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# Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For	calendar year 2013 or tax year beginning MAR	1, 2013	, and ending	FEB 28, 2014	
Na	me of foundation	<del></del>		A Employer identification	number
1	MARK J. STUART JR. FOUNDAT	TON		23-7008867	,
	mber and street (or P O box number If mail Is not delivered to street		Room/suite	B Telephone number	
	20 BROAD STREET				4512
Cı	ty or town, state or province, country, and ZIP or foreign pe	ostal code		C If exemption application is p	ending, check here
_1	NEW YORK, NY 10005				
G	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2. Foreign organizations me	eting the 85% test
	Address change	Name change		2. Foreign organizations me check here and attach co	omputation
H_	Check type of organization: X Section 501(c)(3) ex	• •		E If private foundation sta	
<u> </u>		Other taxable private foundang method: X Cash		under section 507(b)(1)	
	fair market value of all assets at end of year J Accounting	ng metnod; LAL Cash her (specify)	Accrual	F If the foundation is in a	
	from Part II, col. (c), line 16)  ▶\$ 252,186. (Part I, colui		pasis.)	under section 507(b)(1)	(B), check here
	art I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
ٺ	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1 Contributions, gifts, grants, etc., received	302,000.		N/A	,,
	2 Check If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	6.	6.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents			ما مدرا الاسالا المامريال.	
	Net rental income or (loss)			V-OFIATE	
<u>a</u>	62 Net gain or (loss) from sale of assets not on line 10		12	1001 0 1 2021	ြက်
Revenue	assets on line 6a		<u> </u>	JAN 2 1 2015	
á	7 Capital gain net income (from Part IV, line 2)		0.1	And the second s	
	8 Net short-term capital gain 9 Income modifications			OGDEN, UT	
	10a and altowances		· · · · · · · · · · · · · · · · · · ·		
	b Less Cost of goods sold		·-·		
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	302,006.	6.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
Ø.	15 Pension plans, employee benefits		<del></del>		
SASO	16a Legal fees	2 025	1 410		447
Fxne	b Accounting fees STMT 2 c Other professional fees	2,835.	1,418.		1,417.
Į. Į.	17 Interest				
o v €.♥te. Administrative	18 Taxes				
1	19 Depreciation and depletion				<u> </u>
	20 Occupancy				
, <b>P</b>	21 Travel, conferences, and meetings				<del></del>
Jana and Administra	22 Printing and publications				
		148.	74.		74.
	24 Total operating and administrative				
3 6	. [	2,983.	1,492.		1,491. 93,130.
	25 Contributions, gifts, grants paid	93,130.			93,130.
) -	26 Total expenses and disbursements. Add lines 24 and 25	96,113.	1,492.		04 601
AND	27 Subtract line 26 from line 12:	70,113.	1,474.	l	94,621.
9	Subtract line 20 if of time 12.     Because of revenue over expenses and disbursements	205,893.			
	b Net investment income (if negative, enter -0-)	,	0.		
	c Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

'MARK J. STUART JR. FOUNDATION 23-7008867 Form 990-PF (2013) Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 43,105. 252,186. 252,186. 1 Cash - non-interest-bearing 3,188. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less; allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 46,293. 252,186. 252,186. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0. 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. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 272,000 272,000 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund <225,707. <19,814 29 Retained earnings, accumulated income, endowment, or other funds 46,293. 252,186. 30 Total net assets or fund balances 46,293 252,186 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 46,293 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 252,186 5 Decreases not included in line 2 (itemize) 5

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252,186.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	ind Losses for Tax of	on Investment	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						uired ( ise on	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b NON	<u>1E</u>								
<u>c</u>				ļ					
<u>d</u>	<del></del>			┝					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (	
a								``	
b									
C									
d									
е					_				
Complete only for assets showing	gain in column (h) and own	ed by the foundation	on 12/31/69					ol. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			col. (	k), but no Losses (	ot less thar from col. (	n -0-) <b>or</b> h)) 
a									
<u>b</u>									
C									
d									<del></del>
e									<del>_</del>
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} & \text{if gain, also} \\ & \text{if (loss), er} \end{cases} $	o enter in Part I, line iter -0- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		!(5) and (6):		J					
If (loss), enter -0- in Part I, line 8	T - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				3				
Part V Qualification Ur (For optional use by domestic private	nder Section 4940(e	<u> </u>				ent Inco	me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the Sectio	on 4942 tax on the distributa fy under section 4940(e). Do	not complete this pa	ırt.		,				Yes X No
(a) Base period years	(b		lore making any e	(c)				<del></del>	(d)
Base period years Calendar year (or tax year beginnin 2012		ng distributions	Net value of no		rıtable-us	se assets	(	Distrib col. (b) div	ution ratio ided by col. (c)) 2.534482
2012		138,227.				,596.			3.883217
2010		142,789.				,531.	<del>                                     </del>		2.571339
2009	-	84,492.	<del></del> _			,223.	<del>                                     </del>		1.066508
2008		68,468.				,879.			.857146
2 Total of line 1, column (d)					•		2		10.912692
3 Average distribution ratio for the 5 the foundation has been in existen		total on line 2 by 5,	or by the number	of ye	ears		3		2.182538
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5					4_		147,000.		
5 Multiply line 4 by line 3							5		320,833.
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)						6		0.
7 Add lines 5 and 6							7		320,833.
8 Enter qualifying distributions from	•						8		94,621.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part \	/I, line 1b, and comp	olete that part usin	ıg a 1	% tax rat	te.			
323521 10-10-13			4					F	orm <b>990-PF</b> (2013)

	990-PF (2013) 'MARK J. STUART JR. FOUNDATION			7008			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4	948	- see	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	}	1				0.
	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).						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
	Credits/Payments:		Ť	-			
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a						
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)  6c						
	Backup withholding erroneously withheld  6d						
	Total credits and payments. Add lines 6a through 6d		,				Λ
	• — —		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		_		
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ► Refund rt VII-A Statements Regarding Activities	ea 💌	11				
						Vaa	No.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene	ın		<u> </u>	Yes	
	any political campaign?				1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de		•		1b		Х
	If the answer is "Yes" to <sub>1a</sub> or <sub>1b</sub> , attach a detailed description of the activities and copies of any materials p	ublishe	ed or				
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_			ł		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n					
	managers. ► \$O .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		<u> </u>
	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 incorpor	ration, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u> X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t</li> </ul>	he state	law				
	remain in the governing instrument?				6	X	
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 I	Part XV	,		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NY						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation				8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for cale	ndar				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? 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 names and addresse	s S	TMT	4	10	Х	
					m <b>990</b>		2013)

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Form 990-PF (2013) MARK J. STUART JR. FOUNDATION	23-	7008867 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	<del>-</del>
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Scribe	(C) Compensation
	-	
	-	
<del></del>	-	
	<del></del>	
	-	
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information quab as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc.	Expenses
1 N/A	·	
2		<del></del>
3		
· · · · · · · · · · · · · · · · · · ·		
4		
	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2	-	
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complet		e instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpos	es:	
a Average monthly fair market value of securities	1a	149,239.
b Average of monthly cash balances	1b	
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	149,239.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	149,239.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructio	ins) 4	2,239.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	147,000.
6 Minimum investment return. Enter 5% of line 5	6	7,350.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here and do not complete this part.)	e operating foundations and certain	
1 Minimum investment return from Part X, line 6	1	7,350.
2a Tax on investment income for 2013 from Part VI, line 5		
b Income tax for 2013. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	7,350.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	7,350.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,350.
Part XII Qualifying Distributions (see instructions)		- <del></del>
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	94,621.
<b>b</b> Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpo	ses 2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	_ 3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, lin	ne 4 4	94,621.
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	5	<u> </u>
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	94,621.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whether the foundation qualifies for th	e section

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	00,000	70410 p1101 10 20 12	2012	2010
line 7				7,350.
2 Undistributed income, if any, as of the end of 2013				773300
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:				
· · · · · · · · · · · · · · · · · · ·		0.		
3 Excess distributions carryover, if any, to 2013:		· · · · · · · · · · · · · · · · · · ·		
a From 2008 64,474.				
b From 2009 80,544.				
cFrom 2010 140,012.				
dFrom 2011 136,447.				
eFrom 2012 160,388.				
f Total of lines 3a through e	581,865.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 94,621.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				7,350.
e Remaining amount distributed out of corpus	87,271.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	669,136.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		· · · · · · · · · · · · · · · · · · ·		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	64,474.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	604,662.			
10 Analysis of line 9:				
a Excess from 2009 80,544.				
b Excess from 2010 140,012.				
c Excess from 2011 136, 447.				
d Excess from 2012 160,388. e Excess from 2013 87,271.				
e Excess from 2013 87, 271.			<u> </u>	Form <b>990-PF</b> (2013)

3 Grants and Contributions Paid During the Ye		Payment .		
Recipient	If recipient is an individual.		<u> </u>	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
	ı			
SEE ATTACHED				
				93,130.
				<del></del>
Total			<b>▶</b> 3a	93,130.
b Approved for future payment				
NONE				
NONE				
	<del></del> .			
1				
Total			<b>▶</b> 3b	0.

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
a	- <del> </del>	<del> </del>	+		
D	_			<u> </u>	
<u> </u>	_				
0	_				
e	-		-		
· · · · · · · · · · · · · · · · · · ·	<del>-</del>		<del>                                     </del>		
g Fees and contracts from government agencies			<del> </del>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			اما	_	
investments		<del> </del>	14	6.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<b>_</b>		
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		
a					
b					
С	l l				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				6.	6
13 Total. Add line 12, columns (b), (d), and (e)				13	6
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accor	onlishment of	Exempt P	urnoses	
Tart XVI B Notationship of Addition					
Line No. Explain below how each activity for which is				d importantly to the accomp	plishment of
the foundation's exempt purposes (other tr	nan by providing fund	s for such purposes).			
	·				
					<u></u>

323621 10-10-13

Form 990	-PF (20	13) • <b>MARK</b>	J. STUA	RT	JR.	F	OUNDAT	ION				23-70	08867	Pa	ige <b>13</b>
Part >	(VII	Information Re		ransi	fers 1	Го а	nd Trans	actions a	and F	Relations	hips Wit	h Nonch	naritabl	е	
		Exempt Organ									_				
		anization directly or indir									tion 501(c) of			Yes	No
	•	other than section 501(c)		•				olitical organ	nization	15?					
		rom the reporting founda	ation to a nonch	aritable	e exem <sub>l</sub>	pt org	janization of:						1		
• •	Cash												1a(1)		X
	Other												1a(2)		X
		actions:	.bls		_								45.44		v
		of assets to a noncharita											1b(1)	+	X
٠.		ases of assets from a no		npt org	janizati	оп							1b(2)	+	X
		of facilities, equipment,											1b(3)		X
		ursement arrangements	j										1b(4)	<del>  -</del> -	X
		or loan guarantees mance of services or me	amharchin ar fur	draicir	na colic	itatia	ne						1b(5)	<del> </del>	X
		facilities, equipment, ma											1b(6)	-	X
		er to any of the above is						(h) chould al	wave e	how the fair	market value	of the good		L	
		given by the reporting fo												5615,	
		the value of the goods,					70 1000 (11011 10	ii iiiaiiiot vait	uo u.	ny tranoaotro	ii oi oilailiig t	arangomon	y onour m		
(a)Line no		b) Amount involved					exempt organ	nization		(d) Descriptio	n of transfers, to	ansactions, a	nd sharing a	rangeme	ents
	1				N/				$\dashv$			<del></del>	<u>-</u>		
	+		† ·		<u> </u>										
	_		1												
-															
													•		
								-							
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									—						
			<u> </u>												
		dation directly or indirec						xempt organ	ization	s described					<b>.</b>
		501(c) of the Code (othe		U1(c)(3	3)) or ir	i sect	ion 5277						L Yes	LX	No
<b>b</b> 11 "Y	es, co	mplete the following sch (a) Name of org					(b) Type of	raanization	T		(c) Descripti	on of rolatio	nohio		
		N/A	yamzation				(b) Type of t		┼		(c) Descripti	UII UI I EIAUC	ЛІЗПІР		-
		N/A							+						
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	<del></del>	<del></del>							╁┈						
									+						
	Under	penalties of perjury, declare	that I have examin	ed this	return, ır	cludin	ig accompanying	schedules and	d statem	ents, and to the	e best of my kn	owledge			
Sign	and be	lief, if is true correct and con	mplete Peclarátion	of prep	parer (oth	erthar	n tampa√erixis ba	sed on all infori	mation o	of which prepare	er has any know		May the IRS return with the shown below	ne prepai	rer
Here		Mark Stin	14 //	Cirl	mels	24	ell 1	//3//5		OFFIC	ER		X Yes		
	Sign	ature of officer or trustee			4	114	Date /	<del>- 1 - 1   1  </del>		Title					
		Print/Type preparer's na	ame	T	Prepar	r's s	nature	$-\!\!/$	Date		Check	if PT	IN		
					1//	1/2	1/1/	/	1	١,, ٢	self- emplo	yed			
Paid		MARK AARON				$\overline{M_{\Lambda}}$	$\overline{V}$	(14	Lt	19/12			00180		
Prepa		Firm's name ► WEI	SERMAZA	RS	LLE	-					Firm's EIN	▶13-	14595	50	

Form **990-PF** (2013)

Phone no. 516.488.1200

Firm's address ► 60 CROSSWAYS PARK DRIVE WEST WOODBURY, NY 11797

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs qov/form990

OMB No 1545-0047

2013

**Employer identification number** 

MARK J. STUART JR. FOUNDATION 23-7008867 Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990 PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

**Employer identification number** 

### MARK J. STUART JR. FOUNDATION

23-7008867

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK J. STUART JR  7 DUDLEY LANE  LARCHMONT, NY 10538	\$302,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# MARK J. STUART JR. FOUNDATION

23-7008867

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.		
(a) No. from Part I	(b)  Description of noncash property given	i EMV for estimatel		
_				
		\$		
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
		\$		
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Name of orga	nization	Employer identification number	
MARK J	. STUART JR. FOUNDATIO	N	23-7008867
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501( he following line entry. For organizati c., contributions of \$1,000 or less fo	(c)(7), (8), or (10) organizations that total more than \$1,000 for the tions completing Part III, enter for the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
İ		(e) Transfer of gi	pift
<u>-</u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	jift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	· · · · · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	-
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET I	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
BANK OF AMERICA	<del></del>	6.	6.		
TOTAL TO PART I, LINE 3		6.	6.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
ACCOUNTING FEE	2,835.	1,418.		1,417.	
TO FORM 990-PF, PG 1, LN 16B	2,835.	1,418.		1,417.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
BANK CHARGES	148.	74.	· <del></del>	74.	
TO FORM 990-PF, PG 1, LN 23	148.	74.	·	74.	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

MARK J. STUART JR.

**ADDRESS** 

7 DUDLEY LANE

LARCHMONT, NY 10538

#### MARK J STUART FOUNDATION SCHEDULE OF CHARITIES 2/28/2014

CHECK #	DATE	PAYABLE TO	 AMOUNT
984	3/14/2013 WLIW PUBL	IC TELEVISION	\$ 1,750
990	4/15/2013 LUTHER CC	DLLEGE	1,000
996	4/3/2013 NEW YORK	LAW ENFORCEMENT FOUNDATION	2,600
985	6/26/2013 NEW YORK	LAW ENFORCEMENT FOUNDATION	500
991	6/21/2013 JOSEPH MC	BRIDE SCHOLARSHIP FUND	5,000
992	8/5/2013 SWIMM ACF	ROSS AMERICA FOUNDATION	1,000
997	8/7/2013 RUTLAND B	SUSINESS HOUSE	300
993	9/18/2013 GEORGETO	OWN UNIVERSITY ATHLETICS	60,000
994	10/8/2013 OUR LADY	OF HAMPTONS REGIONAL CATHOLIC SCHOOL	1,000
998	11/19/2013 ANIMAL ME	DICAL CENTER	1,000
1004	11/12/2013 NEW YORK	LAW ENFORCEMENT FOUNDATION	4,680
1007	12/5/2013 JOHN O'HAI	RA MEMORIAL FOUNDATION	200
999	12/30/2013 LUTHER CC	DLLEGE	10,000
1016	1/19/2014 NEW YORK	LAW ENFORCEMENT FOUNDATION	4,100
			\$ 93,130

Form 8868 (Rev. 1-2014)					Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension, o	complete only Part II and check this	s box		<b>▶</b> X	
Note. Only complete Part II if you have already been granted a		,	led Form	8868.		
If you are filing for an Automatic 3-Month Extension, com						
Part II Additional (Not Automatic) 3-Month	Extensio					
<del> </del>		Enter filer's			ee instructions	
Type or Name of exempt organization or other filer, see ins	Employe	Employer identification number (EIN) or				
File by the MARK J. STUART JR. FOUNDATION					8867	
due date for filing your return See Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
City, town or post office, state, and ZIP code. For NEW YORK, NY 10005	a foreign add	dress, see instructions.				
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 4	
Application	Return	Application			Return	
is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A	<u>-</u>		08	
Form 4720 (Individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gran		natic 3-month extension on a prev	iously file	ed Form 8868	J	
WEISERMAZARS		DIVE WESE WOODS	D32 31	37 11705	,	
<ul> <li>The books are in the care of ► 60 CROSSWAYS</li> <li>Telephone No ► (516) 488-1200</li> </ul>	PARK D.	Fax No F	RY, N	Y 11/9/	<u> </u>	
If the organization does not have an office or place of busing	- ness in the Ui	nited States, check this box			<b>▶</b> □	
• If this is for a Group Return, enter the organization's four di	git Group Ex	emption Number (GEN) I	f this is fo	r the whole gi	oup, check this	
box ▶ ☐ If it is for part of the group, check this box ▶		ach a list with the names and EINs of	f all memb	ers the exten	sion is for	
4 I request an additional 3-month extension of time until		ARY 15, 2015				
5 For calendar year, or other tax year beginning	MAR 1	, 2013 , and endin	g FEB	28, 20	14	
6 If the tax year entered in line 5 is for less than 12 months	s, check reas	son: Initial return	Final r	return		
Change in accounting period						
7 State in detail why you need the extension	ג שמגמי	COMPLETE AND ACCU	ם אות בי	DEMITTAL	T.C. MOM	
INFORMATION NECESSARY TO PRE YET AVAILABLE.	PARE A	COMPLETE AND ACCU	RATE	RETURN	IS NOT	
IEI AVAIHADDE.						
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	720 or 6060	enter the tentative tay less any	<del>  </del>	I		
nonrefundable credits. See instructions.	20, 01 0003,	enter the tentative tax, less any	8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 60	069 enter an	v refundable credits and estimated	-   04	<b>—</b>		
tax payments made. Include any prior year overpaymen		-				
previously with Form 8868		a cross and any amount paid	8b	\$	0.	
Balance due. Subtract line 8b from line 8a Include you	r payment wi	th this form, if required, by using			· —	
EFTPS (Electronic Federal Tax Payment System). See in	structions		8c	<b>\$</b>	0.	
		st be completed for Part II	only.			
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the $\rm I$	cluding accom is form.	panying schedules and statements, and to	o the best o	f my knowledg	e and belief,	
Signature ▶ Title ▶	► OFFIC	ER	Date	•		
			-	Form 88	368 (Rev. 1-2014)	

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

Form 8868 (Rev. 1-2014)

					10000	1		
• If you	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	▶ [	X
• If you	are filing for an Add	litional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	this form).			
Do not c	omplete Part II unie	ess you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868		
Electron	nic filing <sub>(e-file)</sub> . Yo	u can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months fo	or a corpora	ation
required	to file Form 990-T),	or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to requ	iest an exte	ension
of time to	o file any of the form	ns listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 3	Fransfers A	ssociated	With Certa	ain
Personal	Benefit Contracts,	which must be sent to the IRS in paper	er format (	(see instructions). For more details o	on the elec	tronic filing	g of this for	m,
visit www	v irs gov/efile and c	lick on e-file for Charities & Nonprofits						
Part I	Automati	c 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded)			
A corpor	ation required to fil	e Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and	complete			
Part I on	ly						<b>▶</b> [	
All other	corporations (inclu-	ding 1120-C filers), partnerships, REMi	ICs, and tr	rusts must use Form 7004 to reques	t an exten	sion of time	e	
to file inc	come tax returns				Enter file	r's identif	ying numb	er
Type or	Name of exemp	t organization or other filer, see instruc	ctions.		Employer	Employer identification number (EIN) or		
print								
	MARK J.	STUART JR. FOUNDATI	ON			23-70	008867	1
File by the due date fo	r Number, street	and room or suite no. If a P O. box, se	ee instruct	tions	Social se	curity num	ber (SSN)	
filing your return See	20 BROAL	STREET				-		
nstructions	City, town or po	ost office, state, and ZIP code For a fo	reign add	ress, see instructions				
	NEW YORK	X, NY 10005						
Enter the	e Return code for th	ne return that this application is for (file	a separa	te application for each return)			ſ	0 4
			·	,			•	
Applicat	tion		Return	Application				Return
ls For			Code	Is For				Code
	0 or Form 990-EZ		01	Form 990-T (corporation)				07
Form 99			02	Form 1041-A		-		08
Form 47	20 (ındıvıdual)		03	Form 4720 (other than individual)				09
Form 99			04					10
Form 99	0-T (sec. 401(a) or	108(a) trust)	05	· • • • • • • • • • • • • • • • • • • •				11
	0-T (trust other that		06	Form 8870	•			12
		WEISERMAZARS LI	J.P					
• The t	ooks are in the car	e of ▶ 60 CROSSWAYS PA		RIVE WEST - WOODBU	RY, N	Y 117	97	
		6) 488-1200	-	Fax No. ▶	•			
		not have an office or place of business	s in the Ur	·			▶ [	
	_	urn, enter the organization's four digit (			If this is foi	the whole	group, ch	eck this
box 🕨		t of the group, check this box	1 '				• •	
		c 3-month (6 months for a corporation				oro uno oxi	.011010111011	<u></u>
		15, 2014 , to file the exemp				The extens	SIOD	
IS.	for the organization		t organiza	tion rotally for the organization mann	co above	THE OXICH	31011	
	calendar yea							
	tax year begi		an	d ending FEB 28, 2014				
	Last tax your bogi		, uii			<b>-</b> ·		
2 If	the tay year entere	d in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
Ī	Change in acco		TICCK TOUS	on millar return	i inai retui			
3a If			or 6060	enter the tentative tay less any				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$					0.			
_		or Forms 990-PF, 990-T, 4720, or 6069	enter en	v refundable credits and	Ja	Ψ		<u>_</u>
		nts made Include any prior year overp		•	26	e		0.
		<del></del>			3b	\$		<u></u> -
		ct line 3b from line 3a. Include your pa	-	•	25	e e		0.
		tronic Federal Tax Payment System)		·-	3c	\$	270 50 4-	
instructi		make an electronic funds withdrawal	(allect de	ıdı willi inis Follli 8868, see FORM 8	o4oo∙EU al	iu rorm 86	ova-EO lor	payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, d	complete only Part II and check this	box		► X
Note. Only complete Part II if you have already been granted an		•	led Form	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>					
Part II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no co	opies need	ed).
		Enter filer's	identifyir	ng number, s	ee instructions
Type or Name of exempt organization or other filer, see instru	mpt organization or other filer, see instructions Employer identificat			rıdentificatioi	n number (EIN) or
print					
File by the MARK J. STUART JR. FOUNDATI				23-7008867	
odue date for illing your eturn See 20 BROAD STREET  Number, street, and room or suite no. If a P O. box, see instructions.  So			Social se	curity numbe	er (SSN)
City, town or post office, state, and ZIP code For a NEW YORK, NY 10005	foreign add	dress, see instructions.			
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return)			04
	· ·		<del></del>		
Application	Return	1 ''			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 1041 A			
Form 990-BL	02	Form 1041-A	<del></del>		08
Form 990-PF	03	Form 4720 (other than individual) Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante			nouely file	ad Form 886	<del></del>
• The books are in the care of $\blacktriangleright$ 60 CROSSWAYS P Telephone No. $\blacktriangleright$ (516) 488-1200	ARK D	Fax No 🕨	RY, N	Y 1179	7
If the organization does not have an office or place of business					
If this is for a Group Return, enter the organization's four digit					
box If it is for part of the group, check this box		ach a list with the names and EINs o ARY 15, 2015	f all memb	ers the exter	ision is for.
4 I request an additional 3-month extension of time until			- विवय	28 2	014
<ul> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> </ul>		, 2015 , and endir	Final	•	014
	спеск геаз	son· Initial return	J Finai	return	
Change in accounting period  The state in detail why you need the extension					
INFORMATION NECESSARY TO PREF	ARE A	COMPLETE AND ACCI	RATE	RETURN	IS NOT
YET AVAILABLE.		00111 1212 1110 11000		11210111	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0 or 6069	enter the tentative tax less any	1	1	
nonrefundable credits See instructions.	o, o. oooo,	and the second of the second o	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9. enter ar	v refundable credits and estimated	<del> </del>	<u> </u>	<del></del>
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868			0.		
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System) See inst	-	. , , , ,	8c	\$	0.
		st be completed for Part II	only.	-	
Under penalties of perjury, I declare that I have examined this form, inclu	iding accom		_	of my knowledg	ge and belief,
it is true, correct, and complete and that Lam authorized to prepare this			/	107/1	
Signature > / / Carlo 1/ Shape Con Title >	OFFIC	ER	Date	1/3/15	
				Form 8	868 (Rev 1-2014)