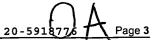
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		98			urn of Organizat	•						2019
	(Rev 、	lanuar	2020)	1	01(c), 527, or 4947(a)(1) o					ndati	ons)	
	Departr	nent of t	he Treasury	, ,	ot enter social security n		-			4	エノ	Open to Public
			ie Service 3		to www.irs.gov/Form990	ofor instructions a				1	12	Inspection
		For the 2019 calendar year, or tax year beginning , 2019, and ending  Check if applicable C Name of organizationTHE STEWART FOUNDATION INC										, 20
	B 'ćı □	eck if a	pplicable	C Name of organizati	onTHE STEWART FOUN	IDATION INC				D E		lentification number
	_	idress c	=	Doing business as								-5918776
	∐ Na	me cha	inge	Number and street	(or P O box if mail is not delivered	to street address)	1	Room/suite	•	E Te	elephone n	
	in in	tial retu	m	P O BOX 5468	30							04)247-4661
	_		n/terminated	•	or province, country, and ZIP or for	eign postal code					Gross receip	
	☴	nended		Atlanta, GA				<del></del>		\$		213,002
	∐ At	plicatio	n pending	F Name and address	of principal officer		- 1		H(a) Is this a	-		= =
			<b>₩</b>			<del></del>			H(b) Are all			
			pt status X 501			4947(a)(1) or 5	52					instructions)
		ebsite		hestewartfou	·	<del></del>	<u> </u>				ption numb	
	Par		rganization X Cor	poration Trust	Association	1	Year of formation	2007	<u>/ [M :</u>	State o	f legal dom	icile GA
	Pai	1	Summary	the executed as			<u> </u>					
		'		<del>-</del>	mission or most significant							encourage a
	ဗ္				to become influe							
	Activities & Governance				de and respect fo		ile also	educa	ting a	na i	MOCIVE	ating each
	Veri	2			1timate potential ation discontinued its opera		of more than 2	5% of its	net acce	te		
	Ĝ	3		_	governing body (Part VI, lii					- 1	. 1	13
	<b>مخ</b>	4		-	mbers of the governing boo					_		10
	ţie	5	•	•	ed in calendar year 2019 (	• • • • •					+	0
==	ξį	6		volunteers (estima						· —	_	50
2021	ĕ	l		•	from Part VIII, column (C),	_				7	_	0
7					come from Form 890-7; line					. 7		0
1		<u> </u>	THOI GITT GIGLOG DE	zomoco texabie me		ALCK	ECEINE	<del>) · · · ·</del>	Prior Year		_	Current Year
		8	Contributions an	d grants (Part VIII,	line 1h)				7,70, 100,			96,461
AUG	e	9	Program service	revenue (Part VII	I, line 2g) . 0.8 0.3 2	020	A 0 5 2020		126	5,25	7	116,541
	Revenue	10			nn (A), lines 3, 4, and 7d)							0
SCANNED	Re	11			A), lines 5, 6d, 8c, 9c, 10c,		7		4.5	5,42	8	0
Z		12	Total revenue - a	add lines 8 through	11 (must equal Part V	compromy (April Interda):	TED			1,68	_	213,002
4		13			Part IX, column (A), lines 1-							0
Ñ		14	Benefits paid to	or for members (P	art IX, column (A), line 4)							0
(1)		15			loyee benefits (Part IX, coli							0
	Ses	16a	Professional fun	idraising fees (Pari	: IX, column (A), line 11e)							0
	Expense	b	Total fundraising	g expenses (Part I)	K, column (D), line 25)		0					
	Ξ	17	Other expenses	(Part IX, column (	A), lines 11a-11d, 11f-24e)		<del></del> .		168	3,93	5	210,162
		18	Total expenses	Add lines 13-17 (	must equal Part IX, column	(A), line 25)			168	3,93	5	210,162
		19	Revenue less ex	cpenses Subtract	line 18 from line 12	<u> </u>				2,75	0	2,840
	ces							Beginn	ning of Curr	ent Ye	ar	End of Year
	Net Assets or Fund Balances	20	Total assets (Pa	ırt X, line 16)					22	2,99	6	25,836
	A Pi	21	Total liabilities (F	Part X, line 26) .								. 0
		22	Net assets or fu	nd balances Sub	tract line 21 from line 20 .	<u></u>			22	2,99	6	25,836
	Par	t II	Signature	Block								
					is retum, including accompanying s an officer) is based on all informati			f my knowl	edge and be	lief, it is	5	
		1	and complete Decials	norr or propercy (outer th	A D = 0 A A	C	any anomicoge			_	111	17/0000
	O:			IA STIRGUS	J. CM.	2/1				-	141	17/2020
	Sign	- 1	Signature of d	officer	1	- 17					Date	
	Here	•			CHIEF FINANCIAL C	FFICER						
				name and title	-			_	-	_	1	
	_		Print/Type prepare	r's name	Preparer's signature		Date		Check		If PTIN	
	Paid		Eddie Bri		Eddie Bridgema	in	03-24-202	0	self-em	ployed	P	01214840
	Prep				aiSai Group Inc	<del></del> -		Fire	m's EIN ▶			
	Use	Only	/ Firm's address ▶	2900	Chamblee Tucker F	Rd		Ph	one no			
					ta GA 30341		<del></del>			40	4-496	
			****		er shown above? (see insti	ructions)	<u> </u>	• • • •		<u></u>		. Yes X No
			rark Dadwatian A	Ant Matina ann th	o congrato instructions							E 000 (2040)

Form	1990 (2019) THE STEWART FOUNDATION INC	20-5918776	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> .	<u></u> .
1	Briefly describe the organization's mission		
	The Stewart Foundation works to encourage a generation of children to become	influential	leaders
	of society through a program that fosters independence, self-pride and respe	ct for other	s, while
	also educating and motivating each child to reach their ultimate potential.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	∐ Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported		
	(Only ) (Figure 1)		250
4a	(Code) (Expenses \$168,761 including grants of \$) (Revenue	\$94	<u>,959</u> )
	Youth and White Linen Scholarship Program		
		* ***	
		-	
		<del></del>	
4b	(Code ) (Expenses \$ 25,689 including grants of \$) (Revenue	\$ 30	,000)
	Youth Health Fair and Scholarships		
4c	(Code) (Expenses \$15,712 including grants of \$) (Revenue		<u>,582</u> )
	Youth Hot Chocolate Affair/Atlanta Public School - After School Tutorial and	writing Pro	gram
			<del></del> _
		·-··	<u> </u>
		•	
			- · ·
		-	
4d	Other program services (Describe on Schedule O )	-	<u>.</u>
Tu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 210,162		
EEA		Form	n <b>990</b> (2019)



Form 990 (2019)
Part IV C 9) THE STEWART FOUNDATION INC
Checklist of Required Schedules

	One of ite quire a defication		Yes	N
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
,	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		Ľ
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا _		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		L
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		_
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		L
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10_		L
	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ŀ
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		L
)	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		L
)	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		┞
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	١		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		╀
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		┞
F	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	╀
1	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		╀
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			╀
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			╀
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	╀
•	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		╀
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		╀
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	Ļ
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	Ļ
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Ł
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III			Ļ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		L	Ļ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	+
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	1	

Form 990 (2019)

THE STEWART FOUNDATION INC

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	_24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	٥		
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			}
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_ x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		<b></b>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		<b></b>
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
Day	19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30		
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Ocheodie O Contains a response of note to any file in this Fait v	<u> </u>	Yes	No
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		. 63	.,,,
1a b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	x	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . . . . . . . . . . . . 3a x If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q . . . . . . . . 3b h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . х 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a 5a Х 5b X h С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6Ь 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c x e 7е х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . . . . . . . . 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... х 7g g x If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . . . . 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 X 9 Sponsoring organizations maintaining donor advised funds. 9a X 9b x , b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . . . . Section 501(c)(12) organizations. Enter 11 а b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which C Did the organization receive any payments for indoor tanning services during the tax year? 14a Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . 14b b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes." see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . . . . . . . . 16 x 16 If "Yes," complete Form 4720, Schedule O

Form	990 (2019) THE STEWART FOUNDATION INC 20-59187	76	P	age 6		
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	. X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		х		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х		
6	Did the organization have members or stockholders?	6		х		
7a						
	one or more members of the governing body?	7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?	8a	x			
ь	Each committee with authority to act on behalf of the governing body?	8b	х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х			
С	The state of the s					
	describe in Schedule O how this was done	12c	х	]		
13	Did the organization have a written whistleblower policy?	13	х			
14	Did the organization have a written document retention and destruction policy?	14	х			
15	Did the process for determining compensation of the following persons include a review and approval by					
		1				

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a **b** Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

### Section C. Disclosure

17 L	ist the states	with which a	copy of this	Form 990 is red	guired to be filed	•	Georgia
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organization's exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18
  - (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Another's website X Upon request Uther (explain on Schedule O) Own website

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records LACRETIA STIRGUS (404)247-4661, P O BOX 54680, Atlanta, GA 30308

	orm	990	(2019)	
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Section A.

THE STEWART FOUNDATION INC

20-5918776

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<del></del>				(	C)				_	
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	•				nan one		Reportable	Reportable	Estimated amount
Walle alla ula	hours			-		s both ar /trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	악	Ins	₫		9,5	P-0	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	direc	tituti	Officer	у еп	ploy	ormer	(** 2, 100000)	<u> </u>	related organizations
	organizations	Individual trustee or director	nstitutional trustee		key employee	e 6				
	below	uste	Sul		ee	npen				
	dotted line)	æ	ee	-		Highest compensated employee				
				-		٩				
(1) JEROME POTTS	5.00									
IT DIRECTOR		х						0	0	0
(2) DIONNE BATTLE	2.00									
PROJECT DIRECTOR		х						0	0	0
(3) JASON MILLER	7.00									
VOLUNTEER DIRECTOR		х		_				.0	0	0
(4) EVELYN KING	3.00									
EVENT COORDINATOR		_x			]			.0	0	0
(5) ALLISON HORNBUCKLE	2.00									
YOUTH DIRECTOR		х						0	0	0
(6) MONICA TEASLEY	5.00				ļ					
LEGAL COUNSEL		х						0	0	0
(7) MAJOR L GOGGINS	2.00				ļ					
SECRUITY DIRECTOR		х			_			0	0	0
(8) TERESA ALLEN FUTCH	5.00									
Vice President		x						0	0	0
(9) SONYA KNIGHT	2.00								!	
Asst PR Director		_ X						0	0	0
(10)EDDIE BRIDGEMAN Sr.	5.00							1		
TREASURER		х			$\Box$			0	0	0
(11) HANK STEWART	40.00									
PRESIDENT				х				0	0_	0
(12)GWENDOLYN MASON	40.00									
EXECUTIVE DIRECTOR				х				0	0	0
(13)LACRETIA STIRGUS	10.00									
CFO			Ш	_X				0	0	0
<u>(14)</u>	L									

Form 990 (2019) THE STEWART FOUNDATION INC Page 8 20-5918776 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (F) (do not check more than one Average Reportable Estimated amount Reportable Name and title box, unless person is both an hours officer and a director/trustee) compensation compensation of other from related compensation per week organizations from the organization (list any Highest compensated employee (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related organizations related organizations below dotted line) (15) (16) (17) (18) <u>(19)</u> (23) (25) Subtotal c Total from continuation sheets to Part VII, Section A 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated			.,
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	ļ	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	1	] '	
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	] .		
	ındıvıdual	4		х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	_	_	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		х

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	-	

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

_		Check if Schedule O contains a response or	r note	to any line in this	Part VIII	<u> <u>.</u></u>	<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	а					3001013 012-014
ts 3	ь		h					
Contributions, Gifts, Grants and Other Similar Amounts	c		c			•		
G.	d		d					•
r Ai	e		e					
aje nija	f	All other contributions, gifts, grants,	+			-		
Sic	•		f	96,461				
the .	q	Noncash contributions included in	-	30,101				
d O	9		g   \$	:				
ğ E	h	Total. Add lines 1a-1f			96,461			
				Business Code				
	2a	TICKET SALES	$\vdash$	00099	39,781	39,781		
Program Service Revenue		SPONSORSHIPS		00099	76,760	76,760		
Sen Jue	С		-					
E S	d							
E S	е							
F	f	All other program service revenue	T.			<del>-</del> -		_
	g	Total. Add lines 2a-2f			116,541			
		Investment income (including dividends, interes						
		other similar amounts)		i i				
	4	Income from investment of tax-exempt bond pro	oceed	ls <b>▶</b> [				
	5	Royalties		▶				
		(ı) Real		(II) Personal				
	6a	Gross rents 6a					·	
	b	Less rental expenses 6b						
	С	Rental income or (loss) 6c	_					
	đ	Net rental income or (loss)		🕨				
	7a	Gross amount from (i) Securities		(II) Othor				
		sales of assets						
	ь	other than inventory Less cost or other basis	_ -					
Revenue		and sales expenses 7b	_					
ě	i	Gain or (loss) [7c]	_			-		
æ	I	Net gain or (loss)	· ·					
Othe	8a	Gross income from fundraising						
Ō		events (not including \$		İ				
		of contributions reported on line			•			
		<i>'</i>	8a					
	I		8b					
	I	Net income or (loss) from fundraising events	<del>- ; ; ;</del>	<u> </u>				
	υa	Gross income from gaming	_					
		· · · · · · · · · · · · · · · · · · ·	9a 9b		•			
							<u>.</u>	
		` , , , , ,	<del>-                                    </del>	•			<del></del>	
	10a	Gross sales of inventory, less returns and allowances	10a					
	h		10b					
		Net income or (loss) from sales of inventory				_		
	<del>  </del>			Business Code		<del></del>		
द	11a	CONTRIBUTOTHER INCOME	- ⊢	00099	,-			
Miscellanous Revenue	ь		- [					
ella Ven	c		-	_				_
<u>8</u>		All other revenue					_	
Σ	_	Total. Add lines 11a-11d	_			_		
		Total revenue. See instructions			213,002	116,541	0	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to	any line in this Part IX		<u> </u>	<u>.</u> <u>x</u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals See Part IV, lines 15 and 16		· · · · · ·	<u> </u>	
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages			<del>-</del>	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<u>-</u> .	
10	Payroll taxes				
11	Fees for services (nonemployees)	E0 047	E0 047		
a	Management	59,047	59,047 2,250		
b	Legal	2,250	2,250		
c d	Lobbying				
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	730	730	· · · · · · · · · · · · · · · · · · ·	
13	Office expenses				
14	Information technology	1,774	1,774		
15	Royalties	·	-		
16	Occupancy				
17	Travel	4,173	4,173		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<del> </del>
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance	1,334	1,334	<u></u>	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column	4			
	(A) amount, list line 24e expenses on Schedulc O)	1			<u>-</u>
а	PRINTING	432	432		<u>.</u> .
b	SCHOLARSHIP	7,500	7,500		
С	MEALS AND ENTERTAINMENT	7,442	7,442		_
d	SUPPLIES AND MATERIAL	234	234		
е	All other expenses	125,246	125,246		<del>-</del>
25	Total functional expenses. Add lines 1 through 24e	210,162	210,162	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here  If				
	fallowing SOP 98-2 (ASC 958-720)				

Form 990 (2019) THE STEWART FOUNDATION INC
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,596	1	25,836
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	400	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	······································		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
σ l	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥ ∣	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,996	16	25,836
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilıties		trustee, key employee, creator or founder, substantial contributor, or 35%	·		
-iab		controlled entity or family member of any of these persons		22	<del> </del>
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	_ 0	26	0
	,	Organizations that follow FASB ASC 958, check here ▶ 🗓			•
S		and complete lines 27, 28, 32, and 33.			
je l	27	Net assets without donor restrictions	22,996	27	25,836
3ala	28	Net assets with donor restrictions		28	
שַ		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	22,996	32	25,836
	33	Total liabilities and net assets/fund balances	22,996	33	25,836

Form	990 (2019) THE STEWART FOUNDATION INC	20-59:	<u> 18776</u>		<u>Pa</u>	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		· · ·_	<u>. 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			213,	002
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			210,	162
3	Revenue less expenses Subtract line 2 from line 1	. 3			2,	840
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			22,	996
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9		_		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			25,	836
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🖳 </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		.		_ :	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		۔	2a	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					1
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		-			!
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					: ا
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		$\cdots$	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on		1			١,
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
EEA				Form	990 (	2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization THE STEWART FOUNDATION INC 20-5918776 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 П A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). П 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university X 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Sche		RT FOUNDATI				20-591877	
Pa	art II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of 1	Part I or if the	organization	failed to quali	ify under
	Part III If the organization falls to qualify under the tests listed below, please complete, Part III.)						
Se	ction A. Public Support \						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018/	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	Į.			/		
	membership fees received. (Do not	<b>\</b>			/		
	ınclude any "unusual grants ")						
2	Tax revenues levied for the				/		
	organization's benefit and either paid	\			/		
	to or expended on its behalf				/		
3	The value of services or facilities	\ \					
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	`					
	each person (other than a						
	governmental unit or publicly		<b>\</b>				
	supported organization) included on		\				
	line 1 that exceeds 2% of the amount		\ /				
	shown on line 11, column (f)		\/				
	Public support. Subtract line 5 from line 4		$\triangle$				
_	ction B. Total Support						_
Ca	lendar year (or fiscal year beginning in) ►	(a) 2015	( <b>b</b> ) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>\</b>			
8	Gross income from interest, dividends,			<b>\</b>			
	payments received on securities loans,	,					
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business	/					
	activities, whether or not the business	/		\			
	is regularly carried on	<u> </u>		<b>—</b>			
10	Other income Do not include gain or	/		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>\</u>		
	loss from the sale of capital assets	/					
	(Explain in Part VI )	/			<del>  \                                   </del>		
	Total support. Add lines 7 through 10	/			1	40	<del></del>
	Gross receipts from related activities, etc. (s						.(2)
13	First five years. If the Form 990 is for the	_			1		
	organization, check this box and stop here			<u> </u>	· · · · · · · · · · · ·	<u> </u>	▶□
	ction C. Computation of Public Suppor Public support percentage for 2019 (line 6, c			column (f))		14	%
15						15	
	a 33 1/3% support test - 2019. If the organiza						
.00	box and <b>stop here.</b> The organization qualifie					1	<b>&gt;</b> []
	b 33 1/3% support test - 2018. If the organiza					3 1/3% or more	
							, cnocn ► □
17:	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in						
	Part VI how the organization meets the "fact						
	organization						<b>▶</b> □
	b 10%-facts-and-circumstances test - 2018.	If the organiza	ation did not ch	eck a box on l	ine 13, 16a, 16	b. or 17a. and li	ine
	15 is 10% or more, and if the organization m	-				•	· · <del>-</del>
	Explain in Part VI how the organization mee						clv
					_		Ĭ ► □
18	Private foundation. If the organization did r					is box and see	
	instructions						
EEA						Schedule A (Form	990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you	checked the box on lin	e 10 of Part I or if the organization	failed to qualify under Part II.
If the organization fail	s to qualify under the to	ests listed below, please complete	Part II )

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received (Do not include any "unusual grants ")	49,317		72,044	96,300	173,220	390,881
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,062		60,059	29,957	39,781	152,859
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5	72,379		132,103	126,257	213,001	543,740
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						543,740
	ction B. Total Support	γ		,			
	endar year (or fiscal year beginning in) ►	(a) 2015	( <b>b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	72,379		132,103	126,257	213,001	543,740
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
С	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )	_		10,766	45,428	-	56,194
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	72,379		142,869	171,685	213,001	599,934
14	First five years. If the Form 990 is for the or	•			-		
	organization, check this box and stop here			<u> </u>	<u> </u>	<u> </u>	<u></u> ▶ ⊔
<u>5e</u>	ction C. Computation of Public Suppo	rt Percentage	ad butting 12	column (f))	_	15	00 63 %
	Public support percentage for 2019 (line 8, c					16	90.63 %
	Public support percentage from 2018 Sched					10	88.01 %
	ction D. Computation of Investment In			ine 13 column	/f\\	17	0.00 %
	Investment income percentage for 2019 (line					18	0.00 %
	Investment income percentage from 2018 Son 33 1/3% support tests - 2019. If the organization						
198							
4.	17 is not more than 33 1/3%, check this box						
D	33 1/3% support tests - 2018. If the organize line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r						

Part IV

## **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sect	Section A. All Supporting Organizations							
1	Are all of the organization's supported organizations listed by name in the organization's governing							

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
<u> </u>		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5b		- ;
5c		
6		
7		
8		
9a		
9b		
9с		
10a		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	igsquare	<u> </u>
	A family member of a person described in (a) above?	11b	L	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		<del>                                     </del>	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			1 1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	<u>, –                                    </u>		
	tion of type in outper ting of generations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			}
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			{
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			اــــا
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		i l	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
500	supported organizations played in this regard	<u> </u>		<u> </u>
1	tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etruc	tionel	
a		3000	110113)	•
b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see ir	struct	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	1
a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			}
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	igsqcup	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			اا
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	$\vdash$	<del>                                     </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3-		اا
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b	1 1	1

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	<u> </u>				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See							
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2		_				
3 Other gross income (see instructions)	3	·					
4 Add lines 1 through 3	4		_				
5 Depreciation and depletion	5	<del>-</del>					
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year).							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b		<u></u>				
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other	l						
factors (explain in detail in Part VI)		·					
Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 035	6						
7 Recoveries of prior-year distributions	7	<u>.</u>					
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6	<u></u>					
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ated Type III supporting	organization (see				
Instructions)							

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<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016	-	_	
	From 2017			<u> </u>
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		- <del>Se</del>	
	Applied to 2019 distributable amount			<u>-</u>
<u>i</u>	Carryover from 2014 not applied (see instructions)			
_ <u>j</u> _	Remainder Subtract lines 3g, 3h, and 3ı from 3f			
4	Distributions for 2019 from			
	Section D, line 7.			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			<u></u>
	Remainder Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2019, if	'		'
	any Subtract lines 3g and 4a from line 2 For result	i I		,
	greater than zero, explain in Part VI See instructions			<del></del>
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020 Add lines 3j			
	and 4c			
_	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016		<u>.                                    </u>	
	Excess from 2017			
	Excess from 2018			
_ е	Excess from 2019			

Schedule A (For	orm 990 or 990-EZ) 2019	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17t III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec	; Part ction
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sections 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	2a, 2b, ction E,
	intes 2, 3, and 6. Also complete this part for any additional information. (See instructions.)	
		<del></del>
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EEA	Schedule A (Form 990 c	r 990-EZ) 2019

EEA

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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Employer identification number Name of the organization THE STEWART FOUNDATION INC 20-5918776 01. Form 990 governing body review (Part VI, line 11) The Board review and approves the 990 prior to submission during the meeting prior to filing deadline. 02. Conflict of interest policy compliance (Part VI, line 12c) Each Board member is required to sign the Conflict of Interest statement on an anual bases with disclosures. 03. CEO, executive director, top management comp (Part VI, line 15a) All compensation is determined by and approved by the governing Board 04. Other officer or key employee compensation (Part VI, line 15b All compensation is determined and approved by the governing Board 05. Governing documents, etc, available to public (Part VI, line 19) All governing documents are keep on file in the corporate office for public review, upon request. 06. List of other fees for services expenses (Part IX, line 11g) Auto rental and gas for program activites 07. List of other expenses (Part IX, line 24e) Production cost, preformer fees, marketing, meals for programmatic activities