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OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

				or tax year begi	nning	<del></del>		and end			11/30, 2010	
G	Che	ck all t	that apply:	Initial returnment		Initial return	of a former p ss change	ublic cha آ	<del></del> 1	ame change	Final return	
_			Name of fou	<del></del>	Cluin	Addre	33 Change		<del>- 'i</del>	A Employer identif	ication number	
ι	Jse th	ne IRS								<b>-,</b>		
	lab		THE STU	ART FAMILY	FOUND	ATION, INC.			- 1	13-	-3861861	
			Number and	mber and street (or P O box number if mail is not delivered to street address)  Room/suite						B Telephone number (see page 10 of the instructions)		
print C/O KAREN LARKIN, THE A					YCO COMPANY, I	.P						
or type. PO BOX 860					·			1	(53	18) 886-4223		
		pecific ctions.	City or town,	, state, and ZIP co	de	· -				C If exemption applic	ation is	
•	15114	ctions.								pending, check here  D 1. Foreign organiza		
			SARATOGA	A SPRINGS,	NY 12	866			1	2. Foreign organiza		
H	Che	ck type	e of organiza	tion: X Secti	on 501(	c)(3) exempt private f	oundation			85% test, check computation	here and attach	
	$\neg$	• •	-	nexempt chantable	•	Other taxable pr		ion		,		
ī						unting method: X C		rual		E If private foundation	on status was terminated	
	of ve	ear <i>(fro</i>	om Part II, col			ther (specify)					in a 60-month termination	
	-	▶ \$		22,350.	(Part I,	column (d) must be or	cash basis.)				o)(1)(B), check here	
E	art	Analy	sis of Reve	nue and Expens	es (The	(-) Davisson and					(d) Disbursements	
		total o	of amounts in c	olumns (b), (c), an equal the amount	d (d)	(a) Revenue and expenses per	(b) Net inve		(0	c) Adjusted net income	for charitable	
_				equal the amount e 11 of the instruc		books	IIICON			moonie	purposes (cash basis only)	
٦	1		tions, gifts, grants,	etc , received (attach sch	nedule)	349,961.						
	2		if the f	oundation is <b>not</b> required B	ured to							
	3			temporary cash inves		429.		429.			ATCH 1	
	4	Divider	nds and intere	st from securities		77,845.	7	7,845.		_	ATCH 2	
	5 a			<i>.</i>								
	b	Net ren	tal income or (los	ss)								
او				sale of assets not on	line 10		SEACH	r.n				
неуепие	Ь		sales price for all on line 6a				TEUEIV	I	<u>ال</u>			
١٤	7			me (from Part IV, I	ıne 2) .				3			
	8	Net sh	ort-term capita	algaın		88	APR 1 A	2011	<u> </u>			
	9			s · · · · · · ·		19			<u>~ </u>			
	10 a		ales less returns wances • • •			L=-	CIGILLA	17				
			ost of goods sold			1		2				
	С			(attach schedule)					ļ			
	11			n schedule)		400 005	. ,	0 074	<u> </u>			
_	12			<u>rough 11</u>		428,235	/	8,274.				
	13			rs, directors, trustees,	etc	0.						
'n	14			nes and wages .								
Se	15			oyee benefits								
<u>p</u>				hedule)								
ũ				ach schedule)								
Ĭ			_	ees (attach schedul	•							
Administrative expenses	17				اسند	2,612.		2,612.				
Ē	18	•	•	(see page 14 of the insi	<i>'</i>	2,012.		2,012.	-		-	
Ē	19	•	•	schedule) and de					-	•	-	
8	20	•	•									
	21			and meetings				· · · · · ·				
<u> </u>	22			tions		123.				<del></del>	<del> </del>	
=	23										<del> </del>	
إيّ	24		-	administrative ex		2,735.		2,612.				
5	25		•	n 23		584,400.		,			584,400	
	25 26		_	grants paid		587,135.		2,612.	<del>                                     </del>		584,400	
$\neg$	<u>26</u> 27		ct line 26 from	sements. Add lines 2 n line 12:	+ ailU 25			<u>,                                    </u>	$\vdash$			
				penses and disburseme	nte	-158,900.						
ı				penses and disburseme ome (if negative, er			7	5,662.			-	
				e (if negative, enter					<b></b>	-0-		
_				galivo, critoi	<u> </u>		L				<u> </u>	

Part I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of y	
-	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	286,005.	307,922.	307,922.
2	Savings and temporary cash investments			
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less <sup>-</sup> allowance for doubtful accounts ▶			
5	Grants receivable		- · · ·	
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)			
'	Less: allowance for doubtful accounts			
ه ا ه				
# 1	Inventories for sale or use		-	
988	Prepaid expenses and deferred charges		+	<del></del>
₹ 10 a	, , , , , , , , , , , , , , , , , , ,	504,563.	511,655.	4,414,428.
	Investments - corporate stock (attach schedule) ATCH 5 .	304,303.	311,033.	4,414,420.
11 6	Investments - corporate bonds (attach schedule)			
12	Investments - mortgage loans		-	
13	Investments - other (attach schedule)		-	
14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
1.5	(attach schedule)			
15	Other assets (describe			<del></del>
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	790,568.	819,577.	4,722,350.
+	· · · · · · · · · · · · · · · · · · ·		019,577.	4,722,330.
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>8</u> 19	Deferred revenue			
<b>≝</b>  20	Loans from officers, directors, trustees, and other disqualified persons .			
Liabilities 20 21 20 22	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
<u>E</u> 25	Temporarily restricted			
E 26	Permanently restricted			
힏	Foundations that do not follow SFAS 117.			
교	check here and complete lines 27 through 31. ▶ X			
Ö 27	Capital stock, trust principal, or current funds	790,568.	819,577.	
<u>\$</u> 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
₹ 30	Total net assets or fund balances (see page 17 of the			
S S	instructions)	790,568.	819,577.	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	790,568.	819,577.	
Part I	Analysis of Changes in Net Assets or Fund E			
	In net assets or fund balances at beginning of year - Part II,		agree with	
				790,568.
end-	of-year figure reported on prior year's return)		· · · · · · · ·   1	-158,900.
∠ Ente	er amount from Part I, line 27a er increases not included in line 2 (itemize)  ATTACHI		2	492,955.
	===== <del>=</del> =====			1,124,623.
4 Add	lines 1, 2, and 3	ADM 7	4	
				305,046.
6 Tota	I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	819,577.

	(a) List and	and Losses for Tax on Inv describe the kind(s) of property sold ( ick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С				ļ		
d	<u>-</u>			ļ		
<u>e</u>						
(e) Gross sales pr	псе	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	oss) us (g)
а						
b				<u> </u>		
С		·		<b>}</b> -		
<u>d</u>				<u> </u>		
<u>e</u>	<u>-</u>					
Complete only for	assets sh	nowing gain in column (h) and owr	ned by the foundation on 12/31/69	<b>–</b> 1	Gains (Col (h) g	
(i) F.M V. as of 12/3	/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col	(k), but not less Losses (from co	
а						
b						
С						
d						
е						
2 Capital gain net in	ncome or	(not conital loca)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
Net short-term car	ipital dain	or (loss) as defined in sections 12	· ·			
		line 8, column (c) (see pages 13				
•		ne 8		3		
			uced Tax on Net Investment In	come		
	liable for t		outable amount of any year in the I	oase perio	d?	Yes X No
			, see page 18 of the instructions b	efore mak	ung any entries	
(a)					(d)	
Base period year Calendar year (or tax year be	rs eannina in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ration (col (b) divided by	
2008	- J	1,153,988.	4,225,355.	İ	(cor (b) divided by	0.273110
2007		91,600.	6,497,800.	1		0.014097
2007		110,100.	6,361,588.	1		0.017307
2005		648,232.	2,114,831.	1		0.306517
2004		594,714.	1,311,494.	1		0.453463
2004				1 1	·	
2 Total of line 1, co	olumn (d)	, . <u></u>		2		1.064494
		for the 5-year base period - divide				0.212899
number of years	the found	lation has been in existence if less	s than 5 years	3		0.212899
Enter the net value	ue of none	charitable-use assets for 2009 fro	m Part X, line 5	4	4,	637,138.
5 Multiply line 4 by	y line 3			5		
Enter 1% of not	ını ootmor			1 1		987,242.
EIIIGI 176 OI NEU	iiivesiiiiei			6		987,242. 757.
		nt income (1% of Part I, line 27b)				·
7 Add lines 5 and 6	6	nt income (1% of Part I, line 27b)		7		757. 987,999.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1 à	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 ruling letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		1,5	13.
	here and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		1,5	13.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,5	13.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,188.			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld		1 1	00
7	Total credits and payments Add lines 6a through 6d		1,1	.88
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		2	325.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			23.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax   Refunded 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4.	Yes	No X
	participate or intervene in any political campaign?	1 a		
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	4.		x
	of the instructions for definition)?	1b		11
	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.			х
c	Did the foundation file Form 1120-POL for this year?	1 c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   \$\Bigsim \frac{1}{2} = \frac{1}{			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers  \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	з		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Χ	
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	_X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) DELAWARE			
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 ATTACHMENT .8	8b		X
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27) <sup>9</sup> If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			١
	names and addresses	10		Х

4b

Х

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 2009?

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)					
5 a	During the year did the foundation pay or incur any amou	nt to							
	(1) Carry on propaganda, or otherwise attempt to influer	ce legislation (section	1 4945(e))?	Yes XN	o				
	(2) Influence the outcome of any specific public election	(see section 4955);	or to carry on,						
	directly or indirectly, any voter registration drive?			Yes X N	o				
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)								
	(5) Provide for any purpose other than religious, chantal	ole, scientific, literary,	or educational						
	purposes, or for the prevention of cruelty to children or animals?								
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans								
	Regulations section 53 4945 or in a current notice regard		•		5ь				
	Organizations relying on a current notice regarding disast	er assistance check h	nere	▶ □					
С	If the answer is "Yes" to question 5a(4), does the foundation			· · · · · · · · · <del> </del>					
	because it maintained expenditure responsibility for the gi	•		Yes N	。				
	If "Yes," attach the statement required by Regulations section								
6.a	Did the foundation, during the year, receive any funds, d	, ,	nav premiums						
•	on a personal benefit contract?	•		Yes X N	。				
b	Did the foundation, during the year, pay premiums, direct				6ь	Х			
	If "Yes" to 6b, file Form 8870	,,,		~	• • •				
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X N	.				
	If yes, did the foundation receive any proceeds or have a	• '	•			Х			
	t VIII Information About Officers, Directors								
1	and Contractors  List all officers, directors, trustees, foundation m	anagers and their	componentian (co	nage 22 of the inst	ruotiono\	-			
<u> </u>	List all officers, directors, trustees, foundation in				uctions).				
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	e account.			
	(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 other allo				
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans					
AT	(a) Name and address TACHMENT 9	hours per week	(If not paid, enter	employee benefit plans					
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation					
AT	···	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation					
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation					
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation					
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation					
	TACHMENT 9	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo				
2	TACHMENT 9  Compensation of five highest-paid employees (otl	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo				
2	TACHMENT 9	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	0			
2	TACHMENT 9  Compensation of five highest-paid employees (otl	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  0.  e page 23 of the ins  (d) Contributions to employee benefit	other allo	0 e account,			
2	TACHMENT 9  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  ner than those inc  (b) Title, and average	(If not paid, enter O.)  0.	employee benefit plans and deferred compensation  0.  e page 23 of the ins  (d) Contributions to	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0 e account,			
2 (a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0  a account,			
(a	TACHMENT 9  Compensation of five highest-paid employees (other in the second of the se	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter O.)  0.	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	other allo	0  a account,			

Part VIII Information About Officers, Directors, Trustees, Foundation Mai and Contractors (continued)	nagers, Highly Paid Employ	yees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others recovered ever \$50,000 for professional conices		▶ NONE
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the number	
of organizations and other beneficiaries served, conferences convened, research papers produced, etc	a.or egon as the names.	Expenses
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DI	RECT	
CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPE	ORT,	
BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEM	IPT	
2 UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).		
3		
	_	
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instance Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are		Amazzak
NONE	na 2	Amount
1 NONE		
2		
2		
All other program-related investments. See page 24 of the instructions	-	
3 NONE		
Total. Add lines 1 through 3		-

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations	),
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes <sup>.</sup>		
а	Average monthly fair market value of securities	1a	4,391,460.
b	Average of monthly cash balances	1b	316,294.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	4,707,754.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,707,754.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	70,616.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,637,138.
6	Minimum investment return. Enter 5% of line 5	6	231,857.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ■ and do not complete this p	te operating eart.)	
1	Minimum investment return from Part X, line 6	1	231,857.
2a	Tax on investment income for 2009 from Part VI, line 5		
b			
С		2c	1,513.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	230,344.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	230,344.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	230,344.
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	584,400.
b	Decree of related more to set of the Deck IV D	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	purposes  Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	584,400.
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 page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	584,400.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wind qualifies for the section 4940(e) reduction of tax in those years.	hether the found	dation

Pa	ert XIII Undistributed Income (see page	e 26 of the instructio	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				230,344.
2	Undistributed income, if any, as of the end of 2009			· ·	
a	Enter amount for 2008 only				
b	Total for prior years 20 07 ,20 06 ,20 05		0.	<del></del>	·
3	Excess distributions carryover, if any, to 2009				<del> </del>
٠,	From 2004				
а Ь	545 973				
•					
ں ۔					
u	From 2007				
e	710111 2006	3,558,080.			
١	Total of lines 3a through e	3,330,000.			· · · -
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 584,400.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)			-	
d	Applied to 2009 distributable amount				230,344.
e	Remaining amount distributed out of corpus	354,056.			
5	Excess distributions carryover applied to 2009	,			
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as				-
	indicated below:	2 010 126			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,912,136.			
þ	Prior years' undistributed income Subtract line 4b from line 2b		0.		
С	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				
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions		0.		
е	Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	609,251.			
9	Excess distributions carryover to 2010.	<u> </u>			
	Subtract lines 7 and 8 from line 6a	3,302,885.		·	
	Analysis of line 9:				
а	Excess from 2005 545, 973.				
þ	Excess from 2006 1,458,512.				
C	Excess from 2007				
d	Excess from 2008 944, 344.				
е	Excess from 2009 354,056.				1

Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has foundation, and the rulin					
b	Check box to indicate wh					)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) 10tal
	I or the minimum investment return from Part X for each year listed					
ь	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					
3	2d from line 2c					
а	"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 invest- ment 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 sup- port from an exempt organization					
	(4) Gross investment income .					
Pa	at any time o	during the year - se	e page 28 of the in		ation had \$5,000	or more in assets
1	Information Regardin					
а	List any managers of before the close of any SCOTT M. S'	tax year (but only if the	lave contributed more ney have contributed r	e than 2% of the tota nore than \$5,000). (S	I contributions receiv ee section 507(d)(2).)	ed by the foundation
_				· · · · · · · · · · · · · · · · · · ·	. , , ,	
b	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:	· · · · · · · · · · · · · · · · · · ·	
	Check here ► X if t unsolicited requests f organizations under ot	or funds. If the foun	dation makes gifts, g	rants, etc. (see page	able organizations a 28 of the instruction	nd does not accept ns) to individuals or
a	The name, address, a	<del>`</del>			e addressed:	
	The form in which app	lications should be sul	omitted and information	on and materials they	should include:	
-						
С	Any submission deadle	nes:				
d	Any restrictions or li factors:	mitations on awards	such as by geogra	aphical areas, charita	ble fields, kinds of i	nstitutions, or other

Part XV Supplementary Information (co 3 Grants and Contributions Paid Duri	ontinued)	oved for F	Euture Payment	
Recipient	If recipient is an individual,			
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	or substantial contributor	recipient		
a raid daming the year				
ATTACHMENT 10				
	•			
	•			
		<u> </u>		2 2 777
Total	<del></del>	<u> </u>	▶ 3a	584,400.
<b>b</b> Approved for future payment				
	L	L		
<u>Total </u>			<u></u> . <u>.</u> ▶ 3b	1

nter gross amounts unless otherwise indicated		ated business income		section 512, 513, or 514	(e) Related or exempt function income
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions.)
a					ine mendenene./
b					
c					
d					
e					
f			<u> </u>		<u> </u>
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	429.	<del></del> -
Interest on savings and temporary cash investments Dividends and interest from securities			14	77,845.	
Net rental income or (loss) from real estate			·		-
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					<u> </u>
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c			_		
d					
е				70 274	
e				78,274.	79 27/
e 2 Subtotal. Add columns (b), (d), and (e)	to verify calci	ulations)	xempt Purp	oses	
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities the accomplishment of the form	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities accomplishment of the form	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  i (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	xempt Purp	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations) complishment of E	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities accomplishment of the form	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities accomplishment of the form	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
e Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
2 Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
2 Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
2 Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly
2 Subtotal. Add columns (b), (d), and (e)	to verify calcust to the Acusty for white	ulations ) complishment of E ch income is reporte exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A con	tributed importantly

Form	990-PF	(2009)						13-38018	ρ1			Pa	ige 13
Pa	rt XVII		Information Exempt Orga		ransfers To a	and Trans	actions	and Relati	ionship	s With N	Nonc	harit	able
1	ın se	ction	501(c) of the C	ode (other than	engage in any o n section 501(c)(3)	) organization	s) or in					Yes	No
а					onchantable exempt								v
											1a(1)		<u>X</u>
	(2) O	ther as	sets								1a(2)		X
b	Other	transa	ictions.										
	(1) Sa	ales of	assets to a nonch	naritable exempt o	organization						16(1)		Х
					exempt organization								X
					ets								X
													X
											1		X
											1		$\frac{x}{x}$
					fundraising solicitation						1b(6)		
C					ther assets, or paid e						1c		X
d	If the	ans	wer to any of t	the above is "	Yes," complete th	e following	schedule.	Column (b)	should al	ways show	the	faır r	narket
	value	of th	e goods, other	assets, or serv	nces given by the	e reporting f	oundation	. If the found	dation red	ceived less	than	fair r	narket
	value	ın aı	ny transaction or	r sharing arran	gement, show in	column (d)	the value	of the good	ls, other	assets, or	service	es rec	eived.
				_	-			_					
(a) L	ine no	(b)	Amount involved	(c) Name of	noncharitable exempt o	organization	(d) De	scription of transf	fers, transac	tions, and shai	ring arra	ngeme	nts
		N,	/A				N/A						
								·-					
		-					<u> </u>						
		-			<del>-</del>								
	_	-											
		ļ											
										··			
		ļ					-						
	_								-				
2a	is the	found	dation directly or	indirectly affilia	ited with, or related	d to one or	more tax	-exempt organi	zations de	scribed in			
			•	•	501(c)(3)) or in secti	•				[	Ye	<sub>s</sub> []	No
ь			nplete the following									~	
			Name of organization	•	(b) Type o	of organization	· I		(c) Descript	on of relations	ship	_	
	<del></del> .							<del></del>					
							<u> </u>		•				
T	Under	penaltu	es of peniury. I decl	are that I have ex	amined this return, inc	cluding accomp	anvino sch	edules and stater	nents, and	to the best o	f mv ki	nowled	ge and
	belief,	it is tru	e, correct, and com	plete. Declaration	of preparer (other than	taxpayer or fice	duciary) is t	pased on all infor	mation of w	hich preparer	r has ar	ny knov	vledge
			// 1A	w			12/	4/11					
	_			, 1				<del>'/'</del>	Title			-	
Sign Here	- 31	gnature	of difficer or trustee	<del></del>			Date		TILLE	Droporaria	idor**		
Ξļ			_	n / - i	0	Date	•	Check if	, —	Preparer's number (Se	identify e Siana	ying iture or	1
g	r'8 V	Prepa		11, 1. 1	11/2 -	1 1	al	self-employ	ed ►	page 30 of t	he instr	uctions)	
S	aid On	signa		WIRK	1727		<u> 71/L</u>		<del>,</del>		<u> 5/38</u>	8	
	Paid Preparer's Use Only		s name (or yours if		YCO COMPANY,	LP			EIN ▶	33 <del>-</del> 1187	432		
- 1	۵ ک	l self-e	employed), address	. PO BOX	x 15014				I				

self-employed), address,

and ZIP code

PO BOX 15014

ALBANY,

12212-5014 Phone no. 518-640-5000

## 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.

OMB No 1545-0047

2009

Name of the organization THE STUART FAMILY	FOUNDATION INC	Employer identification number
THE STOAK! FAMIL!	FOUNDATION, INC.	13-3861861
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust trust treated as a private trust trust treated as a private trust t	vate foundation
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General I	Rule and a Special Rule. See
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the ye y one contributor. Complete Parts I and II.	ar, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3%) and 170(b)(1)(A)(vi), and received from any one contributor, durically 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	ing the year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recite contributions of more than \$1,000 for use <i>exclusively</i> for religiouses, or the prevention of cruelty to children or animals. Complete F	us, charitable, scientific, literary, or
the year, contribut aggregate to more year for an <i>exclusi</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receions for use <i>exclusively</i> for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable,	ut these contributions did not tions that were received during the e parts unless the <b>General Rule</b> etc, contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules do ust answer "No" on Part IV, line 2 of its Form 990, or check the bi PF, to certify that it does not meet the filing requirements of Sche	ox on line H of its Form 990-EZ,
For Privacy Act and Paperwork Re for Form 990, 990-EZ, or 990-PF.	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

Employer identification number 13-3861861

Page\_

Part I	Contributors	(see instructions)	۱
ганы	CONTINUUTORS	(566 11120 0000012)	,

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SCOTT STUART C/O KAREN LARKIN  THE AYCO CO., PO BOX 860, 321 BROADWAY  SARATOGA SPRINGS, NY 12866	\$349,961.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No.	Name, address, and ZIP + 4	\$(c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	\$(c) Aggregate contributions	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization

THE STUART FAMILY FOUNDATION, INC.

Employer identification number 13-3861861

,			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	6,756 SHARES OF ITC HOLDINGS CORP		
		\$349,961.	12/18/2009
(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
		\$	

# - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	13.
REVENUE AND EXPENSES PER BOOKS	13.
DESCRIPTION	JPM #178420 GS #61329

429.

429.

TOTAL

019540 B54C 1/27/2011

ATTACHMENT 1

FROM SECURITIES
INTEREST
AND
DIVIDENDS
ı н
PART
990PF,
FORM

NET	INVESTMENT	INCOME	77,845.
REVENUE AND	EXPENSES	PER BOOKS	77,845.
		DESCRIPTION	GS #61329 DIVIDENDS

77,845.

TOTAL

- TAXES	
н	
PART	
990PF,	
FORM	

	NET	INVESTMENT	INCOME	2,612.
REVENUE	AND	EXPENSES	PER BOOKS	2,612.
			DESCRIPTION	FOREIGN TAXES PAID

TOTALS

2,612.	2,612.
2,612.	2,612.
INVESTMENT	EXPENSES PER BOOKS
177	AND

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

PER BOOKS 123. EXPENSES

DESCRIPTION FILING FEES

TOTALS

123.

- CORPORATE STOCK

PART

FORM 990PF,

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ENDING FMV	79,670. 229,900. 326,520. 1,362,350. 743,574. 956,924. 306,414.	
ENDING BOOK VALUE	73,371. 61,050. 2,801. 18,348. 69,728. 62,163. 179,279. 44,915.	
DESCRIPTION	GS FIXED INCOME MUTUAL FUND SAFEWAY INC - 10,000 SHS WELLS FARGO - 12,000 SHS PROCTOR & GAMBLE - 22,308 SHS SHOPPERS DRUG MART -20,170 SHS AMPHENOL - 19,127 SHS BANK OF AMERICA - 27,983 SHS ITC HOLDINGS CORP-6,756 SHS	

## FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

APPRECIATION OVER DONORS COST OF STOCKS

492,955.

DONATED OUT OF THE FOUNDATION

TOTAL 492,955.

## FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

APPRECIATION OVER DONORS COST OF STOCKS CONTRIBUTED INTO THE FOUNDATION

305,046.

TOTAL

305,046.

## FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

DELAWARE DOES NOT REQUIRE A COPY OF THE 990-PF.

PART VIII

FORM 990PE,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER COMPENSATION BENEFIT PLANS ALLOWANCES	.0 .0	0. 0. 0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE- AS NEEDED 0.00	TRUSTEE- AS NEEDED 0.00
NAME AND ADDRESS	SCOTT M. STUART C/O K. LARKIN, THE AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	LISA G. STUART C/O K. LARKIN, THE AYCO COMPANY PO BOX 860

13-3861861

THE STUART FAMILY FOUNDATION, INC.

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 10

SEE ATTACHED LIST

RECIPIENT NAME AND ADDRESS

NONE

501(C)(3)

GENERAL CHARITABLE PURPOSES

584,400.

584,400.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 10

# THE STUART FAMILY FOUNDATION CHARITABLE CONTRIBUTION LIST

FYE: 11/30/10

<b>DATE</b>	PAYEE/ CITY, STATE	<u> </u>	<u>AMOUNT</u>
12/18/09	REDF, San Francisco, CA 94105	\$	33,372.15
	(777 shares of Amphenol)		
12/18/09	Dartmouth College, Hanover, NH 03755	\$	499,938.00
	(11,640 shares of Amphenol)		
12/29/09	Dartmouth College, Hanover, NH 03755	\$	62.00
12/29/09	REDF, San Francisco, CA 94105	\$	27.85
11/05/10	Starfish Greathearts Foundation USA, Westport, CT 06880	\$	1,000.00
11/08/10	MUSC, Charleston SC, 29425	\$	50,000.00

Total Charitable Contributions Paid \$ 584,400.00

All contributions were made to the general purpose fund of Public Charitable Organizations that were classified under Section 501(C)(3) of the Internal Revenue Code.