GRANTHAMPOOLE PLLC 1062 HIGHLAND COLONY PKY, STE 201 RIDGELAND, MS 39157

> STEWPOT COMMUNITY SERVICES, INC. 1100 W CAPITOL STREET JACKSON, MS 39203

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CLIENT'S COPY



We See You Through.®

August 27, 2020

Stewpot Community Services, Inc. 1100 W Capitol Street Jackson, MS 39203

Stewpot Community Services, Inc.:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

GranthamPoole PLLC

	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization	1	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization	_	
	For calendar year 2019, or fiscal year beginning , 2019, and ending	, 20	0040
D	Do not send to the IRS. Keep for your records.		2019
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer id	entification number
STEWPOT COMMU	NITY SERVICES, INC.	64-06	55566
Name and title of officer			
REV JILL BUCK	LEY		
EXECUTIVE DIR			
Part I Type of	Return and Return Information (Whole Dollars Only)		
	 a, below, and the amount on that line for the return being filed with this form was blank ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicat b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 	ble line below.	Do not complete more
2a Form 990-EZ check he		2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		
Part II Declarat	ion and Signature Authorization of Officer		
electronic return and acco further declare that the am intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in	I declare that I am an officer of the above organization and that I have examined a cop mpanying schedules and statements and to the best of my knowledge and belief, they ount in Part I above is the amount shown on the copy of the organization's electronic r der, transmitter, or electronic return originator (ERO) to send the organization's return to f receipt or reason for rejection of the transmission, (b) the reason for any delay in pro- pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organi- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial	are true, correct return. I consend the IRS and to cessing the return electronic fun- zation's federal S. Treasury Fina	ct, and complete. I nt to allow my o receive from the IRS urn or refund, and (c) ds withdrawal (direct I taxes owed on this ancial Agent at

processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the

organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X I authorize GRANTHAMPOOLE PLLC	to enter my PIN 12345
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within th is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auti enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 e indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charing program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF <i>e-file</i> Providers for Business Returns.	0
ERO's signature Date Date	/27/20
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Faultha 0040 aslandarius

EXTENDED TO NOVEMBER 16, 2020

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

an al an alim a

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



AF	or th	e 2019 calendar year, or tax year beginning and	enaing		
B c	heck if oplicab	e: C Name of organization		D Employer identific	ation number
	Addre	B STEWPOT COMMONITY SERVICES, INC.			
	Name change Doing business as Initial			64-065556	56
	Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E			E Telephone number	
]Final return	1100 W CAPITOL STREET	601-353-2		
	termir ated			G Gross receipts \$	2,899,942.
				H(a) Is this a group re	
	Applica- tion F Name and address of principal officer: REV JILL BUCKLEY			for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1)$	or 🗌 527	If "No," attach a	list. (see instructions)
		te: VWW.STEWPOT.ORG		H(c) Group exemption	n number 🕨
		f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1981 N	State of legal domicile: MS
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: PROV		ALS, SHELTEF	R AND OTHER
nce		SERVICES TO HOMELESS AND ABUSED INDIVIDUA	LS		
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		17	
s s	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	23
vitie	6	Total number of volunteers (estimate if necessary)		6	15983
vcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,260,371.	2,828,192.
nu	9	Program service revenue (Part VIII, line 2g)		45,058.	45,142.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,917.	26,116.
Я	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-42,373.	-24,832.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,266,973.	2,874,618.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		97,864.	70,139.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,030,617.	1,088,336.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
çpe	b	Total fundraising expenses (Part IX, column (D), line 25) 90,4	19.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,059,764.	1,039,472.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,188,245.	2,197,947.
	19	Revenue less expenses. Subtract line 18 from line 12		78,728.	676,671.
or			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		3,898,505.	4,649,764.
t As: d Bá	21	Total liabilities (Part X, line 26)		149,920.	210,354.
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		3,748,585.	4,439,410.
De		Signatura Plack	-		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer REV JILL BUCKLEY, EXECUTIVE DIRECTOR	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	KAREN M. WAGNER, CPA KAREN M. WAGNER, CP	A 08/27/20 self-employed P00257146
Preparer	Firm's name GRANTHAMPOOLE PLLC	Firm's EIN ▶ 64-0903390
Use Only	Firm's address 1062 HIGHLAND COLONY PKY, STE 201	
	RIDGELAND, MS 39157	Phone no. $601 - 499 - 2400$
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
	a second state of the period of the second state of the second sta	Form 990 (2010)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019) STEWPOT COMMUNITY SERVICES, INC.	64-0655566 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE MEALS, SHELTER AND OTHER SERVICES TO HOMELESS	AND ABUSED
	INDIVIDUALS.	AND ADODED
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 X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r	nossured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 105, 637. including grants of \$15, 444.) (Revenue	ue\$ 21,492.)
		KITCHEN AND
	FOOD PANTRY (WHICH PROVIDES MEALS AND FOOD TO THE HUNGRY)	
	CLOSET, CHILDREN'S AFTER SCHOOL PROGRAM AND SUMMER CAMP,	VARIOUS
	HEALTH, LEGAL AND COUNSELING CLINICS.	
4b	(Code:) (Expenses \$746,101. including grants of \$54,695.) (Revenue	ue \$ (0)
		HOUSE (SHELTER
	FOR HOMELESS MEN), MATT'S HOUSE (AN EMERGENCY SHELTER FOR	
	ABANDONED WOMEN), OPPORTUNITY CENTER (A DAY TIME CENTER	
	HOMELESS TO FIND EMPLOYMENT, WASH CLOTHES, SHOWER, ETC.), REHOUSING (A NEW HUD PROGRAM TO QUICKLY ASSIST THE HOMELE	, AND RAPID
	HOMES). STEWPOT ALSO MAINTAINS THE HOMELESS MANAGEMENT IN	
	SYSTEM (HMIS) AND THE MS-500 CONTINUUM OF CARE (COC) FOR	
	COUNTY-AREA OF MISSISSIPPI THAT STEWPOT IS LOCATED IN.	
4c	(Code:) (Expenses \$33,311. including grants of \$0.) (Revenu	
	THE BRATTON STREET DEVELOPMENT PROJECT RENOVATES HOMES OF	
	STREET FOR SALE TO LOW INCOME FAMILIES. A FEW HOMES ARE TO MENTALLY CHALLENGED INDIVIDUALS AND/OR OTHER INDIVIDUA	
	STEWPOT THAT NEED MINIMAL SUPERVISED HOUSING ARRANGEMENTS	
4d	Other program services (Describe on Schedule O.)	`
4.0	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,885,049.)
<u>4e</u>	Total program service expenses ► 1,885,049.	Form 990 (2019)
		10111 000 (2019)

Form	990	(2019)	

 Form 990 (2019)
 STEWPOT COMMUNITY SERVICES, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	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?	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		<u> </u>
4	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		<u> </u>
5	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		<u> </u>
6	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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	
128		12a	х	
h	Schedule D, Parts XI and XII	12a	- 23	
U		12b		х
13	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	13		X
14a	Did the even institution of the events of the statistic of the United Otates O	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	170		
5	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		х
15	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		х
16	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		х
17	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	17		х
18	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 1? If "Yes." complete Schedule I, Parts I and II	21		х

Form 990 (2019)

Form 990 (2019)	STEWPOT		
Part IV	Checklist	of Required Sche	edules	(continued)

STEWPOT COMMUNITY SERVICES, INC.

			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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? 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 of 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 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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requirate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i>	51		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V		 Va -	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2019)		COMMUNITY		
Part V Sta	tements Regarding Ot	ther IRS Filings	and Tax Compl	iance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	23					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	-	•	2b	х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction							
3a				3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		Х		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions or	gifts					
_	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).		ideal de altre area o	_		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		Х		
			virad	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as requ	Jirea	7c		x		
Ч		7d		70				
			l	7e				
f	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7f 7g				
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
		-		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		ı					
	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	L	16				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a				
d	Is the organization licensed to issue qualified health plans in more than one state?			ISa				
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
5	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a		-	I	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

Form	990	(201	9

STEWPOT COMMUNITY SERVICES, INC.

Part 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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 17			
	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 on 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, 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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.)	Ţ		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	x	
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
-	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 with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	onlv)	availal	ole
•	for public inspection. Indicate how you made these available. Check all that apply.	,)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	JILL BUCKLEY - 601-353-2759			
	1100 WEST CAPITOL STREET, JACKSON, MS 39203			

Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual t	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MIKE UPTON	3.00					1 0				
DIRECTOR/CHAIRMAN		х		х				0.	Ο.	0.
(2) SHELDON ALSTON	1.00									
DIRECTOR		х						0.	Ο.	0.
(3) TRINITA EDDINGTON	1.00									
DIRECTOR		Х						0.	Ο.	0.
(4) JACKIE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVE BROWNING	3.00									
DIRECTOR/PAST CHAIR		Х		Х				0.	0.	0.
(6) CHARLES PARROTT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RICKY JAMES	3.00									
DIRECTOR/VICE CHAIRMAN		Х		Х				0.	0.	0.
(8) LINDA SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DONNA ORKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CAROLINE COMPRETTA	1.00									_
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.
(11) ROCKY SHACK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) WIL CUNNINGHAM	1.00									
DIRECTOR	1	Х						0.	0.	0.
(13) TONY EDWARDS	1.00								•	•
DIRECTOR/TREASURER	1 00	X		X				0.	0.	0.
(14) RONNIE CRUDUP, JR	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) MARY JACKSON	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) CLAY LEWIS	1.00	37							^	•
DIRECTOR	1 00	Х						0.	0.	0.
(17) PATRICK O'BRIEN	1.00	x						0.	0.	0
DIRECTOR		Α						ι 0.	υ.	0.

932007 01-20-20

Form 990 (201	(9) STEWPOT (COMMUNIT	Ϋ́	SE	RV	IC	ES	,	INC.	64-06	555	566	Page 8
Part VII Se	ection A. Officers, Directors, Trus (A)	t C		s (continued)									
	(B) Average hours per week	Average hours per (do box			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensatio from related	e Esti on amo		F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compe fron organ and r	ner nsation n the ization elated zations
(18) JILL E	BUCKLEY	40.00											
EXECUTIVE I	DIRECTOR				X				72,097.		0.	1,	,442.
	om continuation sheets to Part VI	I, Section A							72,097. 0. 72,097.		0.0.0.		442. 0. 442.
2 Total nu	dd lines 1b and 1c) Imber of individuals (including but n Isation from the organization							> re		000 of reportable		,	<u>,442.</u> 0
compen												Y	es No
	organization list any former officer, If "Yes," complete Schedule J for s				•	-		•				3	x
4 For any	individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			v
	ted organizations greater than \$150 person listed on line 1a receive or a											4	X
	d to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich p	bers	on .		-			5	X
	ndependent Contractors te this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than §	3100,000 of com	ensat	ion from	
	anization. Report compensation for t	-										(C)	
CODEL AN	Name and business	address						_	Description of s		С	ompensa	ation
COPELAND & SONS, INC. 5193 OLD BRANDON RD, PEARL, MS 39208									PANTRY	OF FOOD		250	<u>,153.</u>
								_					
2 Total nu	mber of independent contractors (ii 0 of compensation from the organia	-	ot lin	nitec	d to t	thos 1		ed	above) who received m	ore than			

Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains	a response	or note to any line		(D)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g h	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	ibutions) grants, ar above lines 1a-1f	1b 1c 1d 1e 1f 1g \$	224,190. 398,478. 205,524.	2,828,192.			
					Business Code				
Program Service Revenue	2a b c d				531110	45,142.	45,142.		
Be	e								
Pr.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			►	45,142.			
	3 4	Investment income (includ other similar amounts) Income from investment of			►	26,608.			26,608
	5 6 a b c	Less: rental expenses	6a 6b 6c	(i) Real	(ii) Personal				
	d	Net rental income or (loss)			>				
Revenue	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		Securities 492. -492.	(ii) Other				
eve		Net gain or (loss)				-492.			-492.
Other F	8 a	Gross income from fundraisin including \$ 224 contributions reported on Part IV, line 18 Less: direct expenses	ng events - , 190 line 1c).	(not <u>•</u> of See 	0.				192
		Net income or (loss) from			►	-24,832.			-24,832
		Gross income from gamin Part IV, line 19 Less: direct expenses		<u>9a</u>					
		Net income or (loss) from		····· —					
	10 a	Gross sales of inventory, I and allowances	less retu	rns 10 a					
		Less: cost of goods sold Net income or (loss) from							
Miscellaneous Revenue	11 a b c				Business Code				
Mis		All other revenue							
		Total. Add lines 11a-11d Total revenue. See instruction			····· ►	2,874,618.	45,142.	0.	1,284.

STEWPOT COMMUNITY SERVICES, INC.

Form 990 (2019)

64-0655566

Page **9**

Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	70,139.	70,139.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,		00.000		14 000
trustees, and key employees	73,539.	22,062.	36,770.	14,707
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	766,720.	694 001	E4 010	27 000
7 Other salaries and wages	/00,/20.	684,021.	54,810.	27,889
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	172,125.	150,749.	14,551.	6,825
9 Other employee benefits	75,952.	66,157.	6,683.	3,112
0 Payroll taxes	15,554.	00,107.	0,003.	J, 114
1 Fees for services (nonemployees):				
a Management				
b Legal	22,272.		22,272.	
c Accounting	22,272.		22,272.	
d Lobbying e Professional fundraising services. See Part IV, line 17				
f Investment management fees	867.		867.	
g Other. (If line 11g amount exceeds 10% of line 25,	0071			
column (A) amount, list line 11g expenses on Sch O.)				
Advertising and promotion				
3 Office expenses	46,764.	22,642.	24,122.	
4 Information technology		,•		
5 Royalties				
6 Occupancy				
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest	6,717.	4,823.	1,894.	
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	146,161.	140,332.	5,829.	
3 Insurance	88,476.	79,586.	8,890.	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a CONTRACT LABOR	193,769.	193,769.		
b UTILITIES	154,333.	134,422.	19,911.	
c PROGRAM EXPENSE	112,357.	112,357.	,	
d EQUIPMENT RENTAL AND MA	85,522.	77,862.	7,660.	
e All other expenses	182,234.	126,128.	18,220.	37,886
5 Total functional expenses. Add lines 1 through 24e	2,197,947.	1,885,049.	222,479.	90,419
6 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 Time if following SOP 98-2 (ASC 958-720)				
32010 01-20-20		1	I	Form 990 (20

STEWPOT COMMUNITY SE	ERVICES, INC	
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		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			864,727.	1	823,312.
	2	Savings and temporary cash investments			100,125.	2	100,426.
	3	Pledges and grants receivable, net				3	34,596.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			281.	9	11,186.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,538,129.			
	b		10b	1,573,036.	2,785,074.	10c	2,965,093.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			49,945.	12	616,798.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			98,353.	15	98,353.
	16	Total assets. Add lines 1 through 15 (must equ			3,898,505.	16	4,649,764.
	17	Accounts payable and accrued expenses			81,760.	17	55,181.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	68,160.	23	155,173.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D		·····		25	
	26	Total liabilities. Add lines 17 through 25			149,920.	26	210,354.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.			2 2 2 2 2 2 2 2		4 4 5 4 0 4 0
Ilan	27	Net assets without donor restrictions			3,227,096.	27	4,151,819.
B	28			L	521,489.	28	287,591.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
tA₅	31	Retained earnings, endowment, accumulated in			2 840 808	31	4 400 440
Ne	32	Total net assets or fund balances			3,748,585.	32	4,439,410.
	33	Total liabilities and net assets/fund balances .			3,898,505.	33	4,649,764.

Form **990** (2019)

<u>Form 990 (</u>	2019)
Part X	Ba	lance Sheet

Form	990 (2019) STEWPOT COMMUNITY SERVICES, INC.	64-06	55566	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,874	1,61	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,197	7,94	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	676	5,6	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,748	3,58	85.
5	Net unrealized gains (losses) on investments	5	14	1,1	54.
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	4,439),41	10.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis 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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		Τ	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
					0010

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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 trust.

OMB No. 1545-0047
2019
Open to Public Inspection

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		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			formation	Inspection	С
Nar	ne of	the organizat		- GO to www.ii3.go			ie latest li		er identification nun	nber
				POT COMMUN	IITY SERVICES	TNC	-		64-0655566	
Pa	rt I	Reason							01 0000000	
	Art I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.)							e,		
6		A federal, sta	ate, or local go	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 8 9	X	section 170 A community An agricultur	(b)(1)(A)(vi). (C / trust describe al research org	omplete Part II.) ed in section 170(b) ganization described	antial part of its support fi)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A)(culture (see instructions).	t II.) i x) operate	ed in conju	nction with a land-grar	nt college	
10		An organizat activities rela income and	tted to its exen unrelated busir	npt functions - subje	e than 33 1/3% of its sup act to certain exceptions, a (less section 511 tax) fro	and (2) no	more thar	a 33 1/3% of its suppor	t from gross investm	ent
11		An organizat	ion organized a	and operated exclus	sively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to carry out th	e purposes of one or	
a		lines 12a thro Type I. A s the suppor	ough 12d that supporting orga ted organizatio	describes the type of anization operated, s	ed in section 509(a)(1) of of supporting organization supervised, or controlled egularly appoint or elect a sections A and B.	n and com by its supp	plete lines ported org	12e, 12f, and 12g. anization(s), typically b	y giving	
b		control or i	management o	of the supporting org	d or controlled in connect ganization vested in the sa , Sections A and C.				-	
c		¬ ĭ	.,	•	ng organization operated	in connec	tion with, a	and functionally integra	ated with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
e		that is not requiremer Check this	functionally int nt (see instruct box if the orga	egrated. The organi ions). You must co anization received a	porting organization oper zation generally must sat mplete Part IV, Sections written determination fro	isfy a distr 5 A and D, m the IRS	ibution rec and Part that it is a	uirement and an atten V.	tiveness	
_				·	onally integrated supporti					
t			of supported of	•						
ç		(i) Name of supp		n about the support (ii) EIN	(iii) Type of organization		anization listed	(v) Amount of monetary	(vi) Amount of oth	ier
		organizatio	n		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see instructions	s) support (see instruct	ions)

Schedule A (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES INC 64-0655 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1891527.	1880445.	2099969.	2260351.	2828192.	10960484.
2	Tax revenues levied for the organ-						
	ization'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	1891527.	1880445.	2099969.	2260351.	2828192.	10960484.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1620378.
6	Public support. Subtract line 5 from line 4.						9340106.
	tion B. Total Support						ł
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1891527.	1880445.	2099969.	2260351.	2828192.	10960484.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	47,166.	46,531.	51,713.	48,995.	71,258.	265,663.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						11226147.
12	Gross receipts from related activities,	etc. (see instructio	ne)			12	<u></u>
	First five years. If the Form 990 is for			h fourth or fifth to			
10	organization, check this box and stop	•					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	83.20 %
	Public support percentage from 2018					15	83.95 %
	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c		-				
	and stop here. The organization qual						
17a							
170	Ta 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"			-	-	-	
۲.	10% -facts-and-circumstances test	-				7a and line 15 is	
a	more, and if the organization meets th	-					
							, • • • •
10	organization meets the "facts-and-circ		•	•			
IŎ	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				+	1	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired offer lune 20, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization'	I s first second thin	d fourth or fifth t	u ax vear as a sectio	1 = 501(c)(3) or	 nanization
••	-	•			2		• · · · · · · · · · · · · · · · · · · ·
Sec	check this box and stop here						
	Public support percentage for 2019 (li			column (f))		15	%
						16	%
	Public support percentage from 2018 ction D. Computation of Inves						70
				no 10 octumn (f))		47	0/
	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box an						P
b	33 1/3% support tests - 2018. If the	-					
	line 18 is not more than 33 1/3%, che						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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.)

Section A. All Supporting Organizations

- 1 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.
- 2 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.
- **b** 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?
- 6 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.**
- 7 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).*
- 8 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).*
- **9a** 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.**
- **b** 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.)

Schedule A (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES, INC. Part 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		
b	A family member of a person described in (a) above?	11b		
C	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part 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			
			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		
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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a h	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b				
с 2	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
2			Tes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	00		
L.	that these activities constituted substantially all of its activities.	2a		
D	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	01-		
~	activities but for the organization's involvement.	2b		
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	0.		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVIO	CES,	INC.	64-0655566 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990 EZ) 2019 STEWPOT COMMUNITY SERVICES, INC.

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsive	9	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	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.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A	(Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES	, INC.	64-0655566 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complet (See instructions.)	line 10; Part II, line 17a o ; Part IV, Section B, lines ⁻ nd 3b; Part V, line 1; Part V	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

64-0655566

2019

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
EDWIN & RUBY MORGAN FOUNDATION	1,032,470.	807,947
ERGON FOUNDATION	651,000.	426,477
SELBY & RICHARD MCRAE FOUNDATION	425,000.	200,477
THE CHEW FOUNDATION	410,000.	185,477
otal Excess Contributions to Schedule A, Part II, Line 5		1,620,378

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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

ber

Name of the organizatio	n	Employer identification num
	STEWPOT COMMUNITY SERVICES, INC.	64-0655566
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.
General Rule		
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to	otaling \$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 contributions.

Special Rules

X 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

Name of organization

Employer identification number

64-0655566

STEWPOT COMMUNITY SERVICES, INC.

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	THE CHEW FOUNDATION 345 RICHARDSON ROAD RIDGELAND, MS 39157	\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EDWIN MORGAN FOUNDATION 1675 LAKELAND DRIVE, SUITE 202 JACKSON, MS 39216	\$ <u>175,000.</u>	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
3	ERGON FOUNDATION P O BOX 1639 JACKSON, MS 39215	\$ <u>125,000.</u>	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
4	JAMES AND DONNA BARKSDALE 800 WOODLANDS PKWY SUITE 118 RIDGELAND, MS 39157-5201	\$ <u>100,000.</u>	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
5	SELBY AND RICHARD MCRAE FOUNDATION P O BOX 13070 JACKSON, MS 39236	\$ <u>110,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

64-0655566

STEWPOT COMMUNITY SERVICES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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
		—	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of o	organization		Employer identification number
STEWP	OT COMMUNITY SERVICES, I	INC.	64-0655566
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee

Page 4 ation number

SCHEDULE I	D
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932051 10-02-19

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	of the organization STEWPOT COMMUNITY	SEBUTCES INC	Employer identification number 64-0655566
Par			
1 01	organization answered "Yes" on Form 990, Part IV, I		Complete il the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	·	od funds
J	are the organization's property, subject to the organization'	-	
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		ľ – –
Par		organization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recre		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form c	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
	·		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easements during the year
•	► \$		
8	Does each conservation easement reported on line 2(d) abo		
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva		
9			
	balance sheet, and include, if applicable, the text of the foo organization's accounting for conservation easements.	thote to the organization's infancial stateme	his that describes the
Par		of Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under FASB ASC 9		nd balance sheet works
	of art, historical treasures, or other similar assets held for p		
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items	3.
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical tr		
	the following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accussion, and other records, check any of the following that make significant use of its continued) a Public exhibition d Lean or exchange program b Scholarly research e Other c Previde actinition of thure generations d Lean or exchange program b Scholarly research e Other c Previde acciption of thure generation's collections and explain how they further the organization's accepton of the similar assets the similar assets c Derive accepton of thure generation's collections Yes No Partition of the organization in collection and explain how they further the organization accepton of the single and antice assets not included on form 900, Part X, line 21. Yes No b If Yes, 'explain the arrangement in Part XIII and complete the tolowing table: Image: the organization include an amount on Form 900, Part X, line 21, for secrow or custodial account Hability? Yes No b Hordowment Fundal. Conford Part XIII Partitions Amount Image: the organization include an amount on Form 900, Part X, line 21, for secrow or custodial account Hability? Yes No	Sche		COMMUNITY				64-06	55566	Page 2
collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Collection 1 Yes No c Provide according to future generations collections and explain how they further the organization secency purpose in Part XIII. Scholarly research Yes No No Partial Case funds rather than to be maintands as part of the organization collection? Yes No No Partial Case funds rather than to be maintands as part of the organization collection? Yes No Partial Case funds rather than to be maintands as part of the organization science? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b if "Yes," explain the arrangement in Part XIII Check here if the explanation inbas been provided on Part XIII Pole to organization include an amount on Form 990, Part XI ine 21, for secrew or custodial account liability? Yes No b if Yes," explain the arrangement in Part XIII Check here if the explanation inbas been provided on Part XIII Pole to organization include an amount on Form 990, Part XIII Pole to organization include an amount on Form 990, Part XIII Pole to organizaton include an amount on the organization incl	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	s (continu	ied)
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	significant (use of its		
b Scholary research e Other c Prevention for future generations Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other simular assets to esciption of the organization answered 'Yes' on Form 980, Part IV, line 9, or responded an amount on Form 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is a list organization include an amount on Form 980, Part X, line 21. (or escrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 980, Part X, line 21. (or escrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the estimated part of the organization answered 'Yes' on Form 980, Part X, line 21. (or escrew or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the estimated part part XII. Check here if the organization schood 'Yes' on		collection items (check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Derint W Exercise Add Constructions of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990. Part K, line 9.1. 11 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. 12 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. 13 Is the organization include an amount on Form 990. Part X, line 21. for escrow or custodial account liability? 2 Do the organization include an amount on Form 990. Part X, line 21. for escrow or custodial account liability? 2 D othe organization include an amount on Form 990. Part X, line 21. for escrow and Custodian Arrange and escret line organization has been provided on Part XIII 2 D othe organization include an amount on Form 990. Part X, line 21. for escrow or custodial account liability? Ves 14 How organization include an amount on Form 990. Part X, line 10. Intervestime	а	Public exhibition	d	Loan or exc	hange program				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is a list the organization in log Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization inform 990, Part X, line 21, for escrow or custodial account liability? Yes is No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part W Endowment Funds. Complete if the organization inform 990, Part X, line 21, for escrow or custodial account liability? Is deginning of year balance <u>24, 457, 27, 067, 23, 477, 21, 98, 23, 136, 23, 136, 23, 136, 23, 136, 23, 136, 23, 136, 23, 136, 23, 23, 23, 23, 24, 25, 23, 23, 24, 25, 23, 26, 23, 24, 27, 267, 23, 477, 21, 98, 23, 136, 23, 136, 23, 23, 23, 23, 24, 25, 23, 23, 24, 25, 23, 26, 23, 24, 27, 267, 23, 477, 21, 98, 23, 23, 24, 25, 23, 26, 23, 27, 21, 28, 23, 24, 25, 23, 27, 24, 24, 257, 23, 477, 21, 98, 23, 23, 24, 25, 23, 26, 23, 27, 23, 27, 21, 28, 23, 24, 25, 23, 27, 24, 24, 257, 23, 477, 21, 98, 23, 23, 26, 23, 27, 23, 477, 21, 98, 23, 23, 27, 23, 477, 21, 98, 23, 457, 23, 477, 21, 98, 23, 457, 23, 477, 21, 98, 23, 457, 23, 477, 21, 98, 23, 457, 23, 477, 21, 98, 23, 457, 23, 477, 21, 98,</u>	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agement to a control the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ives No 1 Is the organization an agement in Part Xill, and complete the following table: Ives No 0 If "Yes," explain the arrangement in Part Xill and complete the following table: Ives Amount 1 Id Id Id Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 5 If "Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Ives," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Ives 6 If "Yes," explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill Ives Ives	с	Preservation for future generations							
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. Image: Complete intervention of the organization answered 'Yes' on Form 990, Part X, line 21. It is be organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intervention 200, Part X, line 21, for escrow or custodial account liability? Image: Complete intervention 200, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete intervention 200, Part X, line 21, 200, Part X,	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or ther intermediary for contributions or other assets not included on Form 990, Part X/ Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount G Amount Id Id Additions during the year Id Id Id Id Id Id Id Id Id Id Id Id Id Id Id Additions during the year Id	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simila	ir assets		_	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d a diditions during the year 1d 1a Detributions during the year 1d 1d 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IX, line 10. 100. c Net investment earnings, gains, and losses 5, 388. 2, 235. 3, 960. 1, 946. 879. c Othor expenditures for facilities and programs 100.00 % 96 100. 6 c Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: 8a def def againzations 3fs. 3fs. 3fs. 3fs. 3fs. 3fs. <td< th=""><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th> No</th></td<>	_								No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 10 Amount 10 d Additions during the year 10 10 10 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No In 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answerd 'Yes' on Form 990, Part X, line 10. In the presentable the current year on balance balance in a provide on Part XIII. In the presentable the current year on balance balance in a provide on Part XIII. In the presentable the current year on balance in the part of part A is a scholarships. 21, 317. 21, 898. 23, 147. 21, 898. 23, 147. 21, 898. 23, 477. 21, 898. 23, 477. 21, 898. 23, 477. 21, 898. 23, 477. 21, 898. 23, 477. 21, 898. 23, 477. 2	Par			ete if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, or	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 10. 10. Yes A diministrative expenses 21, 315, 3170, 367, 368, 23, 477, 21, 898, 23, 136, 10. 10. c Net investment earnings, gains, and losses 5, 388, -2, 235, 3, 960, 1, 946, -879, 375, 370, 367, 3669, 29, 947, 34, 457, 27, 067, 23, 477, 21, 898, 23, 898, 23, 898, 24, 937, 346, -879, 375, 370, 367, 369, 369, 375, 370, 367, 369, 369, 375, 370, 367, 369, 369, 375, 370, 367, 369, 369, 375, 370, 367, 369, 369, 375, 370, 367, 369, 369, 376, 376, 369, 376, 369, 376, 376, 369, 376, 369, 376, 369, 376, 369, 376, 369, 376, 369, 376, 366, 376, 366, 380, 376, 366, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 366, 380, 376, 376, 366, 380, 376, 376,		•							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a						_	٦.,	<u> </u>
c Beginning balance Image: Construction of uring the year d Additions during the year Image: Construction of uring the year e Distributions during the year Image: Construction of uring the year d Tending balance Image: Construction of uring the year d Distributions during the year Image: Construction of uring the year d Tending balance Image: Construction of uring the year d Distributions Image: Construction of uring the year d Tending balance Image: Construction of uring the year e Distributions Image: Construction of uring the year e Distributions Image: Construction of uring the year f Additions during the year Image: Construction of uring the year f Distributions Image: Construction of uring the year f Administrative expenses 5,388. -2,235. 3,960. 1,946. -879. g End of year balance Image: Distributions Image:							L	Yes	└── No
c Beginning balance 1c id id id	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				• •	
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships 3, 940, 1, 946, -879, 0 3, 960, 1, 946, -879, 0 -879, 0 1 d drinitistative expensituative expenses 3, 75, 3, 75, 3, 70, 367, 369, 369, 1, 946, -879, 0 -879, 0 1 drinitistative expenses 3, 75, 3, 75, 3, 70, 367, 369, 369, 0 -879, 0 -879, 0 2 provide the estimated percentage of the current year end balance (line 1g, column (a) held as: Board designated or quasi-endowment ▶ _9% 2 Forwide the estimated percentage of the current year end balance (line 1g, column (a) held as: Board designated or quasi-endowment 1p _9% <tr< th=""><th></th><th>_ · · · · ·</th><th></th><th></th><th></th><th></th><th></th><th>Amount</th><th></th></tr<>		_ · · · · ·						Amount	
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f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 24, 457. 27, 067. 23, 477. 21, 898. 23, 136. 1a Contributions 0 1.0. 1.0. 1.0. 1.0. 1.946. -879. c Cher expenditures for facilities 1.0. 1.946. -879. 1.946. -879. c Cher expenditures for facilities 1.0. 1.0. .0.	e 4								
b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1b Contributions 10. 10. 10. 10. c Net investment earnings, gains, and losses 5, 388. -2, 235. 3, 960. 1, 946. -879. a drainst or scholarships 375. 375. 370. 367. 369. g End of year balance 29, 470. 24, 457. 27, 067. 23, 477. 21, 898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0 % b Permanent endowment ▶	1							Vec	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 21, 938. 23, 136. 10. c Net investment earnings, gains, and losses 5, 388. -2, 235. 3, 960. 1, 946. -879. d Grants or scholarships 375. 375. 370. 367. 369. e Other expenditures for facilities and programs 375. 375. 370. 367. 369. g End of year balance 100.00 % % % % % a Board designated or quasi-endowment ▶		-				• • • • • • • • •	∟		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 24, 457. 27, 067. 23, 477. 21, 898. 23, 136. b Contributions - - - - 10. c Net investment earnings, gains, and losses 5, 388. -2, 235. 3, 960. 1, 946. -879. c Other expenditures for facilities and programs - <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
1a Beginning of year balance 24,457. 27,067. 23,477. 21,898. 23,136. b Contributions 10. 10. c Net investment earnings, gains, and losses 5,388. -2,235. 3,960. 1,946. -879. d Grants or scholarships 10. 10. 10. 10. e Other expenditures for facilities 10. 10. 10. 10. and programs 29,470. 24,457. 27,067. 23,477. 21,898. 23,136. g End of year balance 29,470. 24,457. 27,067. 23,477. 21,898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 100.00 % % Yes No 3a Are there endowment ▶ 100.00 % % Yes No 3a(i) X ii) Unrelated organizations 100.00 % % Yes No (i) Unrelated organizations 100.00<							/ears back	(e) Four	vears back
b Contributions 10. c Net investment earnings, gains, and losses 5,388. -2,235. 3,960. 1,946. -879. d Grants or scholarships	1a	Beginning of year balance	· · ·						
c Net investment earnings, gains, and losses 5,388. -2,235. 3,960. 1,946. -879. d Grants or scholarships	b		,		,		,		
d Grants or scholarships	c		5,388.	-2,235.	3,960.		1,946.		-879.
e Other expenditures for facilities and programs 375. 375. 370. 367. 369. f Administrative expenses 29, 470. 24, 457. 27, 067. 23, 477. 21, 898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % % Term endowment ▶ % c Term endowment ▶ % % Yes No 3a(0) X 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Vinrelated organizations	d		,	,	,		,		
and programs 375. 375. 370. 367. 369. g End of year balance 29,470. 24,457. 27,067. 23,477. 21,898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % .	e								
f Administrative expenses 375. 375. 370. 367. 369. g End of year balance 29,470. 24,457. 27,067. 23,477. 21,898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % % % % c Term endowment ▶ % % % % (i) Unrelated organizations % % % % (i) Unrelated organizations % % % % b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? % % % Peart VI Land, Buildings, and Equipment.									
g End of year balance 29,470. 24,457. 27,067. 23,477. 21,898. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % % % % c Term endowment ▶ % % % % a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations % (i) Unrelated organizations % % % % 4 Describe in Part Null the intended uses of the organization's endowment funds. % % % Part VI Land, Buildings, and Equipment.	f		375.	375.	370.		367.		369.
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) X 3b I 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 20,000. 1a Land 20,000. 1a 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e	g		29,470.	24,457.	27,067.		23,477.		21,898.
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		rent year end balance	(line 1g, column (a)) held as:			•	
c Term endowment >% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b 3b 3b 3b 3b 3c	а	· •	•						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) A value (d) Book value	b	Permanent endowment	%	_					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102.	с	Term endowment	%						
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other 0ther 0ther 0ther 0ther	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	d administered for t	he organiza	ation	_	
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102.		by:						`	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other 0ther 0ther 0ther		(i) Unrelated organizations						3a(i)	
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 20,000. b Buildings 3,793,635. c Leasehold improvements 304,095. d Equipment 420,399. e Other 0								3a(ii)	X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 20,000. 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land20,000.20,000.b Buildings3,793,635.894,252.2,899,383.c Leasehold improvements304,095.299,487.4,608.d Equipment420,399.379,297.41,102.e Other0000	4			vment funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land20,000.20,000.20,000.b Buildings3,793,635.894,252.2,899,383.c Leasehold improvements304,095.299,487.4,608.d Equipment420,399.379,297.41,102.e Other </th <th>Par</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par								
basis (investment) basis (other) depreciation 1a Land 20,000. 20,000. b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other 0 0 0 0									
b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other 9 9 9 9		Description of property	1	• • •				(d) Book	value
b Buildings 3,793,635. 894,252. 2,899,383. c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other 9 9 9 9	1a	Land						20	,000.
c Leasehold improvements 304,095. 299,487. 4,608. d Equipment 420,399. 379,297. 41,102. e Other						894,2	52.		
d Equipment 420,399. 379,297. 41,102.									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)									
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B), line 10)c.)			2,965	,093.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STEWPOT COM	MUNITY SERVICE	ES, INC.	64-0655566 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line [.]	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
(2) Closely held equity interests			
(3) Other			
(A) GREATER JACKSON RESERVE			
(B) FUND	587,328.	COST	
(C) GREATER JACKSON/ENDOWMENT	29,470.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	616,798.		
Part VIII Investments - Program Related.	01077901		
	an Farma 000 Dart IV/ lines	11. Cas Faura 000 Davit V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end of year market value
	(b) DOOK value		or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	<u>15.)</u>		🕨
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line [·]	11e or 11f. See Form 990, Part X, li	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		
	<u> </u>		·· 💌 I

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2019 STEWPOT COMMUNITY SERVICES	,			0655566 Pa	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,920,90	<u>67.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	14,154.			
b	Donated services and use of facilities	2b	8,230.			
с	Recoveries of prior year grants	2c				
d			24,832.			
е	Add lines 2a through 2d			2e	47,23	
3	Subtract line 2e from line 1			3	2,873,7	<u>51.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	867.			
b	Other (Describe in Part XIII.)	. 4b				
с				4c		67.
					2 074 6	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,874,62	18.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F			18.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per P			18.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With I a.	Expenses per F			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With I a.	Expenses per F	Retur	n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	Retur	n.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a	Expenses per F	Retur	n.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	Expenses per F	Retur	n.	
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a2b2c2	Expenses per F	Retur	n.	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 8,230. 24,832.	Retur	n. 2,230,14 33,00	<u>42.</u> 62.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 8,230. 24,832.	1	n. 2,230,14	<u>42.</u> 62.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 8,230. 24,832.	1 2e	n. 2,230,14 33,00	<u>42.</u> 62.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 8,230. 24,832.	1 2e	n. 2,230,14 33,00	<u>42.</u> 62.
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	8,230. 24,832.	1 2e	n. 2,230,14 33,06 2,197,08	<u>42.</u> 62. 80.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	Expenses per F 8,230. 24,832. 867.	1 2e	n. 2,230,14 33,06 2,197,08	<u>42.</u> 62.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F 8,230. 24,832. 867.	letur 1 2e 3	n. 2,230,14 33,06 2,197,08	<u>42.</u> 62. 80.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ANY NEED OF THE ORGANIZATION

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC TOPIC 740-10,

INCOME TAXES. MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX

POSITIONS OR ANY RELATED PENALTIES AND INTEREST TO ACCRUE FOR THE YEAR

ENDED DECEMBER 31, 2019, AND ACCORDINGLY, THERE IS NO LIABILITY FOR

UNRECOGNIZED TAX BENEFITS.

THE ORGANIZATION FILES IRS FORM 990 ANNUALLY WITH THE FEDERAL GOVERNMENT

AND IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FOR FISCAL YEAR

Schedule D (Form 990) 2019 STEWPOT COMMUNITY SERVICES, INC. Part XIII Supplemental Information (continued)	64-0655566 Page 5
2016 AND LATER.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES ON SCH G	24,832.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE ON SCH G	24,832.

SCHEDULE G	Suppleme	ntal Information Regardi	ing Fun	draisi	ing or Gaming A	ctiv	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" organization entered more than				or 19,	or if the	2019
Department of the Treasury		Attach to Form						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for in	nstructio	ns and	the latest informati	on.		Inspection
Name of the organization		COMMUNITY SERVI	CEC	TNC			64 - 0655	ntification number ちらら
Part I Fundrais		Complete if the organization an				line 17		
	complete this part		ISWEIEU	163 01	110m 330, 1 art 10, 1		. 1 0111 330-LZ	niers are not
1 Indicate whether the	e organization rais	ed funds through any of the follo	owing act	ivities.	Check all that apply.			
a 📃 Mail solicitat	ions	e 📃 Soli	icitation c	f non-g	overnment grants			
	email solicitations				mment grants			
c Phone solicit d In-person sol		g [] Spe	ecial fund	raising	events			
•		or oral agreement with any individ	dual (inclu	idina of	fficers, directors, trus	tees.	or	
Ŭ		art VII) or entity in connection wi	•	Ū		,	Yes	No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pu	ursuant to	agree	ments under which the	he fur	draiser is to be	9
compensated at le	ast \$5,000 by the	organization.						
			(ii	i) Did			Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) Activity	fún have	i) Did draiser custody ontrol of	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
			contri	butions?		list	ed in col. (i)	organization
			Yes	i No	-			
				_				
				-				
				_				
				-				
Total				•				
Total 3 List all states in whi	ch the organizatio	n is registered or licensed to soli	icit contri		l or has been notified	l I it is e	exempt from re	l
or licensing.				bationic				giotiation

Schedule G (Form 990 or 990 EZ) 2019 STEWPOT COMMUNITY SERVICES, INC. 64-0655566 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 s and area of fundraising event contributio , \$5,000

		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BUSINESS	TASTE OF		(add col. (a) through
			LUNCHEON	MISSISSIPPI	3	
			(event type)	(event type)	(total number)	col. (c))
anı						
Revenue	1	Gross receipts	60,750.	130,741.	32,699.	224,190.
Re				100//110	5270550	221/1900
	2	Less: Contributions	60,750.	130,741.	32,699.	224,190.
	3	Gross income (line 1 minus line 2)				
		· · · ·				
	4	Cash prizes				
	5	Noncash prizes				
Se		• • • • • • • • • • • • • • • • • • • •				
Direct Expenses	6	Rent/facility costs				
ъ	-	,				
ц	7	Food and beverages				
irea	'					
	8	Entortainmont				
	9	Entertainment		21,049.	3,783.	24,832.
	-	Other direct expenses Direct expense summary. Add lines 4 through	a			24,832.
		Net income summary. Subtract line 10 from li	()			-24,832.
Pa	rt I	II Gaming. Complete if the organization		000 Part IV line 10 or r		24,052.
		\$15,000 on Form 990-EZ, line 6a.		1000, 1 art 10, 1110 10, 011	cponted more man	
				(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						(-)
Вe		0				
	1	Gross revenue				
	•	Cook prizes				
es	2	Cash prizes				
ens	~	Negeogle evideo				
хр	3	Noncash prizes				
Direct Expenses		Dept/feeility.coote				
Dire	4	Rent/facility costs				
_	_	Other direct our concern				
	5	Other direct expenses				
	•		Yes%	Yes%	Yes%	
	6	Volunteer labor	Νο	No	No	
	_		- · · · · · · · · · · · · · · · · · · ·			
	1	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	~	N				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		••••••••••••••••••••••••••••••••••••••	
~	- ·		and a second of the second second			
		ter the state(s) in which the organization condu				
	ls t	he organization licensed to conduct gaming ac				Yes No
b		No " evolain:				
	lf "					
	lf "	νο, ελριάπ.				
	_					
	We	ere any of the organization's gaming licenses re			ear?	Yes No
	We				ear?	Yes No
	We	ere any of the organization's gaming licenses re			rear?	Yes No

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Sch	edule G (Form 990 or 990-EZ) 2019 STEWPOT COMMUNITY SERVICES, INC. 64-0	655566	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
40	to administer charitable gaming?	Yes	└── No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 	Yes	No No
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III, lines 9, f	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Dort IV	Supplemental	nformation			
Schedule G	(Form 990 or 990-EZ)	STEWPOT	COMMUNITY	SERVICES,	INC.

Partiv	Supplemental information (continued)	

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Attach to Form 990.									
Name of the organizati		OMMUNITY :	SERVICES, II	NC.					tification number 1-0655566	
Part I General In	formation on Grants a	nd Assistance								
criteria used to a	ation maintain records t ward the grants or assis	stance?	-			-			Yes X No	
	IV the organization's pro									
	d Other Assistance to	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for a	iny	
	hat received more than S					(f) Method of				
. ,	Idress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance	
	er of section 501(c)(3) a		•	e line 1 table				······ 卜		
	er of other organizations Reduction Act Notice							Schedule I	(Form 990) (2019)	

Schedule I (Form 990) (2019)

64-0655566

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					DISBURSED VARIOUS TUITION,
					ROOM & BOARD, AND BOOK
					PAYMENTS DIRECTLY TO COLLEGES
COLLEGE SCHOLARSHIPS	1	540.	٥.	CASH	ON BEHALF OF STUDENTS
					PURCHASED BUS TICKETS AND GAS
					CARDS FOR INDIVIDUALS IN NEED
					TO GET THEM TO PLACES WHERE
TRANSPORTATION - BUS TICKETS, ETC	250	14,666.	0.	CASH	THEY CAN LIVE
PECIAL ASSISTANCE DISBURSEMENTS FOR ITEMS SUCH AS					PURCHASED PRESCRIPTION
PRESCRIPTION MEDICATION; ONE TIME PAYMENT OF					MEDICATION AND OTHER ITEMS;
JTILITIES					PAID UTILITY BILLS AND/OR RENT
AND/OR RENT, ETC.	33	238.	0.	CASH	DIRECTLY FOR INDIVIDUALS
					ASSISTANCE WITH RENT, SECURITY
					DEPOSITS, UTILITIES ETC FOR
					PEOPLE TO BE PLACED IN
RAPID REHOUSING	113	54,695.	0.	CASH	PERMANENT LIVING SITUATIONS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

STEWPOT COMMUNITY SERVICES, INC.

Employer identification number 64 - 0655566

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO EACH FINANCE COMMITTEE MEMBER FOR

THEIR REVIEW AND APPROVAL BEFORE THE 990 IS SIGNED AND FILED BY THE

EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REGULARLY MONITORS AND ENFORCES THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY BY THE REVIEW AND DISCUSSION OF ANY QUESTIONABLE ACTIVITY

AT BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIR IS RESPONSIBLE EACH YEAR FOR INSURING THAT AN EVALUATION OF

THE PERFORMANCE OF THE EXECUTIVE DIRECTOR IS CONDUCTED IN ANY WAY THAT THE

BOARD CHAIR DETERMINES APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S

WEBSITE.

990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT IS A SUBSET OF THE BOARD OF

DIRECTORS THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND

THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Name of exempt organization or other filer, see instructions.							
print	STEWPOT COMMUNITY SERVICES,	STEWDOT COMMINITY SERVICES INC							
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1100 W CAPITOL STREET				64-065556	•			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39203								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01			
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990) or Form 990-EZ	01	Form 990-T (corporation)						
Form 990)-BL	02	Form 1041-A						
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227		10				
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990)-T (trust other than above)	06	Form 8870			12			
 If the c If this box If this 1 I re the the p 	hone No. ► 601-353-2759 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) ch a list with the names and TINs of <u>MBER 16, 2020</u> , to file return for: d ending	If this is fo all memb	r the whole group, c ers the extension is npt organization retu 	for.			
any	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. 3a								
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b								
c Bal									
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						0.			
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EO for	payment			
LHA F	or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL F OGDEN, UT	r of 1 Revenu	'HE TREASURY JE SERVICE CENTER		Form 8868 (Re	ev. 1-2020)			