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.®

November 3, 2022

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

Stewpot Community Services, Inc.:

Enclosed is the organization's 2021 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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

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

Very truly yours,

GranthamPoole PLLC

Form 8879-TF

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for	a Tay F	Exempt E	atitv
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For calendar year 2021, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN STEWPOT COMMUNITY SERVICES, 64-0655566 INC.

Name and title of officer or person subject to tax

REV JILL BUCKLEY EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_. 1ь <u>3,840,092</u> .
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that ${f X}$	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
of entity	<i></i>	, (EIN) and that I hav	e examined a copy of the
2021 el	ectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tr	ue, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

ΡI	N:	check	one	box	only
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X I authorize	GRANTHAMPOOLE	PLLC	to enter my PIN	12345
		ERO firm name		Enter five numbers, bu

do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax ▶ **** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

64475539211

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 11/03/22 ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► 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

OMB No. 1545-0047

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 instructions. Taxpayer identification number (TIN) print 64-0655566 STEWPOT COMMUNITY SERVICES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1100 W CAPITOL STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. JACKSON, MS 39203 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JILL BUCKLEY The books are in the care of ► 1100 WEST CAPITOL STREET - JACKSON, MS 39203 Telephone No. ► 601-353-2759 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending

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

В	Check i	C Name of organization	D Employer identific	cation number										
_	—,Addr													
F	char Nam	,	64-06555	6.6										
F	char Initia													
H	retur Final	1100 W CADITOI. STREET	uite E Telephone number $601-353-3$											
	—lretur term ated	n-	G Gross receipts \$	4,026,729.										
		nded TACKCONT MC 30203	H(a) Is this a group re											
F	Appl		for subordinates											
	pend	SAME AS C ABOVE	H(b) Are all subordinates in											
$\overline{\Gamma}$	Tax-e			list. See instructions										
		ite: ▶ WWW.STEWPOT.ORG	H(c) Group exemptio											
K	Form (of organization: X Corporation	ear of formation: 1981 N	1 State of legal domicile: MS										
P	art I	Summary												
ø	1	Briefly describe the organization's mission or most significant activities: PROVIDE		R AND OTHER										
Activities & Governance	2	ERVICES TO PEOPLE EXPERIENCING HOMELESSNESS AND POVERTY neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Veri	3		3	20										
Ó	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		20										
ور در	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		80										
ij	6	Total number of volunteers (estimate if necessary)		313										
ċ	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		0.										
ď	: t	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.										
			Prior Year	Current Year										
a)	8	Contributions and grants (Part VIII, line 1h)	2,860,410.	3,946,661.										
Revenue	9	Program service revenue (Part VIII, line 2g)	43,592.	42,042.										
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,917.	-83,561.										
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,908.	-65,050.										
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,074,827.	3,840,092.										
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,344.	61,649.										
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,358,327.	1,855,964.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.										
ΩX	K	• Total fundraising expenses (Part IX, column (D), line 25) 43,520.	1,562,324.	1,952,724.										
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,979,995.	3,870,337.										
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,832.	-30,245.										
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year											
Net Assets or	20	Total assets (Part X, line 16)	4,673,142.	End of Year 4,732,780.										
ASSE	21	Total liabilities (Part X, line 16)	114,720.	127,320.										
Net.	22	Net assets or fund balances. Subtract line 21 from line 20	4,558,422.	4,605,460.										
	art II	Signature Block												
Unc	der per	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is										
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.											
Sig	ın	Signature of officer	Date											
He	re	REV JILL BUCKLEY, EXECUTIVE DIRECTOR												
		Type or print name and title	I Data I E	DTIN										
		Print/Type preparer's name Preparer's signature	Date Check	PTIN										
Pai		,	A 11/03/22 "self-employ											
	parer	Firm's name GRANTHAMPOOLE PLLC	Firm's EIN ▶	64-0903390										
Use	Only	Firm's address 1062 HIGHLAND COLONY PKY, STE 201		1 400 2400										
_	.,	RIDGELAND, MS 39157	Phone no. 6 U	1-499-2400										
Ma	y the	RS discuss this return with the preparer shown above? See instructions		X Yes No										

3,511,571.

Total program service expenses

Form 990 (2021)

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? See instructions	2	X	
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		X
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
^	Schedule D, Part III	8		
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?			.
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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,			
	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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		 -
D	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		x
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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule (Parts I and III 22 X X 2 Did the organization awave "Yes" to Part IXI, Section A, line 3, 4, or 5, about compensation of the organization scurrent and former offices, directors, strustess, key employees, and highest compensation of the organization scurrent and former offices, directors, strustess, key employees, and highest compensation of the organization have at the exempt bond issue with an outstanding principal amount of more than \$1,000 as of the last day of the year, that the sites as exempt bonds sew with an outstanding principal amount of more than \$1,000 as of the last day of the year, that the sites as the second of the exempt bonds beyond a temporary period exception? 24a	Form	1990 (2021) STEWPOT COMMUNITY SERVICES, INC. 04-0053	0000	P	age '
22 In the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XC counter (A), lime 21 in Yea,* complete Schedule (, Part I and III) 23 Did the organization answer "Yea" to Part VII, Section A, lime 3, 4, or 5, about compensation of the organization's current and former officers, directors, fussiess, key employees, and highest compensation and the organization current and former officers, directors, fussiess, key employees, and highest compensation amount of more than \$100,000 as of the last day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest say proceeds of fax exempt bonds beyond a temporary period exception? 25b Did the organization maritaria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization maritaria an escrow account other than a refunding escrow at any time during the year? 26d Did the organization and as an not behalf of issuer for bonds outstanding at any time during the year? 27d Did the organization was the first engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 27d 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, turstee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or offishes persons? If "Yes," complete Schedule L, Part II 27d 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, turstee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or offishes persons? If "Yes," complete Schedule L, Part III 28d Did the organization repords a bankers thereofy or family member	Pa	rt IV Checklist of Required Schedules (continued)		Voc	No
Part IX. column (A), line 2? (I' Yes, 'complete Schedule I, Parts I and III 20 Did the organization assers "Yes' to Part IVI, Scient On A Inio 3, 4 or 5, about compensation of the organization scurrent and former officers, directors, fusitess, key employees, and highest compensated employees? If 'Yes, 'complete Schedule I 20 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, 'arrawer lines 240 through 24d and complete Schedule II' IVI, 'go to line 965. 24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
23 Did the organization answer "Yes" to Part VII. Section A, Inva. 3. 4, or 5, about compensation of the organization sournet and former officers, directors, turstees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100.000 as of the stat day of the year, that was issued after December 31, 2002? If "Yes," *answer lines 25th through 23d and complete Schedule K. If "Yos," to line 25a Schedule K. If "Yos," to line 25a C bid the organization martial an escrow account other than a returning escrow at any time during the year to defease any tax-event bonds? 24b Did the organization animatian an escrow account other than a returning escrow at any time during the year? 24c Did the organization as an "no hebald of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50(103), 501(104), and 501(128) organizations. Did the organization shall disculated person on the property of the section of the			22	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and former officers, director, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule I, Part I I also the organization have a tax-eventh 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 24th through 24th and complete Schedule K. If "No," go to him 25e 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization mixed any investment of the than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization with a disqualified person using the year? If "Yes," complete Schedule L, Part I 25a Z. Schedule L, Part I 25b Z. Schedule L, Part I 2	23				
Schedule / 24 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." 30 to line 25a					
24a Dt the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0,000 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		•	23		X
Schedule K. If "No." 30 to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization acts 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 again an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spice forms of the organization or provide organization or provide organization organizat	24a				
b Did the organization miest any proceeds of tax-exempt bonds beyond a temporary period exception? C 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? 25a Section 501(28), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 'i' "'es," complete Schedule I., Part I 25b Is the organization swere that it engaged in an excess benefit transaction with a disqualified person during the year? 'i' "'es," complete Schedule I., Part I 25c IX 25d Ib Id 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 sprot forms 990 or 990 E27: " "'es," complete Schedule I., Part I 25d 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 35% controlled entity of remity member of any of these persons?" If "Yes," complete Schedule I., Part II " 27d 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 farmly member of any of these persons?" If "Yes," complete Schedule I., Part IV " 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part IV " 29 Did the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part IV " 29 Did the organization serve contributions of a risk of the serve ser		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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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-E27 # "Yes," complete Schedule L, Part I 25b X 250	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Schedule L, Part I 25 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 S 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? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 b X b A family member of any individual described in line 28a" If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 J X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b J X X 35a Did the organization rel	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 of namily 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) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I II. 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II II. 31 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, III III. 35a J X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of threse persons? If "Yes," complete Schedule I., Part II 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? If "Yes," complete Schedule I., Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I., Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I., Part IV. 28		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II creater or founder, substantial contributor or employee thereof, a grant are selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X Y 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 X Y 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Y 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X Y 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X Y 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 34 X Y 28b X	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Bold the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(C)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 36 Yes Note: All Form 990 fillers are required to complete Schedule O. 37 Did the organization complete Schedule O and provide expla	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I. 31 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R,		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(c)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V Iine 1 36 Note: A		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes No 1a Enter the	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 files are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No			28a		
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Table Types Type Types T	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
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Part V, line 1 34			33	-	 X
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132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021) STEWPOT COMMUNITY SERVICES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (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 80										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
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 Accounts (FBAR).										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	9a									
а											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12										
a	Initiation fees and capital contributions included on Part VIII, line 12										
ь 11	Section 501(c)(12) organizations. Enter:										
''	Gross income from members or shareholders										
h	Gross income from other sources. (Do not net amounts due or paid to other sources against										
J	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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.

						LX.				
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	1a	2	<u> </u>						
	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	1b	2	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other							
	officer, director, trustee, or key employee?			2		X				
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point o	ne or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	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 read	ched at	the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	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	e filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe							
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent wi	th a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	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	nd 990-	T (section 501(c)(3)s only)	availal	ble				
	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 Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, ar	nd financ	cial					
	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 boo	ks and	records >							
	JILL BUCKLEY - 601-353-2759									
	1100 WEST CAPITOL STREET JACKSON MS 39203									

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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organi (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) JILL BUCKLEY	40.00		_							
EXECUTIVE DIRECTOR				Х				77,940.	0.	0.
(2) RICKY JAMES	3.00									
DIRECTOR/CHAIRMAN		Х		X				0.	0.	0.
(3) GINA HALFACRE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GRETCHEN BUTLER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CORY COLLINS	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(6) MIKE UPTON	3.00									
DIRECTOR/PAST CHAIR		Х		X				0.	0.	0.
(7) MOLLY MACWADE	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) CAROLINE COMPRETTA	3.00	ļ								
DIRECTOR/VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(9) LINDA SMITH	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) BARBARA POWELL	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) DAVID MILLER	1.00	ļ								
DIRECTOR/SECRETARY	1 00	Х		Х				0.	0.	0.
(12) ROCKY SHACK	1.00	٠,,							0	•
DIRECTOR	1 00	Х	\vdash					0.	0.	0.
(13) MAX DAVID MARSH DIRECTOR	1.00	х						0.	0.	_
(14) TONY EDWARDS	1.00	^	\vdash					"	0.	0.
DIRECTOR/TREASURER	1.00	х		х				0.	0.	0.
(15) TERESA MENDENHALL	1.00	┢		Δ.				1	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(16) MARY JACKSON	1.00	<u> </u>	\vdash					†	•	
DIRECTOR	1.50	х						0.	0.	0.
(17) CLAY LEWIS	1.00	† 							•	
DIRECTOR		x						0.	0.	0.
132007 12-09-21	1					-	1		• • •	Form 990 (202

64-0655566

Section A. Officers, Directors, Trus	tees, Key Emp	<u> ploy</u>	ees,	and	d Hi	ghes	st C	compensated Employee	s (continued)				
(A)	(B)			((_		(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		l .	stimate	
	hours per week					is both or/trus		compensation from	compensatior from related	ו	l	nount o other	
	(list any	ctor						the	organizations	,	l	pensa	
	hours for	or dire				ted		organization	(W-2/1099-MIS	C/	fr	om the	е
	related organizations	stee	truste		au au	bensa		(W-2/1099-MISC/	1099-NEC)		ı -	anizati	
	below	ual tru	tional		ploye	t com	_	1099-NEC)			l	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	inzan	0110
(18) PATRICK O'BRIEN	1.00												
DIRECTOR		Х						0.		0.			0.
(19) PETER SMITH	1.00												
DIRECTOR	1	Х						0.		0.	<u> </u>		0.
(20) CASSANDRA STOVALL	1.00	ļ											^
DIRECTOR	1 00	Х				-		0.		0.			0.
(21) LANDA STRUM	1.00												0
DIRECTOR		X						0.		0.	<u> </u>		0.
		ł											
-		 								\dashv			
		1											
										\neg			
		1											
		<u> </u>											
		1											
		<u> </u>						FF 040		$\overline{}$	<u> </u>		
1b Subtotal								77,940.		0.	<u> </u>		0.
c Total from continuation sheets to Part VI								77,940.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)							<u> </u>		000 of reportable	0.			<u> </u>
compensation from the organization	ot illilited to tri	ose	liste	u au	JOVE	<i>t)</i> WII	0 16	eceived more triair \$100,	000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ŀ	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150),000? If "Yes,	" со	mpl	ete S	Sche	edule	J t	for such individual			4		Х
5 Did any person listed on line 1a receive or a	•				,			•					
rendered to the organization? If "Yes." com	plete Schedul	∋ <i>J f</i> ∈	or su	ıch r	pers	on					5		X
Section B. Independent Contractors							41		100 000 of access				
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										ensai	JOH ITC)111	
(A)	ine calendar y	Jai C	Jiidii	ig w	1011	J1 VVI		(B)	Cai.		(0		
Name and business	address	NO	INC	3				Description of s	ervices	С		nsatio	n
_													
							\dashv						
2 Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz)							
								<u> </u>			Form	990 (2	2021)

132008 12-09-21

Form 990 (2021) STEWPOT Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ine a re	enonse i	or note to any lin	a in this Part VIII			
			Officer if Ochieddie O C	Ontai	iiis a ie.	эроп зе ч	or note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under
											sections 512 - 514
nts nts	1		Federated campaigns								
iz a			Membership dues		····-	b					
S, C		С	Fundraising events		<u>1</u>	С	149,848.				
ä		d	Related organizations		1	d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contri	butio	ns) 1	е	1,425,009.				
Sign		f	All other contributions, gifts,	grants	s, and						
he			similar amounts not included			f	2,371,804.				
를		а	Noncash contributions included in I			g \$	13,300.				
Š		_	Total. Add lines 1a-1f		_			3,946,661.			
<u> </u>		<u></u>	Totali / Ga iii ico Ta Ti				Business Code	, , ,			
_	2	_	RENT INCOME				531110	42,042.	42,042.		
ice	_		THE THEOLIE				331110	12,012.	12,012.		_
er ne		b									
n S		С									
Ja Se		d									
Program Service Revenue		е									
Δ.			All other program service								
		g	Total. Add lines 2a-2f					42,042.			
	3		Investment income (includ	-							
			other similar amounts) $_{\dots \dots}$					32,475.			32,475.
	4		Income from investment o	f tax-	exempt	bond p	roceeds				
	5		Royalties								
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				•				
			Gross amount from sales of	ГΪ	(i) Sec	urities	(ii) Other				
	•	u	assets other than inventory	7a	()		5,551.				
		h	Less: cost or other basis				,,,,,,				
ø)		D		76			121,587.				
Revenue		_	and sales expenses				-116,036.				
eve			Gain or (loss)					-116,036.			-116,036.
Ä			Net gain or (loss)				>	-110,030.			-110,030.
ther	8	а	Gross income from fundraising								
ŏ			including \$								
			contributions reported on								
			Part IV, line 18								
		b	Less: direct expenses			8b	65,050.				
			Net income or (loss) from t		-		_	-65,050.			-65,050.
	9	а	Gross income from gaming	g acti	ivities. S	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamir	ng activ	ities					
	10	а	Gross sales of inventory, le	ess re	eturns						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from s				•				
			,				Business Code				
sno	11	а									
Miscellaneous Revenue	••	b									
∭a Ver		C									
See			All other revenue								
Ξ			All other revenue								
		е	Total. Add lines 11a-11d					3 840 000	42,042.	0	_1/0 €11
	12		Total revenue. See instruction	IIS .			<u></u>	3,840,092.	42,042.	0.	-148,611.

Cooti	on FO1(a)(2) and FO1(a)(4) agreenizations must some	lata all aglumana. All atha	v overni-otions must con	anlata askuman (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	61,649.	61,649.		
3	Grants and other assistance to foreign	02/025	02/0151		
3	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,	77 040	22 202	20 070	15 500
	trustees, and key employees	77,940.	23,382.	38,970.	15,588.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 222 -12			
7	Other salaries and wages	1,336,710.	1,222,645.	96,482.	17,583.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_	_		
9	Other employee benefits	311,893.	274,716.	29,863.	7,314. 3,035.
10	Payroll taxes	129,421.	113,993.	12,393.	3,035.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	35,553.		35,553.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,200.		7,200.	
а	Other. (If line 11g amount exceeds 10% of line 25,	•		,	
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	90,030.	78,453.	11,577.	
14	Information technology	•	,	,	
15	Royalties				
16	Occupancy	240,803.	204,443.	36,360.	
17	Travel	. ,	,	, , , , , ,	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,088.	214.	1,874.	
20		3,090.	3,090.		
20 21	Payments to affiliates	5,050.	5,050.		
22	Depreciation, depletion, and amortization	213,975.	205,429.	8,546.	
23		125,739.	115,567.	10,172.	
23 24	Other expenses. Itemize expenses not covered			10,1120	
24	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.) PROGRAM EXPENSE	918,148.	918,148.		
a	SECURITY	93,158.	93,158.		
b	DUES & SUBSCRIPTIONS	90,326.	84,620.	5,706.	
C	FOOD AND RELATED SUPPLI	62,990.	54,675.	8,315.	
d		69,624.	57,389.	12,235.	
	All other expenses	3,870,337.	3,511,571.	315,246.	43,520.
25	Total functional expenses. Add lines 1 through 24e	3,010,331.	3,311,3/1.	313,440.	43,340.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2021)

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Part X				
			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	401,067.	1	255,949	
	2	Savings and temporary cash investments	427,337.	2	240,828	
	3	Pledges and grants receivable, net	247,750.	3	264,107	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
<u>s</u>	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
ĕ	9	Prepaid expenses and deferred charges	45,412.	9	1,194	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 4,889,152.				
	b	Less: accumulated depreciation 10b 1,880,917.	2,869,537.	10c	3,008,235	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	583,686.	12	864,114	
	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 equal line 33)	4,673,142.	16	4,732,780	
	17	Accounts payable and accrued expenses	65,849.	17	43,036	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
es	22	Loans and other payables to any current or former officer, director,				
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons	40 001	22	04.004	
_	23	Secured mortgages and notes payable to unrelated third parties	48,871.	23	84,284	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D	111 720	25	127,320	
	26	Total liabilities. Add lines 17 through 25	114,720.	26	127,320	
S		Organizations that follow FASB ASC 958, check here				
JCe		and complete lines 27, 28, 32, and 33.	4,290,248.		A 572 5A1	
<u>a</u>	27	Net assets without donor restrictions	268,174.	27	4,573,541 31,919	
o B	28	Net assets with donor restrictions	200,174.	28	31,313	
<u>.</u>		Organizations that do not follow FASB ASC 958, check here				
P		and complete lines 29 through 33.		20		
ets.	29	Capital stock or trust principal, or current funds		29		
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	4,558,422.	31	4,605,460	
ž	32	Total net assets or fund balances		32		
	33	Total liabilities and net assets/fund balances	4,673,142.	33	4,732,780	

Pa	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	3,84	0,09	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,87	0,33	37.
3	Revenue less expenses. Subtract line 2 from line 1	3		0,24	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,55	8,42	22.
5	Net unrealized gains (losses) on investments	5	5:	1,61	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	2.	5,6	70.
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	4,60	5,46	<u> 50.</u>
Pa	t 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	. ,		2a		_X_
	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	X	
	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				
	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 Sch				
3а	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			
	Act and OMB Circular A-133?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		τ,	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	99U ((2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization STEWPOT COMMUNITY SERVICES, 64-0655566 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2099969.	2260351.	2828192.	2860410.	3946661.	13995583.
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	2099969.	2260351.	2828192.	2860410.	3946661.	13995583.
5	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)						1296132.
	Public support. Subtract line 5 from line 4.						12699451.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2099969.	2260351.	2828192.	2860410.	3946661.	13995583.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	E4 E43	40 005	E1 0E0	00 510	D4 510	224 222
	and income from similar sources	51,713.	48,995.	71,258.	87,519.	74,517.	334,002.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						14329585.
	Total support. Add lines 7 through 10		`				<u> 14329363.</u>
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-					. □
Sec	organization, check this box and stop ction C. Computation of Public						
	Public support percentage for 2021 (li			column (f)\		14	88.62 %
	Public support percentage from 2020					15	84.78 %
	33 1/3% support test - 2021. If the co						
. 50							
h	stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
_	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2021. 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						
	mosts the facts and six unstances test. The exempiration qualifies as a publish comparted exempiration						
b	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				•		▶ □
18	Private foundation. If the organization		-				<u> </u>
	*						

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				P
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION. IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	■

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
a a		
9b		
9с		
10a		
10b		

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	5)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	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			
		а		
	Did the activities described on line 2a, above, 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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	

8

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
1	•	(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
EDWIN & RUBY MORGAN FOUNDATION	773,000.	486,408.
ERGON FOUNDATION	702,000.	415,408.
SELBY & RICHARD MCRAE FOUNDATION	537,500.	250,908.
THE CHEW FOUNDATION	430,000.	143,408.
Total Excess Contributions to Schedule A, Part II, Line 5		1,296,132.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

64-0655566

2021

Name of the organization Employer identification number

INC.

STEWPOT COMMUNITY SERVICES

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

STEWPOT COMMUNITY SERVICES, INC.

64-0655566

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	EDWIN MORGAN FOUNDATION 1675 LAKELAND DRIVE, SUITE 202 JACKSON, MS 39216	\$128,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	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		
3	SELBY AND RICHARD MCRAE FOUNDATION P O BOX 13070 JACKSON, MS 39236	\$80,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	NETWORK FOR GOOD 1140 CONNECTICUT AVE NW #700 WASHINGTON, DC 20036	\$ 179,327.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

STEWPOT COMMUNITY SERVICES, INC.

64-0655566

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 11-11	01		Schedule B (Form 990) (2021)

Name of organization **Employer identification number** STEWPOT COMMUNITY SERVICES, INC. 64-0655566 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization STEWPOT COMMUNITY SERVICES, INC. **Employer identification number** 64-0655566

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if 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 w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	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 qualified	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

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Schedule D (Form 990) 2021

	dule D (Form 990) 2021 STEWPOT	COMMUNITY	SERVICES,	INC.	64	-065	55566	Page 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar A	ssets	(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	ollowing that make	significant use	of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purpose i	n Part >	KIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	ar assets			
	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arran		te if the organization	n answered "Yes"	on Form 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	ot included			
	on Form 990, Part X?					\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe					\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back	(e) Four y	ears back
1a	Beginning of year balance	32,103.	29,470.	24,457	. 27	,067.		23,477.
b	Contributions							
С	Net investment earnings, gains, and losses	3,906.	3,008.	5,388	-2	,235.		3,960.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	381.	375.	375	•	375.		370.
g	End of year balance	35,628.	32,103.	29,470	. 24	,457.		27,067.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a) held as:				
а	Board designated or quasi-endowment	100	%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the organization	n		
	by:	· ·			· ·		\[\frac{1}{2}\]	res No
	(i) Unrelated organizations						3a(i)	X
							3a(ii)	X
	(ii) Related organizations							-
b	(ii) Related organizations	tions listed as require	ed on Schedule R?				3b	
b 4	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the 't VI Land, Buildings, and Equipm	tions listed as require organization's endov	ed on Schedule R?				3b	
4	If "Yes" on line 3a(ii), are the related organizates Describe in Part XIII the intended uses of the	itions listed as require organization's endov ent.	ed on Schedule R? vment funds.				3b	
4	If "Yes" on line 3a(ii), are the related organizar Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment	itions listed as require organization's endov ent.	ed on Schedule R? vment funds. , Part IV, line 11a. S	lee Form 990, Part			(d) Book	value

Description of property	(d) Book value							
1a Land		12,000.		12,000.				
b Buildings		3,940,634.	1,119,501.	2,821,133.				
c Leasehold improvements		405,955.	325,164.	80,791.				
d Equipment		530,563.	436,252.	94,311.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)								

Schedule D (Form 990) 2021

Ochedule B (Form 550) 2021 BILLIE G	COLUETT DELICATION	10/ 11/01	- CCCCCC Tage
Part VII Investments - Other Securities.	Farma 000 Dart IV line of	11h Can Farra 000 Dark V line 10	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) GREATER JACKSON RESERVE	000 406		m 173 T 170
(B) FUND	828,486.	END-OF-YEAR MARKE	
(C) GREATER JACKSON/ENDOWMENT	35,628.	END-OF-YEAR MARKE	T VALUE
(D)			
(E)			
(F)			
(G)			
(H)	0.64 114		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	864,114.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) Book value	(c) Method of Valuation. Cool of C	That of your market value
(1)			
(2)			
(3)			
<u>(5)</u> (6)			
(0) (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"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 Schedule D (Form 990) 2021

X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

	dule D (Form 990) 2021 STEWPOT COMMUNITY SERVICES,				0655566 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,949,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-
а	Net unrealized gains (losses) on investments	2a	51,613.		
b	Donated services and use of facilities	2b	•		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	65,050.		
			•	2e	116,663
e					3,832,894
3	Subtract line 2e from line 1			3	3,032,074
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	7 200		
а	Investment expenses not included on Form 990, Part VIII, line 7b		7,200. -2.	-	
b	Other (Describe in Part XIII.)	4b	-2.		П 100
С	Add lines 4a and 4b			4c	7,198
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,840,092
Pai	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Witi	n Expenses per I	≺eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,928,187
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	65,050.		
			•	2e	65,050
_	Add lines 2a through 2d			3	3,863,137
3	Subtract line 2e from line 1			3	3,003,137
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	7 200		
а	Investment expenses not included on Form 990, Part VIII, line 7b		7,200.	-	
b	Other (Describe in Part XIII.)	4b			- 000
С	Add lines 4a and 4b			4c	7,200
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,870,337
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I $\!$	/, lines 1b	and 2b; Part V, line 4	ا; Part ک	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal infor	mation.		
PAF	T V, LINE 4:				
ANY	NEED OF THE ORGANIZATION				
DΔF	T X, LINE 2:				
1 711	II A, DING 2.				
тит	ODCANTZAMION HAC ADODMED MUE DDOMECONO O	- EAC	D ACC MODIC	7/1	10
1111	CORGANIZATION HAS ADOPTED THE PROVISIONS OF	· ras	D ASC TOPIC	. /4(J-10,
T376				T.T	
TNC	OME TAXES. MANAGEMENT BELIEVES IT HAS NO N	1ATER	IAL UNCERTA	TN .	l'AX
POS	SITIONS OR ANY RELATED PENALTIES AND INTERES	ST TO	ACCRUE FOR	THI	E YEAR
ENI	DED DECEMBER 31, 2019, AND ACCORDINGLY, THE	RE IS	NO LIABILI	TY I	FOR
UNF	ECOGNIZED TAX BENEFITS.				
THE	ORGANIZATION FILES IRS FORM 990 ANNUALLY V	VITH	THE FEDERAL	GO	/ERNMENT

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

Schedule D (Form 990) 2021 Part XIII Supplemental Info	STEWPOT COMMUNITY ormation (continued)	SERVICES,	64-0655566 Page 5
PART XI, LINE 2D -	OTHER ADJUSTMENTS:		
FUNDRAISING EXPENS	ES ON SCH G		65,050.
	OTHER ADJUSTMENTS:		
ROUNDING			-2.
PART XII, LINE 2D	- OTHER ADJUSTMENTS:		
FUNDRAISING EXPENS	E ON SCH G		65,050.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

STEWPOT COMMUNITY SERVICES, INC. 64-065566

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

 a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a writter 	ns f X Solicita g X Specia or or all agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	ation of ation of al fundra al (includ profession	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
HOLLY WAGNER, PROJECTS	ASSISTANCE WITH DIRECT	Yes	No			
CONSULTING, INC P O BOX	MAIL AND NEWSLETTERS		Х	95,631.	0.	95,631.
			l			
Total				95,631.		95,631.
Total List all states in which the organizat or licensing.	tion is registered or licensed to solicit		utions		I it is exempt from re	•

132081 10-21-21

Schedule G (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021 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 gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	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	2	
			(event type)	(event type)	(total number)	col. (c))
ηne						
Revenue	1	Gross receipts	38,800.	58,075.	52,973.	149,848.
æ	-		,	,	•	,
	2	Less: Contributions	38,800.	58,075.	52,973.	149,848.
			,	,		- ,
	3	Gross income (line 1 minus line 2)				
		,				
	4	Cash prizes				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
X						
S.	7	Food and beverages				
٦ire		•				
_	8	Entertainment				
	9	Other direct expenses		23,687.	41,363.	65,050.
	10	Direct expense summary. Add lines 4 through			>	65,050.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d))	-65,050.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	_
		\$15,000 on Form 990-EZ, line 6a.				
4)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
S	2	Cash prizes				
nse						
g	3	Noncash prizes				
Direct Expenses						
<u>ie</u>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		er the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No
	16 113	Yes," explain:				
b	IT "					
b	If "	- Co, Oxpiani.				

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 STEWPOT COMMUNITY SERVICES, INC. $64-0$	6555	566	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	/es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	/es	☐ No
b	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?	Y	/es	☐ No
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 > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	; :		
(I) NAME OF FUNDRAISER: HOLLY WAGNER, PROJECTS CONSULTING, INC.			
·-				
<u>(I</u>	ADDRESS OF FUNDRAISER: P O BOX 1185, JACKSON, MS 39215			

Schedule G	G (Form 990)	STEW:	\mathtt{POT}	COMMUNITY	SERVICES,	INC.	64-0655566	Page 4
Part IV	G (Form 990) Supplemental Inform	mation	(contin	ued)				
	• •		(OOTHER)	<i>aoa</i> ,				
-								
-								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

► Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

Name of the organization STEWPOT CO	YTINUMMC	SERVICES, I	NC.				Employer identification number $64-0655566$
Part I General Information on Grants an	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's production 	tance?						
Part II Grants and Other Assistance to Description recipient that received more than \$	Oomestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	•	•	lne line 1 table				<u> </u>

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(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
					PURCHASED BUS TICKETS AND GAS
					CARDS FOR INDIVIDUALS IN NEED
					TO GET THEM TO PLACES WHERE
TRANSPORTATION - BUS TICKETS, ETC	250	11,422.	0.	CASH	THEY CAN LIVE
SPECIAL ASSISTANCE DISBURSEMENTS FOR ITEMS SUCH AS					PURCHASED PRESCRIPTION
PRESCRIPTION MEDICATION; ONE TIME PAYMENT OF					MEDICATION AND OTHER ITEMS;
UTILITIES					PAID UTILITY BILLS AND/OR RENT
AND/OR RENT, ETC.	11	426.	0.	CASH	DIRECTLY FOR INDIVIDUALS
					ASSISTANCE WITH RENT, SECURITY
					DEPOSITS, UTILITIES ETC FOR
					PEOPLE TO BE PLACED IN
RAPID REHOUSING	57	49,801.	0.	CASH	PERMANENT LIVING SITUATIONS
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

STEWPOT COMMUNITY SERVICES INC. **Employer identification number**

64-0655566 FORM 990, PART VI, SECTION B, LINE 11B: 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021