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 FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	155,837,837	151,937,437	
	25 Net assets with donor restrictions	229,396	728,611	
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	156,067,233	152,666,048	
	30 **Total liabilities and net assets/fund balances** (see instructions)	156,067,233	152,666,048	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	156,067,233
2	Enter amount from Part I, line 27a	2	-3,617,121
3	Other increases not included in line 2 (itemize) ▶	3	215,936
4	Add lines 1, 2, and 3	4	152,666,048
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 29	6	152,666,048

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	54,986,375		51,469,521	3,516,854
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				3,516,854
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	3,516,854
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))
2018	12,251,754	186,744,389	0.065607
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

2	**Total** of line 1, column (d)	2	0.294674
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	0.058935
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	154,485,646
5	Multiply line 4 by line 3	5	9,104,612
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	57,591
7	Add lines 5 and 6	7	9,162,203
8	Enter qualifying distributions from Part XII, line 4	8	12,767,367

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	57,591
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	57,591
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	57,591
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 51,465		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 88,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d.	7	139,465
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	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	81,874
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 81,874 **Refunded** ▶	11	0

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 2019 or the taxable year beginning in 2019? 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 2019, 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?	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

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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ 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 2019 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 2019.)*	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 2019?	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	Yes	
	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
CATHERINE SELLERS 7501 WISCONSIN AVENUE BETHESDA, MD 20814	VP, IMPACT 40.00	208,220	19,000	0
MARK MILLER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	VP, COMMUNICATIONS 40.00	195,188	25,000	0
EMILY YU 7501 WISCONSIN AVENUE BETHESDA, MD 20814	ED, BUILD HEALTH CHA 40.00	194,597	17,961	0
KRISTINA RISLEY 7501 WISCONSIN AVENUE BETHESDA, MD 20814	MANAGING DIR, WORKFO 40.00	170,619	909	0
CHRISTINA JULIANO 7501 WISCONSIN AVENUE BETHESDA, MD 20814	ED, BIG CITIES HEALT 40.00	136,700	16,500	0
Total number of other employees paid over $50,000 ▶				10

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
PRIME BUCHHOLZ & ASSOCIATES INC 273 CORPORATE DRIVE PORTSMOUTH, NH 03801	INVESTMENT ADVISOR	213,727
DBA SPARK POLICY INSTITUTE 2717 WELTON STREET DENVER, CO 80205	EVALUATION	197,048
HARDER COMPANY COMMUNITY RESEARCH 299 KANSAS STREET SAN FRANCISCO, CA 94103	EVALUATION	160,000
KELLY & ASSOCIATES INSURANCE GROUP INC 11300 ROCKVILLE PIKE SUITE 900 ROCKVILLE, MD 20852	BENEFIT ADMINISTRATOR	157,945
STARFISH MEDIA GROUP 134 WEST 26TH ST SUITE 1150 NEW YORK, NY 10001	PROGRAM SERVICES	150,000
Total number of others receiving over $50,000 for professional services. ▶		13

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 QUANTITATIVE 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.	197,525
2 BUSINESS AND 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.	189,575
3 BUILD HEALTH CHALLENGE COMMUNICATIONS PROGRAM: DESIGN AND IMPLEMENT A COMPREHENSIVE COMMUNICATIONS STRATEGY TO SUPPORT THE BUILD HEALTH CHALLENGE PROJECT. WORK SUPPORTS BUILD SITES AND ENABLES GRANTEES TO PROMOTE THEIR PROGRAMS	171,257
4 BIG CITIES HEALTH COALITION: DESIGN AND IMPLEMENT A COMPREHENSIVE COMMUNICATIONS STRATEGY TO SUPPORT THE BIG CITIES HEALTH COALITION. WORK SUPPORTS AND PROMOTES INFORMATION FROM LOCAL PUBLIC HEALTH DEPARTMENTS	98,677

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	141,734,089
b	Average of monthly cash balances	1b	15,104,130
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	156,838,219
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	156,838,219
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,352,573
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	154,485,646
6	**Minimum investment return.** Enter 5% of line 5	6	7,724,282

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	7,724,282
2a	Tax on investment income for 2019 from Part VI, line 5	2a	57,591		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	57,591
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	7,666,691
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	7,666,691
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	7,666,691

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	12,767,367
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	12,767,367
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	57,591
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	12,709,776

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				7,666,691
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018 1,292,264				
f **Total** of lines 3a through e	1,292,264			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 12,767,367				
a Applied to 2018, 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)	1,802,145			
d Applied to 2019 distributable amount				7,666,691
e Remaining amount distributed out of corpus	3,298,531			
5 Excess distributions carryover applied to 2019. *(If an amount appears in column (d), the same amount must be shown in column (a).)*	0			0
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,392,940			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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)	3,094,409			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	3,298,531			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 3,298,531				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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**				6,007,987
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				3,668,004

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	91	
4 Dividends and interest from securities			14	2,793,933	
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	3,516,854	
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		6,310,878	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	6,310,878

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**

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?		**Yes**	**No**
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.

******	2020-11-16	******
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		2020-11-16		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
BRIAN C CASTRUCCI 7501 WISCONSIN AVENUE BETHESDA, MD 20814	PRESIDENT & CEO 40.00	304,363	19,000	0
ARIEL MOYER 7501 WISCONSIN AVENUE BETHESDA, MD 20814	COO 40.00	230,283	8,444	0
JAMES B SPRAGUE MD 7501 WISCONSIN AVENUE BETHESDA, MD 20814	CHAIRMAN 10.00	125,000	0	1,862
CAROL MASSONI 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	25,000	0	0
JOHN AUERBACH 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	25,000	0	0
CARA HUTCHINS 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
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
RICHARD BURNES 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
BRIEN O'BRIEN 7501 WISCONSIN AVENUE BETHESDA, MD 20814	DIRECTOR 1.00	0	0	0
CLARION JOHNSON MD 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*				
ADVOCATES FOR HEALTHY CITIZENS 200 E SECOND AVE GASTONIA, NC 28052	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
ALUMNI OF UNIVERSITY OF OTAGO IN AMERICA INC 495A HENRY ST 1040 BROOKLYN, NY 11231	NONE	PC	GENERAL OPERATING SUPPORT	12,500
AMERICAN COLLEGE OF PREVENTATIVE MEDICINE 455 MASSACHUSETTS AVENUE NW SUITE 200 WASHINGTON, DC 20001	NONE	PC	TO SUPPORT DEVELOPMENT OF A TOOL TO PROMOTE EDUCATION AND UNDERSTANDING OF THE SOCIAL DETERMINANTS OF PUBLIC HEALTH	100,000
Total . . . . . ▶ **3a**				6,007,987

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 APHA'S ANNUAL MEETING	40,000
AMERICAN PUBLIC HEALTH ASSOCIATION INC 800 I STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT RESEARCH AND EDUCATION RELATED TO IMPROVING PUBLIC HEALTH	12,500
AMERICAN PUBLIC HEALTH ASSOCIATION INC 800 I STREET NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT APHA ANNUAL MEETING	160,000
Total . . . . . ▶ **3a**				6,007,987

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*				
ASIAN AMERICAN HEALTH COALITION OF GREATER HOUSTON INC PO BOX 1098 ALIEF, TX 77411	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT THE PUBLIC HEALTH WORKFORCE INTEREST NEEDS SURVEY	45,176
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	NONE	PC	TO SUPPORT WORKFORCE DEVELOPMENT	140,000
Total . . . . . ▶ **3a**				6,007,987

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 THE ASTHO ANNUAL MEETING	62,500
AVENUE COMMUNITY DEVELOPMENT CORPORATION 2505 WASHINGTON AVENUE SUITE 400 HOUSTON, TX 77007	NONE	PC	BUILD HEALTH CHALLENGE 2.0	25,000
BAYOU DISTRICT FOUNDATION 320 JULIA ST NEW ORLEANS, LA 70130	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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*				
BIPARTISAN POLICY CENTER 1225 EYE ST NW SUITE 1000 WASHINGTON, DC 20005	NONE	PC	TO CONDUCT RESEARCH AROUND COLLABORATION OPPORTUNTIES BETWEEN THE BUSINESS SECTOR AND PUBLIC HEALTH	100,000
CABIN CREEK HEALTH CENTER INC 104 ALEX LN CHARLESTON, WV 25304	NONE	PC	GENERAL OPERATING SUPPORT	5,000
CENTER FOR STATE AND LOCAL GOVERNMENT EXCELLENCE INC 777 NORTH CAPITOL STREET NE SUITE 500 WASHINGTON, DC 20002	NONE	PC	TO CONDUCT RESEARCH AROUND COLLABORATION STRATEGIES BETWEEN THE BUSINESS SECTOR AND PUBLIC HEALTH	98,780
Total . . . . . ▶ **3a**				6,007,987

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*				
CHANGELAB SOLUTIONS 2201 BROADWAY SUITE 502 OAKLAND, CA 94612	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	400,000
CHILDREN'S LAW CENTER INC 501 3RD STREET NW 8TH FLOOR WASHINGTON, DC 20001	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY 1127 E MAIN STE 100 KERRVILLE, TX 78028	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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 OF STATE AND TERRITORIAL EPIDEMIOLOGISTS 2635 CENTURY PARKWAY NE SUITE 700 ATLANTA, GA 30345	NONE	PC	TO CONDUCT RESEARCH AND EDUCATION RELATED TO IMPROVING PUBLIC HEALTH AND HEALTH SECURITY	56,000
COVENANT HOUSE461 EIGHTH AVENUE NEW YORK, NY 10001	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CROSSROADS COMMUNITY SERVICES INC 4500 S COCKRELL HILL ROAD DALLAS, TX 75236	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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*				
DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVE BOSTON, MA 02115	NONE	PC	GENERAL OPERATING SUPPORT	20,000
DELTA HEALTH ALLIANCE INC 435 STONEVILLE ROAD STONEVILLE, MS 38776	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	NONE	PC	TO SUPPORT EDUCATION AROUND PUBLIC HEALTH POLICY IN LARGE URBAN CITIES IN THE US	25,000
Total . . . . . ▶ **3a**				6,007,987

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 ALUMNI DEVELOPMENT RECORDS DURHAM, NC 27708	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	91,904
EAST BAY ASIAN LOCAL DEVELOPMENT CORP 1825 SAN PABLO AVENUE SUITE 200 OAKLAND, CA 94612	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
EQUAL MEASURE 520 WALNUT ST SUITE 1450 PHILADELPHIA, PA 19106	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	80,000
Total . . . . . ▶ **3a**				6,007,987

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*				
EQUAL MEASURE 520 WALNUT ST SUITE 1450 PHILADELPHIA, PA 19106	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	100,000
FLORIDA PUBLIC HEALTH INSTITUTE INC 2701 N AUSTRALIAN AVE SUITE 204 GREENSBORO, NC 27401	NONE	PC	BUILD HEALTH CHALLENGE 2.0	25,000
FRIENDS OF BOSTON HOMELESS INC 12 WISE STREET BOSTON, MA 02130	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				6,007,987

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*				
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC 58 EDGEWOOD AVE NE 3RD FLOOR ATLANTA, GA 30302	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE FOR THE BUILD HEALTH CHALLENGE	40,000
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW 1200 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	11,500
GREENSBORO HOUSING COALITION INC 1031 SUMMIT AVENUE SUITE 1E-2 GREENSBORO, NC 27405	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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*				
HABITAT FOR HUMANITY INTERNATIONAL INC PO BOX 871570 VANCOUVER, WA 98687	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
HEALTH CARE FOR ALL INC ONE FEDERAL STREET BOSTON, MA 02110	NONE	PC	GENERAL OPERATING SUPPORT	10,000
HEARTLAND FAMILY SERVICE 2101 S 42ND STREET OMAHA, NE 68106	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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*				
KENTUCKY PUBLIC HEALTH INSTITUTE 140 CONSUMER LANE FRANKFORT, KY 40604	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE TO THE PUBLIC HEALTH WORKFORCE	26,382
LIVEWELL GREENVILLE 225 S PLEASANTBURG DRIVE SUITE A7 GREENVILLE, SC 29607	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 EAST 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	PC	GENERAL OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				6,007,987

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*				
MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIR SUITE 300 OKEMOS, MI 48864	NONE	PC	TO SUPPORT HEALTH EQUITY RESEARCH	109,406
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS 1201 EYE ST NW FOURTH FLOOR WASHINGTON, DC 20005	NONE	PC	TO PROVIDE TECHNICAL ASSISTANCE TO THE PUBLIC HEALTH WORKFORCE	35,021
NATIONAL LEAGUE OF CITIES 660 NORTH CAPITOL ST NW WASHINGTON, DC 20001	NONE	PC	TO SUPPORT RESEARCH AND EDUCATION RELATED TO URBAN PUBLIC HEALTH POLICY	10,000
Total . . . . . ▶ **3a**				6,007,987

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 NETWORK OF PUBLIC HEALTH INSTITUTES 1100 POYDRAS STREET SUITE 950 NEW ORLEANS, LA 70163	NONE	PC	TO PROVIDE EDUCATION AND TRAINING SUPPORT TO THE PUBLIC HEALTH WORKFORCE	200,000
NEO PHILANTHROPY 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PC	TO SUPPORT THE CITYHEALTH PROGRAM	795,693
NEW BRUNSWICK TOMORROW 390 GEORGE STREET 2ND FLOOR NEW BRUNSWICK, NJ 08901	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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 BLVD STE 250 COVINGTON, KY 41011	NONE	PC	BUILD HEALTH CHALLENGE 2.0	18,994
PARKSIDE BUSINESS & COMMUNITY IN PARTNERSHIP INC 1487 KENWOOD AVENUE CAMDEN, NJ 08103	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
PEE DEE COMMUNITY ACTION AGENCY 2685 S IRBY ST FLORENCE, SC 29505	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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*				
PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94608	NONE	PC	TO SUPPORT RESEARCH AND EDUCATION RELATED TO PREVENTING VIOLENCE AND IMPROVING SAFETY	125,000
PUBLIC HEALTH ACCREDITIATION BOARD 1600 DUKE STREET SUITE 200 ALEXANDRIA, VA 22314	NONE	PC	TO SUPPORT THE 10 ESSENTIAL PUBLIC HEALTH SERVICES FUTURES INITIATIVE	199,631
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 02543	NONE	PC	GENERAL OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				6,007,987

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*				
SHERIFF'S MEADOW FOUNDATION PO BOX 1088 VINEYARD HAVEN, MA 02568	NONE	PC	GENERAL OPERATING SUPPORT	25,000
SOCIETY FOR HEALTH COMMUNICATION 4901 AVENUE G AUSTIN, TX 78751	NONE	PC	TO SUPPORT ANNUAL NATIONAL SUMMIT FOR HEALTH COMMUNICATION	2,500
TIDES CENTER 555 12TH STREET FIFTH FLOOR OAKLAND, CA 94607	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
Total . . . . . ▶ **3a**				6,007,987

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 ONE WEST STATE STREET NO 4 FLOOR TRENTON, NJ 08608	NONE	PC	BUILD HEALTH CHALLENGE 2.0	28,000
TRUCKEE MEADOWS HEALTHY COMMUNITIES 5050 MEADOWOOD MALL CIRCLE RENO, NV 89502	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02215	NONE	PC	TO SUPPORT CONFERENCE ON CITIES AND HEALTH	10,000
Total . . . . . ▶ **3a**				6,007,987

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*				
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC 225 W VINE ST MILWAUKEE, WI 53212	NONE	PC	BUILD HEALTH CHALLENGE 3.0	150,000
WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS 1400 16TH STREET NW SUITE 740 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				6,007,987

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TY 2019 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	27,794	0		27,794

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TY 2019 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.

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Expenditure Responsibility Statement

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS	2635 CENTURY PARKWAY NE SUITE 700 ATLANTA, GA 30345	2019-02-28	56,000	TO SUPPORT PUBLIC HEALTH AND HEALTH SECURITY. $56,000 WAS EXPENDED THROUGH 12/31/2019.	56,000	NOT TO OUR KNOWLEDGE	12/31/2019		

TY 2019 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
ACCOLADE PARTNERS VII-A LP	AT COST	1,312,500	1,284,931
ADAMAS OPPORTUNITIES, L.P.	AT COST	2,763,343	3,513,715
ADAMAS PARTNERS, LP	AT COST	3,006,366	3,458,238
AETHER REAL ASSETS FD III-CCA	AT COST	1,553,938	1,637,914
AMERICAN SECURITIES PARTNER VII LP	AT COST	3,443,171	3,362,921
AMERICAN SECURITIES PARTNER VIII LP	AT COST	37,903	37,903
ANCHORAGE CAPITAL PARTNERS OFFSHORE	AT COST	4,000,000	4,385,866
AUDAX PRIVATE EQUITY FUND VI-A LP	AT COST	145,673	169,715
DAVIDSON KEMPNER INST PTNRS	AT COST	5,000,000	7,471,050
EQT INFRA IV (NO. 2) USD SCSP.	AT COST	592,052	500,181
ETON PARK OVERSEES FUND, LTD.	AT COST	2,896	6,400
FIDELITY INTERMEDIATE TREASURY BOND	AT COST	7,103,020	7,475,615
FPA CRESCENT PORTFOLIO CI I	AT COST	6,281,924	7,262,073
GENERATION LM ASIA FUND LP	AT COST	2,000,000	2,000,000
GENERATION LM GLOBAL EQUITY FUND LLC	AT COST	4,000,000	4,000,000
HIGHFIELDS CAPITAL LTD-CCA	AT COST	157,263	229,368
IFP GLOBAL EQUITY LP	AT COST	5,000,000	6,155,410
LEGACY VENTURE IX, LLC	AT COST	350,000	322,596
LEGACY VENTURE VII, LLC	AT COST	2,194,834	4,066,452
LEGACY VENTURE VIII, LLC	AT COST	1,700,000	1,952,878
NEWBURY EQ PARTNERS III-CCA	AT COST	803,229	2,484,004
NYES LEDGE OFFSHORE FUND-CCA	AT COST	2,000,000	2,405,778
PARAMETRICS TAX MANAGED EMERG MKT INS	AT COST	3,809,327	3,796,369
POLUNIN DEV COUNTRIES FUND US	AT COST	4,963,655	5,669,540
SANDERSON INTERNATIONAL VALUE FUND	AT COST	7,363,696	7,300,176
SUMMIT PARTNERS GROWTH EQ FD IX	AT COST	3,333,908	4,542,913
TA XIII-B LP	AT COST	450,000	450,000
VANGUARD EMERGING MARKETS STOCK	AT COST	4,190,991	4,370,254
VANGUARD FTSE ALL WORLD INSTL	AT COST	31,684,541	37,168,258
VANGUARD SMALL CAP INDEX FUND ETF	AT COST	7,020,774	7,650,912

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD TTL STK MKT IND #855	AT COST	17,052,149	34,376,430
VARDE FUND XIII (B) (FEEDER) LP	AT COST	251,336	238,811
VARDE INVESTMENT PARTNERS OFFSHORE	AT COST	4,000,000	5,333,686
WELLINGTON US RESEARCH EQ EXTEND	AT COST	5,000,000	5,528,050
WHEELOCK REAL ESTATE V	AT COST	2,272,208	2,310,402
WHI REAL ESTATE PARTNERS IV-TE LP	AT COST	1,472,472	1,846,622

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TY 2019 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	32,125	0		32,125

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TY 2019 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

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TY 2019 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	6,983	0		6,983
CORPORATE FILING FEES	500	0		500
DIRECT CHARITABLE ACTIVITIES	337,247	0		337,247
DUES AND SUBSCRIPTIONS	84,306	0		84,306
EDUCATION & PROFESSIONAL DEVELOPMENT	197,894	0		197,894
INFORMATION TECHNOLOGY	63,955	0		63,955
ACCOUNTING SERVICES	35,992	21,595		14,397
MISCELLANEOUS	7,232	0		7,232
OFFICE EXPENSES	202,461	0		202,461
LOSS ON DISPOSAL	5,779	0		5,779

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TY 2019 Other Increases Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Description	Amount
RECOVERY OF DISTRIBUTABLE AMOUNT	215,936

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TY 2019 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	1,604,600	0		1,604,600
INVESTMENT MANAGEMENT FEES	354,765	354,765		0
PAYROLL SERVICE FEES	21,534	0		21,534

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TY 2019 Taxes Schedule

Name: DE BEAUMONT FOUNDATION INC

EIN: 04-3467074

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	97,470	0		0

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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

2019

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	THE ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 COLLEGE ROAD EAST PRINCETON, NJ 08543	$ 729,409	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
2	W K KELLOGG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 04901	$ 562,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
3	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA FOUNDATION PO BOX 2291 DURHAM, NC 27702	$ 300,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
4	BLUE CROSS BLUE SHIELD OF CALIFORNIA FOUNDATION 315 MONTGOMERY STREET SUITE 1200 SAN FRANCISCO, CA 94104	$ 500,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
5	NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS 1201 I STREET NW SUITE 400 WASHINGTON, DC 20005	$ 323,589	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
6	THE KRESGE FOUNDATION 3215 W BIG BEAVER ROAD TROY, MI 48084	$ 300,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

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	BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FOUNDATION 2501 FARAWAY DRIVE COLUMBIA, SC 29223	$ 300,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
8	COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	$ 175,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
9	METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS INC 4507 MEDICAL DRIVE SAN ANTONIO, TX 78229	$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
10	EPISCOPAL HEALTH FOUNDATION 500 FANNIN STREET SUITE 300 HOUSTON, TX 77002	$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
11	MID-IOWA HEALTH FOUNDATION 3900 INGERSOLL AVE DES MOINES, IA 50312	$ 77,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)