# Form 990-PF

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990pf. OMB No 1545-0052

FUL	Caleir	dar year 2015 of tax year beginning OCT	1, 7012	, and ending	SEP 30, 2010	
Na	ne of	foundation		_ :	A Employer identification	number
_s	TE	WART FOUNDATION			13-6162897	
		nd street (or P O box number if mail is not delivered to stree	et address)	Room/suite	<b>B</b> Telephone number	
_1	81	SOUTH AVENUE		15	203-966-41	.46
City	or to	own, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
		CANAAN, CT 06840				-
G	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	seting the 85% test, omputation
H (	heck	type of organization: X Section 501(c)(3) e	exempt private foundation		E If private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	
l Fa	ur ma	rket value of all assets at end of year   J   Account	ting method: X Cash	Accrual	F If the foundation is in a	
(fi	om F	Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	
▶	\$	776,527. (Part I, cold	umn (d) must be on cash i	basis)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.			(
	2	Check If the foundation is not required to attach Sch B	30,000		<del> </del>	
, ;	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	38,454.	38,454.		STATEMENT 1
1	) '	Gross rents	3071311	30,131	<u> </u>	
r Ś		Net rental income or (loss)				
	1 _	Net gain or (loss) from sale of assets not on line 10	3,361.			
) une	Ь	Gross sales price for all assets on line 6a 199, 467.				RECEIVED
∵. Revenue	7	Capital gain net income (from Part IV, line 2)		3,361.		n and a second
ď	8	Net short-term capital gain			60	FER 9 1 2017 6
	9	Income modifications			្រ	1 LD 25 A 2017
	10a	Gross sales less returns and allowances				<u></u>
	Ь	Less Cost of goods sold				JUJULIN, UI
	C	Gross profit or (loss)				
-	11	Other income				
	12	Total. Add lines 1 through 11	91,815.	41,815.	0.	<u></u>
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
"	15	Pension plans, employee benefits		<u> </u>		
ses		Legal fees				
per	b	Accounting fees				
Ä	C	Other professional fees STMT 2	6,690.	0.	0.	6,690.
tive	17	Interest	ļ			
Operating and Administrative Expen	18	Taxes			<b></b>	
inis	19	Depreciation and depletion		<del> </del>		
Ē	20	Occupancy			<b></b>	
Ă	21	Travel, conferences, and meetings		<u> </u>	<b></b>	
ä	22	Printing and publications	255	<u> </u>	ļ <u>-</u> -	
ing	23	Other expenses STMT 3	960.	0.	0.	0.
rat	24	Total operating and administrative	F 656	_	_	6 600
Ö		expenses. Add lines 13 through 23	7,650.	0.	0.	6,690. 48,500.
_	25	Contributions, gifts, grants paid	48,500.		<del> </del>	48,500.
	26	Total expenses and disbursements	FC 150	_	_	FF 100
	07	Add lines 24 and 25	56,150.	0.	0.	55,190.
	l	Subtract line 26 from line 12:	25 665			
	1	Excess of revenue over expenses and disbursements	35,665.	41,815.	<del> </del>	
		Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)		41,013.	0.	<del> </del>
_		Aujusteu net meonie (ii negative, enter -0-)			<u>.                                    </u>	

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions

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For	m 99	00-PF (2015) STEWART FOUNDATION		13-0	6162897 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
Ė		Column should be for the Vi-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	52,121.	136,275.	136,275.
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
		Less: allowance for doubtful accounts			
	1	Grants receivable			
	١,٥	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons Other notes and toans receivable			<del></del>
	ĺ ′	Less: allowance for doubtful accounts			
s	R	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges			
AS	1	Investments - U.S. and state government obligations			
	I	Investments - corporate stock			
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	700,286.	628,727.	640,252.
	14	Land, buildings, and equipment: basis ►			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item ()	752,407.	765,002.	<u>776,527.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
	0.0	- AN LUNG ( 141 as 47 th a sh 00)	0	ا م	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
Š	24 25	Temporarily restricted			
3ala	26	Permanently restricted			
ā	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	350,785.	350,785.	
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	401,622.	414,217.	
ě	30	Total net assets or fund balances	752,407.	765,002.	
_					
_	31	Total liabilities and net assets/fund balances	752,407.	765,002.	
P	art		alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
•		st agree with end-of-year figure reported on prior year's return)	JU	1	752,407.
2		r amount from Part I, line 27a		2	35,665.
3		ir increases not included in line 2 (itemize)		3	33,003.
4		lines 1, 2, and 3		4	788,072.
-		reases not included in line 2 (itemize)	SEE STA	. —	23,070.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	765,002.
					- 000 DE

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.061508 .366146 .073229 799,829. 58,571. Enter 1% of net investment income (1% of Part I, line 27b) 418. 6 58,989. Add lines 5 and 6 7 Enter qualifying distributions from Part XII, line 4 8 55,190. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

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	990-PF (2015)	STEWART	FOUNDAT	ION				<u> 13-</u>	6162	897		Page 4
				l Income (Section 494			0(e), or 4	1948	- see i	nstru	ctior	າຣ)
1a	Exempt operating			)(2), check here 🕨 🔲 and e			)	ļ				
	•			(attach copy of letter if nec			)		ĺ		_	
b	Domestic foundati	ions that meet the secti	ion 4940(e) require	ements in Part V, check here	▶ []	and enter 1%	}	1			8	<u>36.</u>
	of Part I, line 27b								}			
C	All other domestic	; foundations enter 2%	of line 27b. Exemp	pt foreign organizations enter 4%	of Par	rt I, line 12, col. (b	n). J	1				_
		•	ı 4947(a)(1) trusts	and taxable foundations only. O	thers er	nter -0-)		2				<u>0.</u>
3	Add lines 1 and 2							3	ļ		8	36.
	•			s and taxable foundations only. C	)thers e	nter -0-)		4_	<del> </del>			0.
			ract line 4 from line	e 3. If zero or less, enter -0-				5_	ļ		8	36.
	Credits/Payments:				1	1		}	}			
а	2015 estimated ta	ix payments and 2014 o	overpayment credi	ited to 2015	6a			1				
þ	Exempt foreign or	rganizations - tax withhe	eld at source		6b	<u> </u>		1	į			
		lication for extension of		8868)	6c			1	1			
d	Backup withholdir	ng erroneously withheld	ď		<u>6d</u>	<u> </u>		4	ł			
7	Total credits and p	payments. Add līnes 6a	through 6d					7	<u> </u>			0.
8	Enter any penalty	for underpayment of e	stimated tax. Chec	ck here 📖 if Form 2220 is atta	ched			8_	<u> </u>			24.
9	Tax due. If the tot	tal of lines 5 and 8 is me	ore than line 7, ent	ter amount owed			<b>&gt;</b>	9_	<u> </u>		8	<u>60.</u>
10	Overpayment. If I	ine 7 is more than the t	total of lines 5 and	8, enter the amount overpaid				10	<u> </u>			
		of line 10 to be: Credite				R	efunded 📂	11	<u> </u>			
<u>Pa</u>	rt VII-A Sta	atements Regar	rding Activiti	ies								
1a	During the tax year	ır, dıd the foundation at	ttempt to influence	e any national, state, or local legis	slation o	or did it participati	e or interveni	e in			Yes	
	any political camp	aign?								1a		X
b	Did it spend more	than \$100 during the y	year (either directly	y or indirectly) for political purpo	ses (se	e instructions for	the definition	٦)?		1b		X
	If the answer is	"Yes" to 1a or 1b, at	tach a detailed d	description of the activities an	id copi	es of any mater	nals publish	ed or				{
	distributed by th	he foundation in coni	nection with the	activities.						( )		{
C	Did the foundation	n file Form 1120-POL fo	or this year?							1c		X
d				ection 4955) imposed during the								
	(1) On the founda	ation. 🕨 \$	0	<ul> <li>(2) On foundation managers</li> </ul>	s. 🕨 \$	·	0.	<u>.</u>				
е	Enter the reimburs	sement (if any) paid by	the foundation du	iring the year for political expend	iture ta:	x imposed on fou	ndation					
	managers. > \$_	···	0.									
2	Has the foundation	n engaged in any activi	ities that have not p	previously been reported to the I	RS?					2		X
	If "Yes," attach a	a detailed descriptioi	n of the activities	S.								
3	Has the foundation	п made any changes, п	not previously repo	orted to the IRS, in its governing	ınstrum	nent, articles of in	corporation,	or				
	bylaws, or other s	imilar instruments? If '	"Yes," attach a c	conformed copy of the chang	es					3		<u>X</u>
4a	Did the foundation	n have unrelated busine	ess gross income (	of \$1,000 or more during the yea	ar?					4a		X
p	If "Yes," has it filed	d a tax return on Form 9	990-T for this year	?				N	I/A	4b		
5	Was there a liquid	lation, termination, diss	solution, or substai	ntial contraction during the year?	7					5		X
	If "Yes," attach	the statement requir	ed by General In	struction T								
6	Are the requireme	ents of section 508(e) (r	relating to sections	s 4941 through 4945) satisfied e	ither:							
	By language in to	the governing instrume	ent, or									ŀ
	By state legislat	ion that effectively ame	ends the governing	ı ınstrument so that no mandator	ry direc	tions that conflict	with the stat	e law				1
	remain in the gove	erning instrument?								6		X
7	Did the foundation	n have at least \$5,000 ii	n assets at any tim	ne during the year? If "Yes," coi	mplete	Part II, col. (c),	and Part X	V		7	X	
8a	Enter the states to	which the foundation	reports or with wh	nich it is registered (see instructio	ons) 🕨	·				}		1
	CT					- <del></del>					1	
þ	If the answer is "Y	'es" to line 7, has the fo	undation furnished	d a copy of Form 990-PF to the A	Attorney	General (or desi	gnate)			1		1
	of each state as re	equired by General Ins	struction G? If "N	No," attach explanation						8b	_X_	
9	Is the foundation	claiming status as a pri	ivate operating fou	indation within the meaning of se	ection 4	1942(j)(3) or 4942	?(j)(5) for cal	endar				}
	year 2015 or the t	taxable year beginning i	ın 2015 (see ınstru	uctions for Part XIV)? If "Yes," o	comple	ete Part XIV				9		X
10	Did any persons b	oecome substantial con	itributors during th	16 tax year? If "Yes," attach a schedi	ule listing	g their names and ac	dresses			10		X
							. –		Fo	rm <b>99</b> (	)-PF	(2015)

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Pé	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► <u>N/A</u>			
14	The books are in care of ▶ BARBARA STEWART Telephone no. ▶ 203-	966-4	146	
	Located at ► 181 SOUTH AVENUE, NEW CANAAN, CT ZIP+4 ►	06840		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	During the year did the foundation (either directly or indirectly):		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	0		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ļ	ļ	
	a disqualified person? Yes X N	0	١,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	o	l	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	o	İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			ĺ
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	a		
ł	b If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	_		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
•	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	-,-		
_	defined in section 4942(j)(3) or 4942(j)(5)):			
,	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2015? Yes X N	n		
	If "Yes," list the years \			ļ
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			l
١	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach			l
	statement - see instructions.)	. 2b		
	the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20		
٠,	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			}
Ji	during the year?	,	1	
	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			ļ
١	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	· · · · · · · · · · · · · · · · · · ·	}		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	0.		
	Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A		+	v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del> </del>	X
	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 2015?	4.		v
	nga not been temoved itom isonatay before the first day of the fax year Debinbing iii 70.157	; <u>4</u> n	1	: X

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Form **990-PF** (2015)

orm 990-PF (2015) STEWART FOUNDATION			<u>13-61628</u>	97 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No	
(2) 'Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				
expenditure responsibility for the grant?		<b>I/A └</b> Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	,	111		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ARCHIE STEWART	TRUSTEE			
181 SOUTH AVENUE				
NEW CANAAN, CT 06840	0.00	0.	0.	0.
BARBARA STEWART	TRUSTEE			
81 SOUTH AVENUE				
NEW CANAAN, CT 06840	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE		!		
				ı
	<u> </u>			<del></del>
		<del> </del>		
Catal number of other amployees hald over \$50,000				0

Form **990-PF** (2015)

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Part VIII . Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
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	ce (c) Com	pensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	•	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expense	s
1 N/A		
2		
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 lines 1 and 2.	Amount	
N/A		
2		
All other program coloted in victorial Contractivities		<del></del>
All other program-related investments See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form <b>990-I</b>	

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<u>P</u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see instructions	;)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a 724	1,854.
b	Average of monthly cash balances	1b 8	1,854. 7,155.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 812	2,009.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 812	2,009.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 12	2,180.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 799	829.
6	Minimum investment return. Enter 5% of line 5		9,991.
Р	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1 39	9,991.
	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
	,	2c	836.
3	Distributable amount before adjustments. Subtract line 2c from line 1		9,155.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4		7,155.
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		7,155.
P	art XII Qualifying Distributions (see 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 55	5,190.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 5!	5,190.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 5!	5,190.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
1 Distributable amount for 2015 from Part XI,				
line 7	-		j	39,155.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 8,929.				
<b>b</b> From 2011 9,797.				
c From 2012 55, 467.	į			
d From 2013 3,698.				
e From 2014 11,979.	į			
f Total of lines 3a through e	89,870.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: $\blacktriangleright$ \$ 55, 190.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</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 2015 distributable amount				<u>39,155.</u>
e Remaining amount distributed out of corpus	16,035.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	105,905.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	8,929.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	96,976.			
10 Analysis of line 9:				
a Excess from 2011 9,797.			İ	
<b>b</b> Excess from 2012 55, 467.				
c Excess from 2013 3,698.				
d Excess from 2014 11,979.				
e Excess from 2015 16,035.				
523581 11-24-15				Form <b>990-PF</b> (2015)

Form 990-PF (2015) <b>STEWART</b>	FOUNDATIO	<u>N</u>		<u> 13-61</u>	.62897 Page 10
Part XIV   Private Operating F	<b>oundations</b> (see 1	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter th	at it is a private operating			
foundation, and the ruling is effective for	2015, enter the date o	f the ruling	<b>▶</b> L		
<b>b</b> Check box to indicate whether the found	ation is a private opera	ting foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		ļ
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed			<u> </u>	<u> </u>	
<b>b</b> 85% of line 2a		<del> </del>		<del>-</del>	
c Qualifying distributions from Part XII,	ı				
line 4 for each year listed		<del>-</del>			
d Amounts included in line 2c not					}
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.  Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<del>                                     </del>		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)	***				
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)		<del></del>		<del> </del>	
(3) Largest amount of support from					
an exempt organization (4) Gross investment income					
Part XV   Supplementary Info	rmation (Comp	lete this part only	if the foundation	had \$5.000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed in			tributions received by the	e foundation before the clo	ose of any tax
SEE STATEMENT 6					
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% or more of s a 10% or greater intei	the stock of a corporation rest.	(or an equally large porti	on of the ownership of a p	partnership or
NONE	·····				
2 Information Regarding Contribution Check here  Information of the foundation of t	nly makes contribution	s to preselected charitable	organizations and does		
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·				u u.
a The name, address, and telephone num	ber or e-mail address o	it the person to whom app	lications should be addre	ssea:	
SEE STATEMENT 7					
<b>b</b> The form in which applications should b	e submitted and inform	nation and materials they s	should include:	·-	
c Any submission deadlines:	~~.				
d Any restrictions or limitations on awards	s, such as by geograph	ıcal areas, charıtable fields	s, kinds of institutions, or	other factors:	
	, <del></del>				
523601 11-24-15					Form <b>990-PF</b> (2015)

Part XV | .Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year VISTING NURSE NONE PUBLIC SECTION 501(C) (3) PO BOX 224 ACTIVITIES NEW CANAAN, CT 06840 SECTION 501(C) (3) 1,000. **ACTIVITIES** SECTION 501(C) (3) ACTIVITIES NONE PUBLIC SECTION 501(C) (3) GETABOUT INC PO BOX 224 ACTIVITIES 500. NEW CANAAN, CT 06840 NONE SECTION 501(C) (3) JOSLIN DIABETES CENTER PUBLIC ACTIVITIES ONE JOSLIN PLACE 5,000. BOSTON, MA 02215 NEW CANAAN UNITED METHODIST CHURCH NONE PUBLIC SECTION 501(C) (3) 165 SOUTH AVENUE ACTIVITIES NEW CANAAN CT 06840 25 000. SEE CONTINUATION SHEET(S) Total ➤ 3a 48,500. b Approved for future payment NONE Total **▶** 3b

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter area	n amounts unless atherwese indicated	Unrelated	business income	Evaluded	by section 512, 513, or 514	4-1
	s amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
	m service revenue:	code	7 1110 2111	code	Amount	unotion moonto
		_		<del>  </del>		
			<del></del>			
		1				
				<del>-   -   -</del>		
f		- <del>                                    </del>				
	s and contracts from government agencies					
	rship dues and assessments		<del></del>	-		
	t on savings and temporary cash					· · · · ·
investn						
	ds and interest from securities			14	38,454.	
	tal income or (loss) from real estate:		<del></del>		30,434.	· · · · · · · · · · · · · · · · · · ·
	t-financed property					
	debt-financed property					
	tal income or (loss) from personal					
properi	•			<del></del>		
	vestment income	<u> </u>	w. · · · · · · · · · · · · · · · · · · ·			
	(loss) from sales of assets other					2 261
than in	•			_		3,361.
	ome or (loss) from special events					
	profit or (loss) from sales of inventory		,			
<b>11</b> Other r						
			-			
			<del> </del>			
		f i				
d		_				
e	Add as to see the second of th	-		<del>.   -   -</del>	20 454	2 261
	al. Add columns (b), (d), and (e)			).	38,454.	3,361.
	Add line 12, columns (b), (d), and (e)				13	41,815.
	sheet in line 13 instructions to verify calculations.	)				
Part X	VI-B Relationship of Activities	to the Accon	nplishment of I	Exempt P	urposes	
1 ! N-						
Line No.	Explain below how each activity for which in the foundation's exempt purposes (other th.				d importantly to the accom	plishment of
<b>▼</b>	1/7-24				DIMADI E MODI	<del></del>
4	INTEREST & DIVIDEND I	NCOME IS	USED TO FU	IND CHA	KITABLE WORK	(
<del></del>						- <del>//- W</del>
						· · · · -
					<del></del>	
		<del></del>				
	l.					

Form **990-PF** (2015)

Form 990-PF (2	2015) <b>STEWA</b>	RT FOUNDATION		13	-6162897	Page 13
Part XVII		egarding Transfers To	and Transactions ar	nd Relationships With N	loncharitable	
1 Did the or	ganization directly or indi	rectly engage in any of the following	ng with any other organization	described in section 501(c) of	Y	es No
		)(3) organizations) or in section 5	•			
		ation to a noncharitable exempt or				
(1) Cash	· •	·			1a(1)	X
(2) Other	assets				1a(2)	X
<b>b</b> Other tran	sactions:					
(1) Sales	of assets to a noncharital	ble exempt organization			1b(1)	X
(2) Purcl	hases of assets from a no	ncharitable exempt organization			1b(2)	X
(3) Renta	al of facilities, equipment,	or other assets			15(3)	X
(4) Reim	bursement arrangements				1b(4)	X
(5) Loan	s or loan guarantees				1b(5)	X
(6) Perfo	rmance of services or me	mbership or fundraising solicitati	ons		<u>1b(6)</u>	X_
_		iling lists, other assets, or paid en	-		1c	X
				ays show the fair market value of th		s,
				in any transaction or sharing arran	igement, show in	
<del></del>		other assets, or services received				
(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transa	ctions, and sharing arran	gements
		N/A				
				<del> </del>		
	<del></del>					
					···	
	<del></del>					· · · · · · · · · · · · · · · · · · ·
<del></del>						
				<del></del>	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	<del> </del>		
				· <del>                                     </del>		
			<u> </u>			
		\	<del></del>		<del></del>	
2a Is the four	ndation directly or indirec	tly affiliated with, or related to, one	or more tay-exempt organiza	ations described		
	-	r than section 501(c)(3)) or in sec		ations described	Yes	X No
	omplete the following sch		31011 527		103	140
<u><b>D</b></u> 11 103, 0	(a) Name of org		(b) Type of organization	(c) Description o	f relationship	
	N/A	,	(S) type of organization	(0) = 500.15		
	11/11				<del></del>	
			-			
	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>			
			<del> </del>			
				tatements, and to the best of my knowled		cuse this
Sign and b	elief, it is true, correct, and cor	nplete Declaration of preparer (other the	an taxpayer) is based on all informa	tion of which preparer has any knowledge	return with the p shown below (s	oreparer
Here	EMOGRA 8	steway	12/15/17	VRUS el	X Yes	No No
Sigi	nature of officer or trustee		Date	/Title ,		
	Print/Type preparer's na	ame Preparer's	signature	Date Check i	f PTIN	
	HAIMS, BUZ	ZEO & CO		self- employed		
Paid	P.C.				P009663	55
Preparer	Firm's name ► HAI	MS, BUZZEO & CO	MPANY, P.C.	Firm's EIN ▶	06-113536	
Use Only			(			
	Firm's address ▶ 66	6 SUMMER STREET	ָרַ.			
		AMFORD, CT 0690		Phone no. (	203)324-5	<u> 117</u>
			<del> </del>		Form <b>990-</b>	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047

2015

Employer identification number Name of the organization 13-6162897 STEWART FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ \_\_\_\_501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

## STEWART FOUNDATION

13-6162897

2 I E ME	KI FOUNDALION		-0102071
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCHIE STEWART  181 SOUTH AVENUE APT 15  NEW CANAAN, CT 06840	\$50,000.	Person X 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
		\$	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
		\$	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)

Employer identification number

### STEWART FOUNDATION

13-6162897

Part II	Noncash Property (see instructions) Use duplicate copies of F	art II if additional space is needed		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		**************************************		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	15	\$	990, 990-EZ, or 990-PF) (	

Employer identification number

<u> rewar'</u>	T FOUNDATION		13-6162897			
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enterthis info once)			
	Use duplicate copies of Part III if addition	al space is needed				
a) No.	· =					
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-		(a) Transfer of aiff				
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rart i						
-						
		(e) Transfer of gif	t			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee			
l						

Part IV Capital Gains and Los	ses for Tax on Investment Income		72077 1	<u> </u>	
. (a) List and	describe the kind(s) of property sold ck warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a 3000 SHARES R20	000ARN ISSUER	<del></del>		09/25/14	11/25/15
b 3500 SHARES R20	000ARN ISSUER		P	11/25/14	
c 2463 SHARES BUE	FFALO GROWTH			03/18/11	
d 3119 SHARES JOH	IN HANCOCK		P	06/22/15	
e 461.851 SHARES			<u>P</u>	12/18/15	
f 216.042 SHARES			<u> P</u>	12/24/15	
g 1240.633 SHARES	FIEMPLETON GLOBA	AL	P	09/01/09	<u>08/29/16</u>
<u>h</u>					
1				<u> </u>	
<u>k</u>				<u> </u>	
1					
<u>m</u>					
<u>n</u>			<u></u>		
0	<del></del>	·			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 34,405.	(0. 4.10.143.0)	30,000.	(5/ F		4,405.
b 29,695.		35,000.			-5,305.
c 74,205.		65,781.	······		8,424.
d 31,158.		34,994.			-3,836.
e 13,914.		13,083.		<del></del>	831.
<u>13,511.</u> <u>1</u> 2,158.		2,248.	··		-90 <b>.</b>
g 13,932.		15,000.			-1,068.
h		2370334			
			1-17		
1					
k			· ·		
1					
m					
n					
0					
Complete only for assets showing	g gain in column (h) and owned by th	he foundation on 12/31/69		sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (I), If any		of col. (h) gain over not less than "-0-")	col (k),
a					4,405.
b					-5,305.
С					8,424.
d		<u> </u>			<u>-3,836.</u>
<u>e</u>					831.
f					-90 <b>.</b>
<u>g</u>					-1,068.
h				<del></del>	
!					
<u>k</u>			- · · · · · · · · · · · · · · · · · · ·		
1					
<u>m</u>		· · · · · · · · · · · · · · · · · · ·			
<u>n</u>					<del></del>
0					
2 Capital gain net income or (net cap	oital loss) {   If gain, also enter   If (loss), en	In Part I, line 7 " in Part I, line 7	2		3,361.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c	column (c).	d (6):			
If (loss), enter "-0-" in Part I, line 8			3	N/A	

13-6162897

STEWART FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient NEW CANAAN VOLUNTEER AMBULANCE NONE PUBLIC SECTION 501(C) (3) ACTIVITIES 182 SOUTH AVE NEW CANAAN, CT 06840 1,000. NORWALK HOSPITAL NONE PUBLIC SECTION 501(C) (3) MAPLE STREET ACTIVITIES NORWALK, CT 06851 15,000. THE SMILE TRAIN NONE PUBLIC SECTION 501(C) (3) 245 FIFTH AVE SUITE 2201 ACTIVITIES NEW YORK, NY 10016 1,000. Total from continuation sheets 17,000.

FORM 990-PF DIVIDENT	OS AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1	
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME		
MERRILL LYNCH 38,454	1.	0. 38,454.	38,454.	38,454.	
TO PART I, LINE 4 38,454	1.	0. 38,454.	38,454.	38,454.	
FORM 990-PF (	OTHER PROFES	SIONAL FEES	ST	CATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	6,690.	0.	0.	6,690.	
TO, FORM 990-PF, PG 1, LN 16C	6,690.	0.	0.	6,690.	
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL INCOME TAX	960.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	960.	0.	0.	0.	
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FUND E	ALANCES ST	PATEMENT 4	
DESCRIPTION				AMOUNT	
UNREALIZED GAIN(LOSS) ON MARI	KETABLE SECU	RITES	<del></del>	23,070.	
TOTAL TO FORM 990-PF, PART I	II, LINE 5			23,070.	

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
MUTUAL FUNDS	COST	628,727.	640,252.	
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	628,727.	640,252.	
FORM 990-PF PART XV LIST OF FOUND	- LINE 1A OATION MANAGE	RS	STATEMENT	6.

NAME OF MANAGER

ARCHIE STEWART BARBARA STEWART FORM 990-PF

# GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BARBARA STEWART 181 SOUTH AVENUE APT 15 NEW CANAAN, CT 06840

TELEPHONE NUMBER

203-966-4146

FORM AND CONTENT OF APPLICATIONS

ELIGIBLE ORGANIZATIONS SHOULD SUBMIT AN APPLICATION LETTER STATING THEIR BASIC
OBJECTIVES AND FINANCIAL NEEDS OF THEIR PARTICULAR ENDEAVORS.

ANY SUBMISSION DEADLINES

NONE

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RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS WILL BE PRIMARILY MADE TO THOSE SECTION 501(C)(3) ORGANIZATIONS THAT ARE ENGAGED IN THE DEVELOPMENT PROMOTION & PRESERVSATION & INTEREST IN CULTURAL & OR HISTORICAL ACTIVITIES, CONVERSATION & PRESERVATION OF OPEN SPACE & NATURAL RESOURCES & PROGRAMS ORIENTED TO THE CARE & ENCHANCEMENT OF YOUTH, ALTHOUGH PREFERENCE IS GIVEN TO THE SURROUNDING COMMUNITY OF THE FOUNDATION, THIS IS NOT TO SAY THEIR IS ANY RESTRICTIONS PLACED UPON THE

ELIGABILITY OF ANY OUT-OF-STATE ORGANIZATIONS. CURRENTLY THERE IS NO DOLLAR LIMITATION IN THE AMOUNT THAT WILL BE DISTRIBUTED TO ANY ONE ORGANIZATION.