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Anwo

0912 ONB No. 1545-0047

⁴ Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

		J	(except bla	ack lung benefit trust	or private four	idation)					
partmer emai Re	nt of the Treesury evenue Service	ŀ	► The prophization may be	ave to use a copy of this retu	rn to satisfy state	reporting req	onements	Ор	en K∙P:	nplic pas	spection
		rvear							,		
		year,			, 2000, 0.10	.,	D Employ	er Iden	tification	Number	
	K II Japiicaoks	osu esseri			TNO		20-	5010	1776		
~	Address change	IRS label or print									
'	Nome shange	or type.	Number and street for P C	O box 4 mail is not delivered	to street addr;	10000190119	1 -			-01	
	initial return	specific .	PO BOX 54680				(404	4) 2	47-4	661	
	Terminellon	tions	City, town or country		\$tets ZIP co	te + 4					
	Amended return		ATLANTA		GA 303	808	G G-099 1	ecelpta	<u>s 3</u>	19,12¢	<u> 1</u>
Ĥ.	Application pensing	F Name :	and address of principal officer	<u> </u>		1 ' '	•		filote: ?	Yes	X No
	я	lank St	SWATT 11115 Whee Con	er eigh Duluth	GA 300					. 🔲 Yes	
Ta						''	NO STREET SI	(986 iu	STUCTIONS	<i>i</i>)	
~		<u> </u>	(c) () - (insert	1 10) 1 4947(8)(1) 01 1 12	I			-		
		7			1						
			ation Trust Associ	istion Other	L Year of I	Formetion: 2	007 jms	1916 OF	ISUS: 10m	TENS GH	<u> </u>
				·····							
1	Briefly describe	the org	anization's mission or m	nost significant activitie	⁵⁵	- 	_ 			- <u></u>	
	The Stewar	t_Pou	<u>indation works t</u>	o enconfade a d	<u>eneration</u>	n_of_chi	<u>ldren to</u> .	pēči	ome i	nflue	ntial
1	leaders of	societ	ty through a progr	cam that fosters	indebeuder	ce. sel:	f-pride an	<u>d re</u>	spert	for o	thers.
1	while also	o_edu	icating and mot	ivating each	child_to_	reach	their ult	<u>luma</u>	te p	otent	ial
2	Check this box	► [] ,	If the organization disco	intlinued its operations	or disposed of	more than	25% of its as	sets			
3	Number of votin	ng memb	bers of the governing bo	ody (Part VI, line Ta)				3	16		
4	Number of inde	pendent	voting members of the	governing body (Part '	VI, line 1t		[4	16		
5	Total number of	employ	vees (Part V. line 2a)		_			5			
6	Total number of	f volunte	ers (estimate if nacessa	ary) QTATLITE LIA	ur · ·		[6	0		
7 a	Total gross unre	elated bi	usiness revenue from Pa	art VIII PER PRESIDENT	e 12			7 a	L		
l t	Net unrelated be	usiness	taxable income from Fo	orm 990-T, line 34	٠			7b			
					4		Prior Voor			urment Y	Par
ء ا	Contributions of		- 62-43/III lime 41-3		_	 	11101 1481		├ ─~		,124.
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•						a solit			<u> </u>		
						<u> </u>			↓ —		
					(A), Ilne 12)				<u> </u>	39	,124.
13	Grants and simil	lar amo	unts paid (Part IX colur	mn (A), lines 1-3)	n 1	· L_					
14	Benefits paid to	or for m	nembers (Part IX, colum	IN (A) STREWEIVE	ادرد				i		
15					lines Snip)		· 				
16a				•	101						
					16 h	ļ 			 		
b	Total fundraising	g expens	ses (Part IX, column (D)) ine 25) -	100	<u> </u>					
17	Other expenses	(Part IX	(, column (A), lines 11a	110 116-246	P :0==					47	,238.
18	Total expenses	Add line	es 13-17 (must equal Pa	an IX column Ar line	الملاط					47	,238.
19	Revenue less ex	oenses	Subtract line 18 from to	no 12				$\neg \neg$,114.
		- FOI 200.	. Goetheet Inte 10 Hours	1110000							
	.					B	eginning of Ye	ear	E		
										13	,B04.
21	Total habilities (F	Part X. I	line 26) .			<u> </u>					
22	Net assets or fur	nd balan	nces. Subtract line 21 fro	om line 20					i	13	.804.
Ft II'	Signature	Bloc	k	<u>· · - ·</u>							
_	Linder apparelled as		declare to a factor of the			4-1-1		A I. A		and halos	
	True correct, and o	complete	Declaration of owners (other li	ipan officer) is pased on eli iu	ioning schedules an	brebater pas	any knowledge	i nsy wii	i eguelimon	and belief	11 15
ı na		1	1 12 - 1				1				
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d - er's	signature -	JR Y		, 							
er's	Firm's name (or	J. R	OCHELLE, LLC						<u></u>		
- er's	Firm's name (or	J. R	OCHELLE, LLC MARKET BLVD SI	TE 330-133		1. (
er's y	Firm's name (or yours if self employed) address and ZIP ± 4	J. R 1425 ROSW	OCHELLE, LLC MARKET BLVD ST ELL	GA	30076		emoloyed b	(77))) 35	66-186	
er's y	Firm's name (or yours if self employed) address and ZIP ± 4	J. R 1425 ROSW	OCHELLE, LLC MARKET BLVD SI	GA			emoloyed h	(770			
	To Check Part J 1 2 3 4 4 1 5 6 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check if applicable Address change Nome change Initial return Termination Amended return Application bencing Externation I Briefly describe The Stewal Leaders of while als Check this box Number of votir Number of inde Total number of Total fundraising Total fundraising Total expenses Revenue less ex Total assets (Pa Total liabilities (Pa	For the 2009 calendar year. Check if applicable Address change Initial return Terminetton Application beneing Form of type. Sepacific Instructions Application beneing Form of organization X Corporation X Corp	For the 2009 calendar year, or tax year beginning Check if applicable address change intitlet return Amended return Amended return Amended return Amended return Application behavior Tax-exempt status X 501(c) (3) * (insertification works the programs of the program of the programs of the program of the programs of the programs of the programs of the program of the programs of the program of	The department of the Tressury For the 2009 calendar year, or tax year beginning Check if applicable Address change Address change Institut return Temmetten Application peoping Institut return Tax-exempt status Tax-exempt status Tax-exempt status Tay-exempt of specific to the properties of the government of of the gover	The organization may have to use a copy of this return to satisfy state For the 2009 calendar year, or tax year beginning Check if apprisons Address change Address change Nome strange Intel return Amended raturn Termination Amended raturn Amended raturn Amended raturn Amended raturn Termination Termina	The organization may have to use a day of this return to statisty state reputative for the 2009 calendary year, or tax year or	The organization may have to use a copy of this return to satisfy state reporting requirements from the 2009 calendar year, or tax year beginning young, and ending Concert appears of the Tree 2009 calendar year, or tax year beginning young young the control of the 2009 calendar year, or tax year beginning young young the control of the 2009 calendar year, or tax year beginning young the control of the 2009 calendar year, or tax year beginning young the control of the 2009 calendar year, or tax year beginning young the control of the 2009 calendar year. Or tax year beginning young the control of the 2009 calendar year, or tax year beginning young the control of the 2009 calendar year. Or tax year beginning young the control of the 2009 calendar year. Or tax year beginning the control of the 2009 calendar year. Or tax year beginning the control of the 2009 calendar year. Or tax year beginning the 2009 calendar year. Or tax year beginning the 2009 calendar year. Or tax year beginning the 2009 calendar year. Or tax years the 2009 calendar years the 2009 calendar years the 2009 calendar year. Or tax years the 2009 calendar years the 2009	The argentiation may have to use a day of this return to satisfy state reporting requirements. Provided Revenue Services. For the 2009 calendary year, or tax year beginning 2009, and arriding. Check if apparent with the control of the control o	The enganization may have to use a copy of this return to satisfy state reporting requirements. Open tit Preserved Per The enganization may have to use a copy of this return to satisfy state reporting requirements. Open tit Preserved Per The enganization may have to use a copy of this return to satisfy state reporting requirements. Open tit Preserved Per The enganization may have to use a copy of this return to satisfy state reporting requirements. Open tit Preserved Per The enganization may have to use a copy of this return to satisfy state reporting to the end of the e	The organization may have to use a day of this return to statisty state reportion requirements 2003, and ending 2003, and

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Fort	m 990 (2009) THE HANK STEWART FOUNDATION, INC	20-591877	6	Page 2
Pa	int III Statement of Program Service Accomplishments			
1				
	The Stewart Foundation works to encourage a generation of childre	n to become	influ	ential
	leaders of society through a program that fosters independence, self-pri	de and respec	- for	others.
	See Form 990 Page 2, Part III, Line 1 (continued)		* ***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	See 1 01m 350 Fage & Farm Line 1 (continued)			
~~	Did the organization undertake any significant program services during the year which were not listed on	46		
~	T 000 - DDD T73	the prior	. F	
	Form 990 or 990-EZ?	🔾	Yes	X No
_	If Yes describe these new services on Schedule O		6	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? [_]	Yes [X No
	If Yes, describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses. Sect	lion 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	allocations to othe	rs, the t	0(9)
	y a second of the y, or odd, program solved reported.			
4 a	(Code:) (Expenses \$ 488. including grants of \$ 0.) (,Revenue \$		<u> </u>
	King Celebration-Youth Stop the Violence/Black History Program	. 		
	Non-violence youth in action launch celebrating the observance of	o£		
	the King Holiday. Focus to decrease childhood obesity.			~
	~~			
			-	
4ь	(Code:) (Expenses \$1, 491. including grants of \$) (Revenue \$		0.1
	Career Day/CRCT	<u></u>		
	Annual career day where 98 career professionals encouraged stude	nts to puer	 5110	
	their dreams and shared the process of achieving career success.	uch to bact	540 -	
	CRCT test prep class focusing on the subjects of math and reading			
	for grades 3-R also recusing on the subjects of math and reading	4		
•	for grades 3-B. Also included were parent education covering the			- -
	subject getting your child into college.			
-				- -
-				
-				
-		<u>.</u>		
_				
40	(Code.) (Expenses S 7 500			<u> </u>
	(Code) (Expenses \$ 7,500, including grants of \$ 0.) (F	«еvелие \$	<u> </u>	500.
-	Youth White Linen Affair- A ceremony/celebration of the collabor	atine		- -
-	efforts put forth by the youth to become stronger leaders of soc	<u>lety.</u>	~ ~ .	
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_				
		- 		
4d0	Other program services, (Describe in Schedule Q.)			
	_ '		_	
	(Revenue 3	 -		
	otal program service expenses > 9,479.	<u> </u>		

Page 3

	m 990 (2009) THE HANK STEWART FOUNDATION, INC 20-591	8776	!	Page
Pa	art IV Checklist of Required Schedules		Yes	No
	The body of the second		1.63	·```
	I is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete Schedule A	. 1	x	
4	2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	Ţ	x
3	Old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes.' complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II	4		×
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting regularement and proxy tax? If 'Yes,' complete Schedule C. Part III	5	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes' complete Schedule D Part I	6		x
7		Ť	 	 ^
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes' complete Schedule D. Part II	7	 	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Yes. complete Schedule D. Part V	11 10		x
17	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, X as applicable	or 11		х
	■ Did the organization report an amount for land, buildings and equipment in Part X, line 107 If 'Yes,' complete Schedule D. Part VI	,		
	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, complete Schedule D, Part VII 	'		
I	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes' complete Schedule D. Part VIII 	al le		
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported. Part X, line 16? If 'Yes,' complete Schedule D, Part IX 	in .		
	 Did the organization report an amount for other flabilities in Part X, Ilne 25? If 'Yes,' complete Schedule D, Part X. 	- {		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule O, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII	12		×
124	A Was the organization included in consolidated, independent audited financial statement for the tax	No		
	year? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional 12 A	x		
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	. 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If Yes, complete Schedule F, Part II	. 15		х
16	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. Innes 1c and 8a? If Yes, complete Schedule G. Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G. Part III	19		
	Old the organization operate one or more hospitals? If 'Yes' complete Schedule H	20		х х

Page 4

20-5918776

	m 990 (2009) THE HANK STEWART FOUNDATION, INC	20-5918776		P	age
P	art IV Checklist of Required Schedules (continued)			Yes	
			-	res	No
21	1 Did the organization report more than \$5,000 of grants and other assistance to governments and organ United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	izations in the	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2? If 'Yes' complete Schedule I, Parts I and III	States on Part	22		×
23	3 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization of the organization of compensation of the organization of compensated employees? If 'Yes, Schedule J	complete	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b complete Schedule K. If 'No, go to line 25	through 24d and	248		x
	b Oid the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception?		24b		
	c Old the organization maintain an escrow account other than a refunding escrow at any time during the any tax-exempt bonds?	year to defease	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		244		
25	ia Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transa disqualified person during the year? If 'Yes,' complete Schedule L, Part I	ction with a	25 B		_ <u>x</u> _
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Schedule L, Part I	Yes,' complete	25b		X
26	Was a loan to or by a current or former officer, director trustee, key employee, highly compensated en disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedul	iployee, or e L. Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, s contributor, or a grant selection comittee mamber, or to a person related to such an individual? If Yes, Schedule L. Part III	ubstantial complete	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L instructions for applicable filing thresholds, conditions, and exceptions).	, Part IV		İ	
	a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV		28a		X
!	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV		285	İ	х
(c An entity of which a current or former officer, director, trustee, or key employee of the organization (or was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	a family member)	28c		х
29		м. [29	\cdot	X
30	Oid the organization receive contributions of art, historical treasures, or other similar assets, or qualifier contributions? If 'Yes,' complete Schedule M	d conservation	30		х
31	Did the organization liquidate, terminate or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, consciently N Part II	mplete	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301.7701-2 and 301,7701-3? If 'Yes,' complete Schedule R. Part I	ations sections	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes' complete Schedule R. Parts line 1		34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Part V. line 2	ete Schedule R.	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable rorganization? If Yes, complete Schedule R, Part V, line 2	elated	36	7	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organizated as a partnership for federal income tax purposes? If 'Yes' complete Schedule R, Part VI.	zation and that is	37		x
3B	Did the organization complete Schadule O and provide explanations in Schedule O for Part VI, lines 11 Note. All Form 990 filers are required to complete Schedule O	and 197	38	1	<u>~</u>
		<u> </u>			

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Form 990 (2009)

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Form 990 (2009) THE HANK STEWART FOUNDATION, INC	20-5918776	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U.S. Information Returns. Enter -0 if not applicable.	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	table gaming		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns	7 2t	41	
Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file this return. (see ins	tructions)]]	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	1	<u>x</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No ' provide an explanation in Schedule O		 	
4a At any time during the calendar year—did the organization have an interest in, or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	thority over, a punt)? 4a		x
b if 'Yes,' enter the name of the foreign country		1 1	
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban Financial Accounts.	k and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a	+ +	<u> </u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction		 	<u> </u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin Tax Shelter Transaction?	ng Prohibited 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o solicit any contributions that were not tax deductible?	rganization 6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions of deductible?	or gifts were not		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo provided to the payor?	ds and services 7a		x
bilif 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re Form 8282?	equired to file		x
d If 'Yes, indicate the number of Forms 8282 filed during the year	onal		
penein contract;	. <u>7e</u>		X
Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract?			<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. <u>7g</u>		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
B Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization or a donor advised fund maintained by a sponsoring organization, have excess the holdings at any time during the year?	ions. Did the ousiness 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	1	
b Did the organization make any distribution to a donor, donor advisor, or related person?	96		
10 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on Part VIII line 12 . 10a	i l	.	
6 Gross Receipts. Included on Form 990, Part VIII, line 12, for public use of club facilities 106	~		
11 Section 501(c)(12) organizations. Enter		1	
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 10413	? . 12a		
b If Yes, enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA ,	Form	990 (2	009)

Form 990 (2009) THE HANK STEWART FOUNDATION, INC			age (
Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch Schedule O. See instructions	below, zinges	and In	tor
Section A. Governing Body and Management		,	,
		Yes	No
1a Enter the number of voting members of the governing body			
b Enter the number of voting members that are independent		}	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	1	x
· · · · · · · · · · · · · · · · · · ·	-	 	Ť
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		X
4 Did the organization make any significant changes to its organizational documents	4		X
since the prior Form 990 was filed?	4		1
5 Did the organization become aware during the year of a material diversion of the organization's essets?	5	ļ	X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders or other persons who may elect one or more members of the governing body?	7a		х
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	Į į		
the following a The governing body?		1	
b Each committee with authority to act on behalf of the governing body?	8a		X
	86		^
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	. 9		
Section B. Policies (This Section B requests information about policies not required by the Interna-	<u>:</u>		·
Revenue Code.)			
		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
bilf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
and branches to ensure their operations are consistent with those of the organization?	10Ь		<u> </u>
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11	X	
12a Ooes the organization have a written conflict of interest policy? If 'No.' go to line 13	122		7.5
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		<u> </u>
to conflicts?	126		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	-	
13 Does the organization have a written whistleblower policy?	13		x
14 Does the organization have a written document retention and destruction policy?	14	×	
Did the process for determining compensation of the following persons include a review and approval by independent		-:-	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	í	
a The organization's CEO. Executive Director, or top management official.	15a		X
b Other officers of key employees of the organization	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	+	- 1	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status, with respect to such arrangements?	1 1		
status with respect to such arrangements? ection C. Disclosures	166	!	
17 List the states with which a copy of this Form 990 is required to be filed - Georgia	·		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avious processing the section of the	ulable fo	or put	olic
Own website Another's website X Upon request			
9 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public		nanci	ai
State the name physical address, and telephone number of the person who possesses the books and records of the organ	ization		
L. Jones 11315 Johns Creek Parkway Duluth GA 30097 (4	04) 24	47-4	661
	<u>041_24</u>	4	00

Page 7

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who
 received exportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any

NBE

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees: officers; key employees; highest companies employees; and former such persons

(A)	(B) (c)							(D)	(E)	(F)	
Name and Title	Average hours		Hon (k all I	that app		Reportable	Reportable compensation from	Estimated amount of other	
	per week	or directs	xightings trigger	Officer	dey anythyse	Highest compensated majoran	Former	Reportable companisation from the organization (W-2/1099-MISC)	related progenizations (W-2/1 D99-MISC)	Estimated amount of other compensation from the organization and releted organizations	
										<u>-</u>	
~-~											
									_		
				-							
	<u>-</u>										

Name and Titly April 2 State of the Control of the	(A)								(0)	(E)	(F)	
The Total Total number of individuals (including but not limited to those insted above) who received more than \$100,000 m reportably compensation from the organization. The Total reportable on the lai, is the sum of reportable compensation and other compensation from the organization and interest and the compensation from the organization and interest and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization and the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization. (A) Name and business audierss Description of Services Occupants and the compensation for the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from th		1 ' '	Posi	tion (-	-	hat a	poly)		Reportable		
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3 Did the organization list any former officer, director or trustee key employee, or highest compensated employee on line 1a? If 'Yes, complete Schedule J for such Individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If Yes,' complete Schedule J for such person. 5 Ction B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•	to those	liste	ed a	bovi	e) w	י סחי	ece	ived more than \$1	00,000 m reporta	ble compens	ation
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such 1	on line 1a? If Yes, complete Schedule J for such Ind	ivídual								•		x X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Ocompensation (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations greater that	ortable o in \$750.	.000°	ens ? <i>If</i>	atio 'Yes	n ar ' <i>co</i>	nd o mpl	ther ele	compensation fro Schedule J for sui	om ch	4	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation Compensation Compensation Compensation	rendered to the organization? If Yes, complete Sched	npensat dule J fo	tion t	rom	any oers	y un	rela	ited	organization for s	ervices	5	x
(A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Complete this table for your five highest compensated	Indepe	nder	nt co	ontra	cto	rs th	net r	eceived more that	າ \$100,000 of		
Name and business address Description of Services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	(A)				-			1	(R)		(C)	
Total number of independent contractors (including but not limited to those listed above) who received more than	Name and business address							\dashv			Compensa	tion
Total number of independent contractors (including but not limited to those listed above) who received more than								耳				
Total number of independent contractors (including but not limited to those listed above) who received more than								\dashv				
Total number of independent contractors (including but not limited to those listed above) who received more than				•				1				
	Total number of independent contractors (including bu	t not lin	nled	lo i	hos	e lış	ted	abo	ve) who received	more than		

	m 990 (2009) THE HANK STEWART FOUNDATION, I	INC		20-5918776	Page :
Pa	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grams (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lins 1a-1f;				
	h Total. Add lines 1a-1f . Business Codo 2a	39,124.			
PROGRAMI SERVICE REVENUE	f All other program service revenue				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Roai (ii) Porsonal 6a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)				
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundralsing events (not including \$ of contributions reported on line Ic) See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundralsing events				
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.				
,	b Less cost of goods sold . b c Net income or (loss) from sales of inventory				
-	Misce larreous Revenue Business Code 1 a b C				
1	d All other revenue e Total. Add lines 11a-11d Z Total revenue. See instructions	39,124.			
SAA	TECADA				Form 990 (2009)

	Section 501(c)(3) and 501(c)(4) organiza	tions must complete at	i columns.	_ .
	All other organizations must comp	olete column (A) but are	not required to comple	rte columns (B), (C), and ((D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV. line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors, trustees, and key employees	· '			
6	Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	a Management				
ŧ	b Legal .				
(Accounting .				
(d Lobbying				
•	Prof fundralsing svcs. See Part IV In 17				
	Investment management fees				
	Other .	1,300.	1,300.	0.	
12	Advertising and promotion	16,024.	16,024.	0.	
13	Office expenses	3,827.	0.	3,827.	
14	Information technology				
15	Royalties				
16		4,027,	0.	4,027.	

5	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees)				
ē	Management				
ŧ	Legal.				
	: Accounting				
c	Lobbying				
	Prof fundralsing svcs. See Part IV In 17	· · · · · · · · · · · · · · · · · · ·			
	Investment management fees				
	Other	1,300.	1,300.	0.	0.
-	Advertising and promotion	16,024.	16,024.	0.	0.
	Office expenses	3,827.	0.	3,827.	0.
	Information technology				
15	Royalties				
16	Occupancy .	4,027.	0.	4,027.	0.
17	Travel .	320-	0 -	320.	0.
	Payments of travel or entertainment expenses for any federal, state or local public officials	320-	V-		
19	Conferences, conventions, and meetings	21,565.	21,565.	0.	0.
20	Interest .				
21	Payments to affiliates				
	Depreciation, depletion, and amortization .				
	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Bank Fees	10.	0.	10.	0.
Ь	License Fees	165.	0.	165.	0.
c					
ď	~ - ~				
6					
f	All other expenses				
	Total functional expenses Add lines 1 through 24f	47,238.	38,889.	8,349.	0.
26	Joint costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		 		F	om 990 (2009)

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20-5918776 Page 11

		0 (2009) THE HANK STEWART FOUNDATION, INC	20-59	18//6	Page 11
Pa	rt X	Balance Sheet	(0)		(R)
			(A) Beginning of year	E	(B) nd of year
	1	Cash — non-interest-bearing			13,804
)	2	Savings and temporary cash investments	· <u> </u>	2	
Į	3	Pledges and grants receivable, net		3	
ľ	4	Accounts receivable, net		<u> </u>	
	5	Receivables from current and former officers, directors, trustees, key employed and highest compensated employees. Complete Part II of Schedule L	es,	5	
- [6	Receivables from other disqualified persons (as defined under section 4958(f)((1))		
1		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule	·	<u> </u>	
5	7	Notes and loans receivable, net		7	
55 ET 5	8	Inventories for sale or use		8	
3	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. 10a		İ	
		Complete Part VI of Schedule D		1	
Ì	b	Less: accumulated depreciation. 10b	10	0 c	
	11	Investments – publicly-traded securities	1	1	
- 1	12	Investments - other securities See Part IV, line 11	1:	2	
i	13	Investments – program-related See Part IV, line 11	1	3	
- 1	14	Intangible assets	1,	4	
- 1	15	Other assets See Part IV. line 11	11	5	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.1	6	13,804
_	17	Accounts payable and accrued expenses	1	7	
ł	18		1		
		Grants payable	19		
. 1	19	Deferred revenue	. 20	`	
À	20	Tax-exempt bond liabilities	2		
7 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		' 	
1	22	Payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ė		of Schedule L			
5	23	Secured mortgages and notes payable to unrelated third parties	. 2		
i	24	Unsecured notes and loans payable to unrelated third parties	2		
] .	25	Other liabilities Complete Part X of Schedule D	2		
	26	Total liabilities. Add lines 17 through 25	0. 2	6	0.
Ĕ		Organizations that follow SFAS 117, check here 🛌 🗓 and complete lines	1	1	
۴		27 through 29 and lines 33 and 34.	1		
Ş .	27	Unrestricted net assets .		7	13,804.
E :	28	Temporarily restricted net assets	2	В	
\$;	29	Permanently restricted net assets	2	9	
R		Organizations that do not follow SFAS 117, check here 🛌 🔲 and comple	te		
5		lines 30 through 34.	1	1	
F XZD	30	Capital stock or trust principal, or current funds	. 30	0	
		Paid-in or capital surplus, or land building, and equipment fund	. 3	1 📗	
[] :		Retained earnings endowment accumulated income or other funds	3	2	
OMITIZE PIE		Total net assets or fund balances	0.3	3	13,804.
8 3		Total liabilities and net assets/fund balances	0.3		13,804.
BAA		The second second second report of the second second report of the second secon			orm 990 (2009

Form 990 (2009) THE HANK STEWART FOUNDATION, INC	20-5918776	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
24 Were the organization's financial statements complled or reviewed by an independent accountant?		1	X
b Were the organization's financial statements audited by an independent accountant?	<u>2b</u>		X
c If 'Yes' to line 2a or 2b does the organization have a committee that assumes responsibility for oversigh review or compilation of its financial statements and selection of an independent accountant?	t of the audit		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis		1 1	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		x
bilf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ~ See saparate Instructions.

Nome	temp of the organization												
THE	E HANK STEWART FOUNDATION, INC							20-5918776					
Par	t I	Reason for Pu	blic Charity Statu	s (All organizations	must	comple	ete this	part.) See i	nstruc	tions		
The	orgai	nization is not a pri	vate foundation becau	se it is: (For lines 1 throu	ıgh 11, c	heck on	ly one b	ox)					
7	\Box	A church, conventi	ion of churches or asso	ociation of churches desc	ribed in	section	170(Б)(Т	(IXAX)					
2	П			A)(II). (Attach Schedule E									
3	П			organization described		n 170(b	ΧΊΧΑΧΙΊ	i).					
4	П	A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's											
	u	name city and sta	ate:										
5		An organization of 170(b)(1)(A)(iv).	serated for the benefit	of a college or university	owned o	or operat	led by &	govern	nental u	init desc	ribed in sec	tion	
6	П	A federal, state, or	local government or g	jovernmental unit describ	oed in se	ction 17	то(Б)(Т)(,	4)(v).					
7		An organization the in section 170(b)(1	at normally receives a I XAXVI). (Complete Pa	substantial part of its su art II)	pport fro	m a gov	ernmeni	tal unit i	or from 1	the gene	eral public de	escribe	:d
8				70(b)(1)(A)(vi). (Complet									
9	_	from activities rela investment income	ted to its exempt funct	more than 33-1/3 % o lons – subject to certain ss taxable income (less somplete Part III)	excentic	אחק אחר	(2) no t	nore in	ヨロ ふる・バ	J 76 UT II	is support m	טווים מויט	255
10		An organization or	ganized and operated	exclusively to test for pul	blic safet	ty See :	section 9	509(a)(4).				
11		more publicly supp	orted organizations d	exclusively for the benefi ascribed in section 509(a ation and complete lines	s)(1) or s	ection 5	09(a)(Z)	see s	or carry ection 5	out the 09(a)(3) .	purposes of Check the	one o box th	er Jat
		a Type I	b Type II	c Type II	II — Fund	ctionally	integrat	ed		d 🗌	Type III-	Other	
е		By checking this both than foundation ma 509(a)(Z).	ox, I certify that the organagers and other than	ganization is not controlle none or more publicly su	ed direct	ly or ind	rectly b	v one o	more d in secti	isqualdie on 509(a	ed persons a)(1) or sect	other ion	
f			received a written dete	ermination from the IRS t	that is a	Туре І.	Type II o	г Туре	III suppo	orting org	ganization,		
g		Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition from	n any of	the foll	owing p	ersons?			
_		_		. , , , , ,			•				Ţ	Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to poorted organization?	ogether (with pers	sons des	cribed	ın (li) ar	nd (m)	11g(i)		
	((ii) a family mem	iber of a person descr	ribed in (i) above?							11 g (f)		
	1	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						(ii) g (ii)	}	
h			-	ne supported organization									
		Name of Supported Organization	(a) EIN	(at) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) organization in col (i) is the organization in col (i) organization in col (i) organization in the governing occument?			int					
_			ļ		Yes	No	Yes	No	Yes	No			
_											_		
				1									
					-								
													
						} 							
					1	i	1		i	1 7			

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

Schedule A (Form 990 or 990 EZ) 2009

Sch	edule A (Form 990 or 990-E2) 2009	THE HAN	K STENART F	OUNDATION,_	INC	20~591877	f. Page 2
Pa	rt II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) ar	id 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1)			
	ction A. Public Support	<u> </u>	1		1	1	1
beg	endar year (or fiscal year inning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants contributions and membership fees received. (Do not include unusual grants.)					ļ	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3.	•					<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
Sec	tion B. Total Support		γ	,	·	,	
	ndar year (or fiscal year nning in) >	(в) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 ,					 	ļ
8	Gross income from interest, dividends, payments received on securities loans, rents royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
17	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	les, etc. (see ins	tructions) .			. 12	<u> </u>
13	First five years. If the Form 990 Is organization, check this box and s	for the organization here	itlon's first, second	d, third, fourth. or	fifth tax year as	s section 501(c)(3	3) ► □
	tion C. Computation of Pub	lic Support P	ercentage				
	Public support percentage for 200			11, column (f)			%
15	Public support percentage from 20	08 Schedule A,	Part II, line 14			15	%
16a	33-1/3 support test - 2009. If the and stop here. The organization q	organization did ualifies as a pub	not check the box licly supported org	on line 13, and t janization	the line 14 is 33-1	/3 % or more, che	eck this box
ь	33-1/3 support test 2008. If the and stop here. The organization quality	organization did palifies as a publ	not check a box o licly supported org	n Ilne 13, or 16a. Janization.	and line 15 is 33-	1/3% or more, ch	eck this box
	10%-facts-and-circumstances tes or more and if the organization mets the facts-a	ents the facts.ar	id-circumstances'	test chock this h	ov and ston here.	Explain in Part I	V how
	10%-facts-and-circumstances tes or more, and if the organization m organization meets the facts-and-c	Pets ind lacis ac	M-CKCkmetanese'	tact chack this h	AV and chookers	Explain in Part i	15 is 10% V how the
18	Private foundation. If the organiza	tion did not chec	k a box on line, 1:	3, 16a 16b, 17a.	or 17b, check this	box and see insi	tructions -
BAA							90 or 990-FZ) 2009

Schedule A (Form 990 or 990-EZ) 2009		K STEWART F			20-5918776	Page
Part III Support Schedule for	-		in Section 509	(a)(2)		
(Complete only if you check Section A. Public Support	(ea the box on i	ine 9 of Part 1.)				********
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1. Gifts grants contributions and	(6) 2003	1 (0) 2000	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 7 72	1	
membership fees received. (Do not include 'unusual grants') 7 Gross receipts from		·			39,124.	39,124
admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons					39,124.	39,124
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		1				
B Public support (Subtract line	· · · · · · · · · · · · · · · · · · ·	1		····		
7c from line 5.)						39,124
Section B. Total Support						
Calendar year (or fiscal yr beginning in) 🗢 📘	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					39,124.	39,124
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (edd inc 9, 10c, 11, and 12)				· · · · · · · ·		39,124
4 First five years If the Form con	for the organiza	tion's first, second	, third, fourth. or	fifth tax year as a	section 501(c)(3)	
organization, check this box and sto ection C. Computation of Publi	nere					X
5 Public support percentage for 2009	(line P. astir	ercentage	13			
6 Public support percentage from 200	vine o, column	(i) divided by line	13. column (1))	•	15	<u>%</u>
ection D. Computation of Inves	tment laces	ne Percentage		· · · · ·	16	%
7 Investment Income percentage for 2	2009 (line 10c s	nlumn (f) dwided	by lion 12 solves	- (6)	. 17	0/
8 Investment income percentage from	2008 Schedule	A. Part III. line 17	oy inis 13, columi 7	• • • • • • • • • • • • • • • • • • • •	18	<u>%</u>
9a 33-1/3 support tests — 2009, if the r	hib gottesinema	ant about the how	14	line 15 is more th	32 1436	17 (s. oo)
b 33-1/3 support tests - 2008. If the	erio stop nere. Iroanization did	ne organization q	jualifies as a publ	icly supported org	anization	- 1
TO THE COUNTY OF THE PARTY OF THE CALL THE	sooxano storp	nere. The organiza	ation dualities as a	a publicly support	ed organization	► [
Private foundation. If the organizate	on did not chec	a box on line 14,	19a. or 19b, che	ck this box and se	e instructions	<u> </u>
NA		TEFADANA	*********	C-1	redule A (Form 900)	- 600 571 000

Schedule A	(Form 990 or 9	90-EZ) 2009	THE HANK	STEWART	FOUNDAT	ION,	INC	20-59187	76 Page 4
Part IV	Supplemen	tal Informat	ion. Comple	te this part	to provide	the e	xplanatio	ns required by Pa	rt II, line 10;
	Part II, line	17a or 17b:	and Part III,	line 12. P	rovide any	other	additiona	ns required by Pa Il information See	instructions.
		<u> </u>	·····						•
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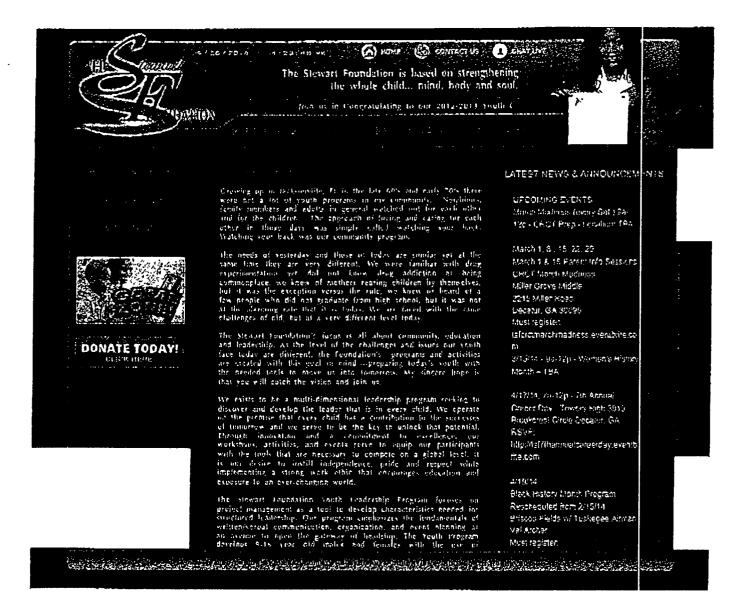
SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

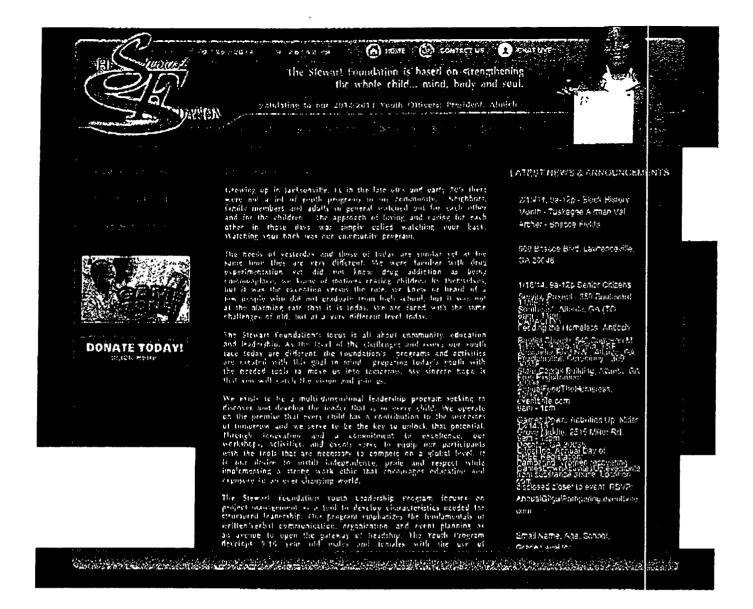
Department of the Treasury Internal Revenue Service								
Name of the organization		Employer identification number						
THE HANK STEWA	RT FOUNDATION, INC	20-5918776						
Pt VI-B. Line 11A The completed tax return is presented at the board meeting								
	for all board members to review. Upon completi	on of the review						
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	the return is approved for filing.							
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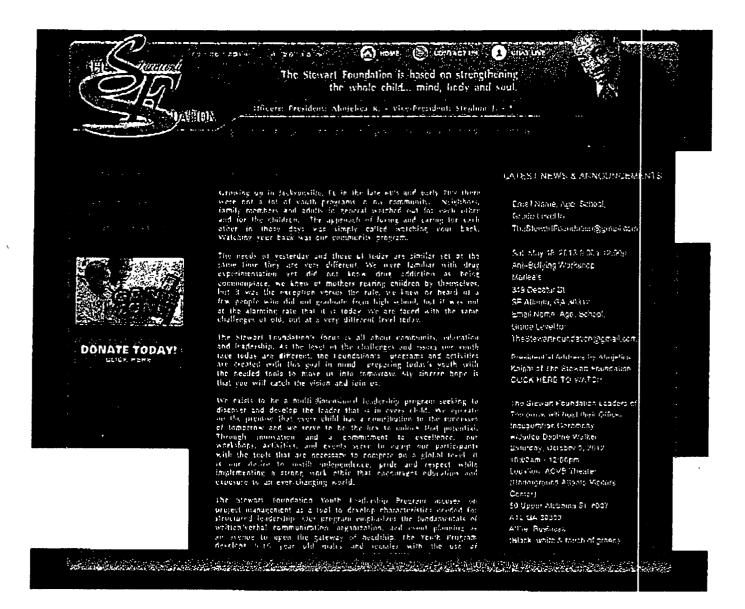




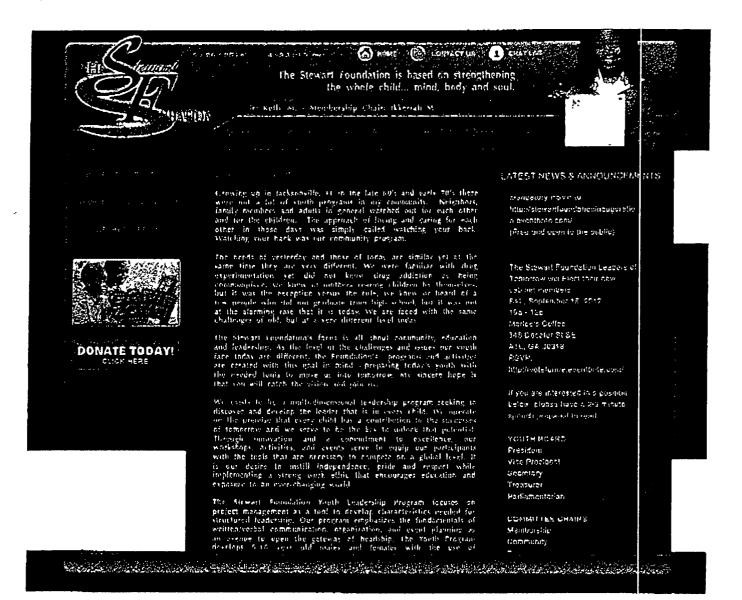


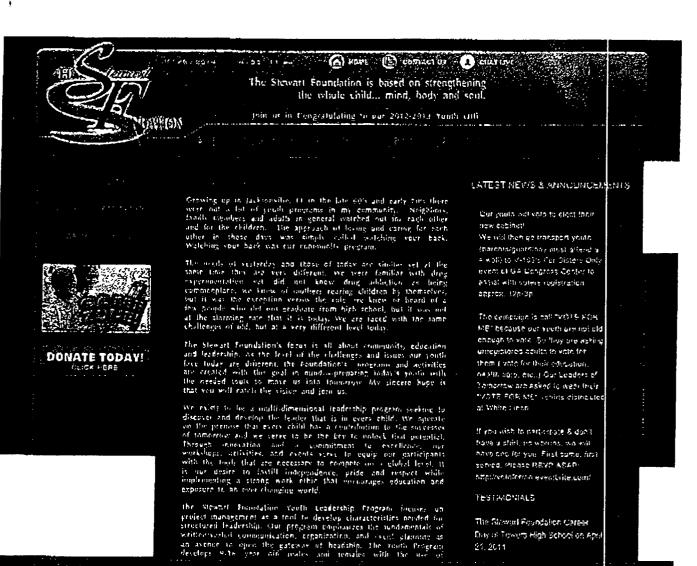
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...: Welcome to the The Stewart Foundation :...



Page 1 of 1

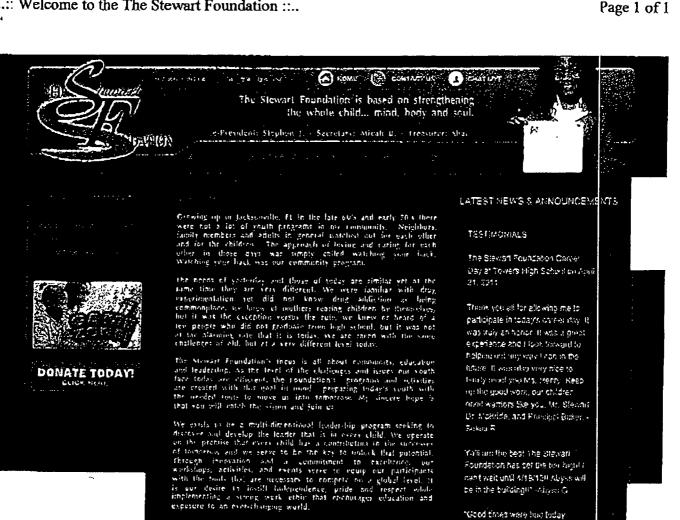




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21, 2011

...: Welcome to the The Stewart Foundation :...



The Slowed Foundation anoth tenderdup Program foruses on project management as a local to develop characteristics needed for structured leadership. Our preprint emphasizes the fundamentals to according to an avenue to opin the galency of leadable. The Yords Program develops 8-18 year old makes and impairs with the new of

Contraction of the Contraction o

centivelt until 4/19/12/1 Abyse will be in the building!!" Mayon Q "Good times were had today.

Thorst your - write to.

"Treatly enjoyed myself, clove: helping inspire and my dispresent manus sine that a Continue on

Page 1 of 1



