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, 2023

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

Stewpot Community Services, Inc.:

Enclosed is the organization's 2022 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, 2023.

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-TE		* THIS IS NOT A FILEABLE COPY **** IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2	022, or fiscal year beginning, 2022, and ending	, 20	2022
Department of the Treasury		Do not send to the IRS. Keep for your records.		LULL
Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer			EIN or SSN	
STEW	POT COMMUNI	TY SERVICES, INC.	64-06	55566
Name and title of officer	or person subject to tax			
	(EXECUTIVE DIRECTOR		
Part I Type	of Return and R	eturn Information		
Form 5330 filers may or 10a below, and the	enter dollars and cent amount on that line f	are using this Form 8879-TE and enter the applicable amount, if any is. For all other forms, enter whole dollars only. If you check the box or the return being filed with this form was blank, then leave line 1k ⁷ -0-). But, if you entered -0- on the return, then enter -0- on the applic	on line 1a, 2a, 3 , 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 che	eck here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 1.	2)	1ь 5,131,928.
	check here	b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-P	OL 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, lir		4b
	neck here	b Balance due (Form 8868, line 3c)		5b
	heck here	b Total tax (Form 990-T, Part III, line 4)		6b
	neck here	b Total tax (Form 4720, Part III, line 1)		7b
	neck here	b FMV of assets at end of tax year (Form 5227, Item D)		8b
	neck here	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-C		b Amount of credit payment requested (Form 8038-CP, Par		10b
		ature Authorization of Officer or Person Subject to	Tax	
		I am an officer of the above entity or I am a person subject		
complete. I further der intermediate service p acknowledgement of of any refund. If applic entry to the financial in financial institution to later than 2 business payment of taxes to re personal identification PIN: check one box o X I authorize as my signa with a state on the retur As an office return. If I h	clare that the amount rovider, transmitter, or receipt or reason for able, I authorize the I institution account ind debit the entry to this days prior to the payn excive confidential inf number (PIN) as my only GRANTHAMPO(ture on the tax year 2 agency(ies) regulating n's disclosure conser r or person subject to ave indicated within t	ERO firm name 022 electronically filed return. If I have indicated within this return th g charities as part of the IRS Fed/State program, I also authorize the	eturn. I consent to d to receive from s sing the return or onic funds withdi- tes owed on this in nancial Agent at ved in the process o the payment. I he electronic funds w to enter my PI hat a copy of the se a forementioned in the tax year 202	o allow my the IRS (a) an refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no ising of the electronic have selected a withdrawal. N <u>12345</u> Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN 22 electronically filed
Signature of officer or person	subject to tax		Date	
Part III Certi	fication and Aut	nentication		
ERO's EFIN/PIN. Ent	er your six-digit electr	onic filing identification		
number (EFIN) followe	d by your five-digit se	If selected PIN. 644755392 Do not enter all z		
		PIN, which is my signature on the 2022 electronically filed return inc e requirements of Pub. 4163, Modernized e-File (MeF) Information		
ERO's signature		Date	L1/03/23	
	Do Not	ERO Must Retain This Form - See Instructions Submit This Form to the IRS Unless Requested To	Do So	
LHA For Privacy Act	and Paperwork Red	duction Act Notice, see instructions.		Form 8879-TE (2022)
202521 12-16-22				

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Type or				Taxpayer	identificatio	n number (TIN)			
print	STEWPOT COMMUNITY SERVICES,	INC.			64-06	55566			
File by the due date for filing your return. See			ions.						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39203									
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	0-PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870			12			
Form 99	0-T (corporation) JILL BUCKLEY	07							
 If the If this box > 1 I reaction the 2 If t 	hone No. \blacktriangleright <u>601-353-2759</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membo	r the whole g ers the exten npt organizat	roup, check this sion is for.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	teritative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
	timated tax payments made. Include any prior year overp			Зb	\$	0.			
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by						
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.			
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment			
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)			

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u> F	or the	2022 calendar year, or tax year beginning and	ending				
B c a	heck if	c Name of organization		D Employer identified	cation number		
	Addre	STEWPOT COMMUNITY SERVICES, INC.					
	Name chang			64-06555	56		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	1100 W CAPITOL STREET		601-353-2	2759		
	termin ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	5,369,288.		
	Ameno	UACKSON, MS 39203		H(a) Is this a group re	turn		
	Applic tion pendir	F Name and address of principal officer: KEV OTTL BOCKLET		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 '	list. See instructions		
	Vebsit			H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1981 N	I State of legal domicile: MS		
Pa		Summary					
ė		Briefly describe the organization's mission or most significant activities: PROVI			R AND OTHER		
Governance		SERVICES TO PEOPLE EXPERIENCING HOMELESSN					
ernä		Check this box if the organization discontinued its operations or dispos		1 1			
Š					20		
		Number of independent voting members of the governing body (Part VI, line 1b)			20		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			200		
Activities &		Total number of volunteers (estimate if necessary)		3600			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	0 . Current Year		
ne		Contributions and grants (Part VIII, line 1h)		3,946,661. 42,042.	<u>5,261,582.</u> 44,704.		
Revenue		Program service revenue (Part VIII, line 2g)		-83,561.	-24,297.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-65,050.	-150,061.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,840,092.	5,131,928.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,649.	1,088,201.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		01,049.	1,000,201.		
		Benefits paid to or for members (Part IX, column (A), line 4)		1,855,964.	1,740,766.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	0.		
en;		Professional fundraising fees (Part IX, column (A), line 11e)		0.			
Ä		Total fundraising expenses (Part IX, column (D), line 25) <u>44, 42</u> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,952,724.	1,759,203.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,870,337.	4,588,170.		
		Revenue less expenses. Subtract line 18 from line 12		-30,245.	543,758.		
78	19		Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,732,780.	5,334,899.		
Asse Bala	20 21			127,320.	333,626.		
Vet , und	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,605,460.	5,001,273.		
Pa	irt II	Signature Block		_,,	0,001/2,00		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief. it is		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			J		

Sign	Signature of officer		Date	_
Here	REV JILL BUCKLEY, EXECUTI	VE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	KAREN M. WAGNER, CPA	KAREN M. WAGNER,	CPA 11/03/23 self-employed P00257146	
Preparer	Firm's name GRANTHAMPOOLE PLL	C	Firm's EIN 64-0903390	
Use Only	Firm's address 1062 HIGHLAND COL	ONY PKY, STE 201		
	RIDGELAND, MS 391	57	Phone no. $601 - 499 - 2400$	
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes 🗌 N	lo
			000	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) STEWPOT COMMUNITY SERVICES, INC. 64-0655566 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE MEALS, SHELTER AND OTHER SERVICES TO PEOPLE EXPERIENCING
	HOMELESSNESS AND POVERTY.
2	Did the exception undertake any electrificant pregram convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,984,481. including grants of \$ 1,009,846.) (Revenue \$ 14,328.)
	THE FOLLOWING FACILITIES ARE OPERATED DAILY OR WEEKLY: KITCHEN AND
	FOOD PANTRY (WHICH PROVIDES MEALS AND FOOD TO THE HUNGRY), CLOTHES
	CLOSET, CHILDREN'S AFTER SCHOOL PROGRAM AND SUMMER CAMP, HEALTH CLINIC,
	AND OUTREACH TO THE HOMELESS.
	0.017.000 70.0EE
4b	(Code:) (Expenses \$ 2,217,280. including grants of \$ 78,355.) (Revenue \$) THE FOLLOWING FACILITIES ARE OPERATED DAILY: BRUMFIELD HOUSE (SHELTER
	FOR HOMELESS MEN), MATT'S HOUSE (AN EMERGENCY SHELTER FOR ABUSED AND
	ABANDONED WOMEN), OPPORTUNITY CENTER (A DAY TIME CENTER TO ASSIST
	HOMELESS TO FIND EMPLOYMENT, WASH CLOTHES, SHOWER, ETC.), AND RAPID
	REHOUSING (THE HUD PROGRAM TO QUICKLY ASSIST THE HOMELESS TO FIND
	HOMES). STEWPOT RECEIVED AND EXPENDED GRANT FUNDS FOR RENTAL
	ASSISTANCE FOR MISSISSIPPIANS (RAMP).
4c	(Code:) (Expenses \$25,472. including grants of \$) (Revenue \$30,376.
	THE BRATTON STREET DEVELOPMENT PROJECT RENTS ROOMS MONTHLY TO MENTALLY
	CHALLENGED INDIVIDUALS AND/OR OTHER INDIVIDUALS SERVED BY STEWPOT THAT
	NEED MINIMAL SUPERVISED HOUSING ARRANGEMENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4, 227, 233.
	Form 990 (2022)
232002	12-13-22
	3

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⊢orm	990	(2022)

STEWPOT COMMUNITY SERVICES, INC.

Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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		x
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,			
-	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? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		x
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			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			
u		11a	х	
h	Part VI	114		
b		11b	х	
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 23	<u> </u>
C		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		12a	х	
h	Schedule D, Parts XI and XII	120	- 21	<u> </u>
U		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	1-10		
u	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	1
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."		23	<u> </u>
19		19		x
20-	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		x
02000			990	(2022)
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Form	990	(2022)
	000	

STEWPOT COMMUNITY SERVICES, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990	(2022)

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Form 990				SERVICES,			64-0
Part V	Statements R	legarding Otl	her IRS Filings	and Tax Compl	iance	(continued)	

a 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. 13a 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 13b c Enter the amount of reserves on hand 13c 14a 13c 14b 14a X If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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? If "Yes," see the instructions and file Form 4720, Schedule N.					Yes	No
b If a least one is reported on line 2, did the organization file all required federal employment tax returns? 26 X 30 Did the organization has cumited business gross income of \$1,000 or more during the year? 36 X 41 A stry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transmitted control (solut as a burnet organization returns)? 48 X 54 A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transmitted control (solut as a burnet account, securits or other financial account)? 4a X 55 West the organization have argumation that if was or is a party to a prohibited tax sheller transaction? 5a X 56 Did stry taxability or other ganization have tax or or is a party to a prohibited tax sheller transaction? 5a X 57 Vest to ins 5a of 50, did the organization have tax and ing return than \$10,000, and did the organization solut any contributions under section \$70(c). 56 X 60 If "Yes," in the organization have tax events decide 10% or other tax served to the payor? 7a X 70 Organization receive deductible contributions under section \$70(c). 7a X 70 Organization receive any taxif, din	2a					
30 Diff the organization have unrelated business poss income of \$1.000 or more during the year? 3a X b If Yes, '' hast iff lide a Form 990-T for this year? <i>I'</i> No' to fine 3b, provide an explanation on Schedule O 3b X b If Yes, '' muther during the calendary year, did the organization have an interest in, or a signiture or other authorty over, a financial account? 4a X b If Yes, '' muther harms of the longin ocurtry. See instructions for illing requirements for FIGEN Form 114, Report of Foreign Bank and Financial Accounts (EAR). Sa X b Was the organization a party to a prohibited tax shelter transaction at tax year? Sa X c Was the organization for Boreign Bank and Time Authing the tax year? Sa X c Desc the organization for Boreign Bank and Financial Accounts (EAR). Sa X d If Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not ax. Sa X d If Yes, '' did the organization for Boreign Bank author year party for goods and series provided to the party? Ta X d If Yes, '' did the organization for Boreign Bank author year party for yoods and series provided to the party? Ta X d If Yes, '' did the organization maine		filed for the calendar year ending with or within the year covered by this return 2a	77			
IF (*es, * has titled a Form 900-7 for this year? /r Yo* to fine 3b, provide an explanation or Schedulo 0 30 A Aray ytic during the calandary war, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (sub-resc), the second of the organization are an interest in, or a signature or other authority over, a financial account, ere the anamotical account is of the organization that are normal year or prohibit data shell the transaction? 4a X See instructions for filling requering the transaction at any time during the tax year? 5b X D id any taxabal grading the organization that are normal year orbitabit data shell transaction? 5c X D id any taxabal grading the organization that are normal yearbet than \$100,000, and did the organization solidit any contributions that were not tax deductible as charitable contributions? 6c 6c D if the organization that and are normally greater than \$100,000, and did the organization self. 7a X D if the organization take any contributions under section 170(c). 7a 7a X X D if the organization take any exceed takes as contribution an approxement to service provided? 7a X X D if the organization neith magnetic section 170(c). 7a X X X D if the organization take any exceed section proves a setwee provided? 7a X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
4a A any time during the calendar year, did the organization have an interest in or a signature or other authority over, a franceial accountly franceial accountly franceial accountly franceial accountly franceial accounts franceial accountre accounts						<u> </u>
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b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sp. X c If "Yes' to line Sa or Sb, clid the organization file Form 888617? So clid the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization sor gifts So clid the organization sore and the organization sore of the social sore that are normally greater than \$100,000, and did the organization sore of the organization sore of the organization sore of the very solicitation an express statement that such contributions or gifts So clid the organization sore of the very solicitation and express statement that such contributions or gifts b If "Yes," did the organization norbity the donor of the value of the goods or services provided? To c Did the organization neceive a payment in excess of \$75 made party as a contribution and partly for poots and services provided? To c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal banefit contract? To d If "ves," indicate the number of Forms 8282 filed during the year Tol l Did the organization receive a contribution of qualified intelectual property, did the organization file form 8398 as required? Tol if the organization neceive a advised funds. Did advised funds. Did the organization methany are advised funds. g Sponsoring organization methany are advised funds. Did the organization file form 8398 as required? To if the organization neceive advised funds. Did advise advised funds. Did the organization file form 7000	F -		·	5.		v
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STEWPOT COMMUNITY SERVICES, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	ther			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct sup	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the exercite make any configurate changes to its reversing decuments since the prior form (10			v

4	Did the organization make any significant changes to its governing documents since the phor Form 990 was med?	4		- 23
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			

	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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 conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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 arrangement with 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			L

17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available								
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial								
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	JILL BUCKLEY - 601-353-2759								
	1100 WEST CAPITOL STREET, JACKSON, MS 39203								

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Form **990** (2022)

Part VII	Со	mpensation of Office	ers, Directors	, Trustees,	Key Employees,	Highest	Compensated	ł
	Em	ployees, and Indepe	ndent Contra	actors				

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, box 6 of 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 organization nor any related organization compensated any current officer, director, or trustee.

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		1.00									<u>^</u>
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232007 12-13-22

Form 990 (2022)

Form 990 (2022) STEWPOT (COMMUNIT	Ϋ́	SE	RV:	ICE	ES,		INC.	64-065	5566	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	High	hest	Co	ompensated Employee	s (continued)		
(A) (B) (C) (D) (E)							(E)		(F)		
Name and title	Average	(do		Posit		han one	e	Reportable	Reportable	Es	timated
	hours per week	box, unless person is both an officer and a director/trustee)			both a	ın 🛛	compensation	compensation		nount of	
	(list any					li dotoc	-	from the	from related		other
	hours for	direct				-		organization	organizations (W-2/1099-MISC/		pensation om the
	related	e or o	stee		10400	Isated		(W-2/1099-MISC/	1099-NEC)		anization
	organizations	truste	al tru:		yee	um per		1099-NEC)		J J	d related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			orga	nizations
	line)	Indiv	Insti	Officer	Key	emp Fan	Former				
(18) PATRICK O'BRIEN	1.00							0	0		0
DIRECTOR (19) PETER SMITH	1 00	Х					_	0.	0	•	0.
DIRECTOR	1.00	x						0.	0		0.
(20) CASSANDRA STOVALL	1.00	23								<u>'</u>	
DIRECTOR		х						Ο.	0	•	0.
(21) DIVA WHALEN	1.00										
DIRECTOR		Х						0.	0	·	0.
					_		_			+	
										+	
							_	00 761	0	<u> </u>	
1b Subtotal							ŀ	82,761. 0.	0		0.
c Total from continuation sheets to Part VI							ŀ	82,761.	0		0.
 <u>d Total (add lines 1b and 1c)</u> 2 Total number of individuals (including but not set the set of the set of	ot limited to th						rec			<u>, </u>	0.
compensation from the organization		030	13100		000)	WIIO	iec	ceived more than \$100,			0
<i>y</i>											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee,	, or h	nigh	nest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for si										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	-				-			-			37
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch p	erso	n				5	X
1 Complete this table for your five highest con	mpensated ind		nder	nt cor	ntrac	ctors	the	at received more than \$	100 000 of compens	ation fro	
the organization. Report compensation for t	•	•							· ·	ation no	
(A)	,			0				(B)		(C	;)
Name and business	address	NC	ONE]				Description of s	ervices	Comper	isation
							_				
							+				
							+				
2 Total number of independent contractors (ir	ncluding but p	ot lin	nited	l to ti	hose	liste	-L ad a	above) who received mo	ore than		
\$100,000 of compensation from the organiz	•				0						

Form 990 (2022)

232008 12-13-22

Ра	rt V	111				en medic des la l'				
			Check if Schedule O cont	tains a re	esponse	or note to any line	e in this Part VIII (A)	(B)	(C)	[] [(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
6 6	4	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns Membership dues		1b					
D G			Fundraising events		1c	337,006.				
fts, r Ai			Related organizations		1d					
, Gi nila			Government grants (contribut		1e	1,740,941.				
ons Sin			All other contributions, gifts, gran			, , -				
utio		•	similar amounts not included abo		1f	3,183,635.				
trib Ott		~	Noncash contributions included in lines		1g \$	12,800.				
no:		-		_		,,	5,261,582.			
0 0						Business Code	, ,			
•	2	~	RENT INCOME			531110	44,704.	44,704.		
vice	_	a b					,,,,,,,,	,,		
Serv										
m S ver		c d								
gra Re		u e								
Program Service Revenue			All other program service reve							
_			Total. Add lines 2a-2f				44,704.			
	3	y	Investment income (including				,,,,			
	3		other similar amounts)				33,002.			33,002.
	4		Income from investment of ta				,			
	5		Royalties							
	Ű				Real	(ii) Personal				
	6	2	Gross rents 6a			() + 0.001101				
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)							
		7 a Gross amount from sales of (i) Securities			(ii) Other					
	'	u	assets other than inventory 7a			30,000.				
		h	Less: cost or other basis	<u> </u>		, , , , , , , , , , , , , , , , , , , ,				
e			and sales expenses			87,299.				
nuə		c	Gain or (loss) 7c			-57,299.				
Revenue			Net gain or (loss)				-57,299.			-57,299.
er F			Gross income from fundraising ev				,			
Othe	0	u		,006.						
0			contributions reported on line							
			Part IV, line 18			0.				
		b				150,061.				
			Net income or (loss) from fund		·····	· · · · · · · · · · · · · · · · · · ·	-150,061.			-150,061.
			Gross income from gaming ad	Ũ						
	-	-	Part IV, line 19							
		b								
			Net income or (loss) from gam							
			Gross sales of inventory, less	-						
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from sale							
					,	Business Code				
snc	11	а								
nec		b								
scellaneo Revenue		c								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				5,131,928.	44,704.	0.	-174,358.
23200	9 12-	13-								Form 990 (2022)

STEWPOT COMMUNITY SERVICES, INC.

232009 12-13-22

Form 990 (2022)

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Page **9**

64-0655566

STEWPOT COMMUNITY SERVICES, INC. Part IX Statement of Functional Expenses

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

D-	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,088,201.	1,088,201.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 761	24 020	11 201	16 550
~	trustees, and key employees	82,761.	24,828.	41,381.	16,552
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,217,143.	1,131,312.	69,212.	16,619
' 8	Pension plan accruals and contributions (include		<u> </u>	• • • • • • •	10,019
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	302,450.	269,000.	25,731.	7,719
10	Payroll taxes	138,412.	123,103.	11,777.	7,719 3,532
11	Fees for services (nonemployees):			,	
	Management				
	Legal	179,876.	179,876.		
	Accounting	67,799.		67,799.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,649.		7,649.	
g	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	103,412.	88,891.	14,521.	
14	Information technology				
15	Royalties	050 010	010 600		
16	Occupancy	259,318.	219,638.	39,680.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,536.		1 526	
19	Conferences, conventions, and meetings	2,294.	2,294.	1,536.	
20	Interest	4,494.	4,474.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	244,538.	234,489.	10,049.	
22 23		74,671.	66,462.	8,209.	
23 24	Other expenses. Itemize expenses not covered	, 1,0,11	00,1020	0,2051	
	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.)				
а	PROGRAM EXPENSE	541,777.	541,777.		
a b	SECURITY	160,901.	160,901.		
c	FOOD AND RELATED SUPPLI	56,938.	55,487.	1,451.	
d	TELEPHONE	30,822.	28,706.	2,116.	
	All other expenses	27,672.	12,268.	15,404.	
25	Total functional expenses. Add lines 1 through 24e	4,588,170.	4,227,233.	316,515.	44,422
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)				

14061103 758947 03100.001

	(A) Beginning of year
Cash - non-interest-bearing	255,949.
Savings and temporary cash investments	240,828.
Pledges and grants receivable, net	264,107.
Accounts receivable, net	
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	

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

	-				, , , , , , , , , , , , , , , , , , , ,		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	•				
	-	under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9	— · · · · · · · · · · · · · · · · · · ·			1,194.	9	20,058.
		Land, buildings, and equipment: cost or other			_/		,
	lou	basis. Complete Part VI of Schedule D	102	4,944,620.			
	h	Less: accumulated depreciation	10a	2,123,736.	3,008,235.	10c	2,820,884.
	11				5,000,255.	11	2,020,0040
	12	Investments - publicly traded securities			864,114.	12	639,213.
	13	Investments - other securities. See Part IV, line 1			001,111.	13	055,215.
		Investments - program-related. See Part IV, line 1					
	14	Intangible assets			98,353.	14	13,353.
	15	Other assets. See Part IV, line 11			4,732,780.	15	5,334,899.
	16	Total assets. Add lines 1 through 15 (must equa			43,036.	16	305,127.
	17	Accounts payable and accrued expenses			43,030.	17	505,127.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F			21		
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrelate			84,284.	23	28,499.
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			127,320.	26	333,626.
		Organizations that follow FASB ASC 958, chee	ck here	X			
ceo		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,573,541.	27	4,969,304.
Ba	28	Net assets with donor restrictions		L	31,919.	28	31,969.
Fund Balances		Organizations that do not follow FASB ASC 95	58, cheo	ck here			
or Fi		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets	31	Retained earnings, endowment, accumulated inc				31	E 001 0E0
Ne	32	Total net assets or fund balances			4,605,460.	32	5,001,273.
	33	Total liabilities and net assets/fund balances			4,732,780.	33	5,334,899.

STEWPOT COMMUNITY SERVICES, INC.

1

2

3

(B) End of year

517,156.

157,231.

Form 990 (2022)

1,167,004.

Form 990 (2022) Part X Balance Sheet

1

2

3

_	990 (2022) STEWPOT COMMUNITY SERVICES, INC.	64-06	555566	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,131	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,588	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,605		
5	Net unrealized gains (losses) on investments	5	-147	7,94	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,001	L,2'	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	l
			_ /	aan /	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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				
	2022				
	Open to Public Inspection				
Employer	Employer identification number				

Name of the orga	nization
------------------	----------

INAII		ne organization ៤៣ចាស		ITY SERVICES	TNC				4-0655566	
Pa	rt I	Reason for Public (ee instructions		4-0055500	
		ization is not a private found						•		
1		A church, convention of ch	-		-	-	1)(A)(i).			
2	\square	A school described in secti								
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	ii).			
4	\square	A medical research organiza					•	iii). Enter	the hospital's name.	
•		city, and state:		,				,.	·····,	
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	-					e aeneral r	oublic described in	
		section 170(b)(1)(A)(vi). (C	-		5			5		
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org			-	ed in conju	Inction with a l	and-grant	college	
		or university or a non-land-g				-		-	-	
		university:					-	-		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	o fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	om gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 5	09(a)(3). C	heck the box on	
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	oically by g	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	pporting	
	_	organization. You must c	-							
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). You mus								
С		☐ Type III functionally inte					-	/ integrate	d with,	
	_	its supported organization		-						
d		J Type III non-functionally						-		
		that is not functionally int			-		-	an attentiv	eness	
		requirement (see instructi Check this box if the orga		-						
е		functionally integrated, or					турет, турет	, type iii		
f	Ente	er the number of supported of			ig organiz	ation.				
g		vide the following information	• • • • • • • • • • • • • • • • • • • •	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)	
Tota	al									

Schedule	A (I	Forn	n s	990)	2	2022
Part II		Su	р	por	t	Sc

STEWPOT COMMUNITY SERVICES, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2260351.	2828192.	2860410.	3946661.	5253933.	17149547.
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	2260351.	2828192.	2860410.	3946661.	5253933.	17149547.
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)						985,736.
	Public support. Subtract line 5 from line 4.						16163811.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2260351.	2828192.	2860410.	3946661.	5253933.	17149547.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	48,995.	71,258.	87,519.	74,517.	77,706.	359,995.
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.)						
11	Total support. Add lines 7 through 10						17509542.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop		-				
	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I					14	92.31 %
	Public support percentage from 2021					15	88.62 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	ation
-	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

	(Complete only if you checked qualify under the tests listed b			organization failed	to qualify under F	Part II. If the organiz	ation fails to
Se	ction A. Public Support	elow, please comp	nete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		(6) 2013	(0) 2020	(0) 2021		
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		Г	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
L	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
				······	<u></u>		
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	organization did r					
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
2320	23 12-09-22		·				(Form 990) 2022
			16				-

Schedule A (Form 990) 2022 STEWPOT COMMUNITY SERVICES INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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14061103 758947 03100.001

STEWPOT COMMUNITY SERVICES, INC.

1

Yes No

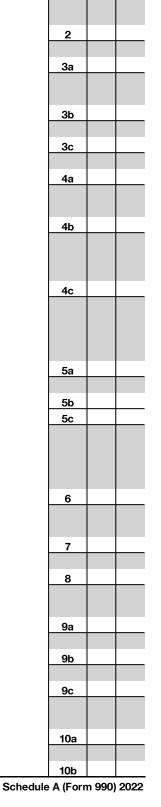
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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2022.05000 STEWPOT COMMUNITY SERVICE 03100.01

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STEWPOT COMMUNITY SERVICES, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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? 11a **b** A family member of a person described on line 11a above? 11b

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

			Yes
1	1 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		
	organization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(a) that anaroted supervised or controlled the supporting organization? If the supervised is the		

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, upervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported experimetion (a)	

10N(S) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	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	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	۱.
			/*

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b 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. 232025 12-09-22

Schedule A (Form 990) 2022

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11c

No

Yes No

	Yes	No	
2a			
2b			
3a			
3b			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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).

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

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

STEWPOT COMMUNITY SERVICES, INC.

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STEWPOT COMMUNITY SERVICES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

		(,(-,		icu)	
Sect	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	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 (<i>describe in Part VI</i>). 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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributable
			Pre-2022		Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2022

8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	STEWPOT COM	MUNITY SE	RVICES,	INC.	64-0655566 _F	age 8
Part VI	line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, 5a, 6 , lines 2 and 3; Part IV, S	, 9a, 9b, 9c, 11a, 1 ection E, lines 1c, :	1b, and 11c; Pa 2a, 2b, 3a, and 3	art IV, Section B, line 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section C art V, Section B, line 1e; Part \	, V,
	(See instructions.)						
32028 12-09-2	2		21			Schedule A (Form 990) 202

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

64-0655566

2022

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

Contributor's Name	Total Contributions	Excess Contributions
EDWIN & RUBY MORGAN FOUNDATION	743,000.	392,809.
ERGON FOUNDATION	701,000.	350,809.
SELBY & RICHARD MCRAE FOUNDATION	512,500.	162,309.
THE CHEW FOUNDATION	430,000.	79,809.
Fotal Excess Contributions to Schedule A, Part II, Line 5		985,736.

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

2022

ber

Name of the organization	on	Employer identification num
	STEWPOT COMMUNITY SERVICES, INC.	64-0655566
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı
	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	
, ,	tion is covered by the General Rule or a Special Rule .	
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial 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) (2022)

Name of organization

Employer identification number

(d)

Type of contribution

X

64-0655566

Person

STEWPOT	COMMUNITY	SERVICES,	INC.

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 No.
 Name, address, and ZIP + 4
 Total contributions

 1
 EDWIN MORGAN FOUNDATION
 1675 LAKELAND DRIVE, SUITE 202
 \$ 170,000

	<u>1675 LAKELAND DRIVE, SUITE 202</u> JACKSON, MS 39216	\$170,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(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	\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LUCKYDAY FOUNDATION 119 LUCKYDAY RESIDENTAL COLLEGE UNIVERSITY, MS 38677	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
223452 11-1:	5-22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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from Part I	(ס) Description of noncash property given	FMV (or estimate) (See instructions.)	(ɑ) 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
		\$	

STEWPOT COMMUNITY SERVICES, INC.

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

(b)

Schedule B (Form 990) (2022) Name of organization

(a)

No.

Page 3

Employer identification number

(d)

64-0655566

(c)

223453 11-15-22

	B (Form 990) (2022) rganization				Page 4 Employer identification number
	ganzaton				
STEWP(Part III	OT COMMUNITY SERVICES, Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations describer) through (e) and the following I charitable, etc., contributions of \$1,0	ne entry. For or	anizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a 	Ind ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
Part I					
		(e) Transfer	of gift		
	Transferee's name, address, a		-	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	-		
	Transferee's name, address, a		Re	elationship of tra	nsferor to transferee
(a) No.		-			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
·	Transferee's name, address, a	Ind ZIP + 4	Re	elationship of tra	nsferor to transferee
223454 11-15	5-22				Schedule B (Form 990) (2022)

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SCHEDULE D	

Department of the Treasury

(Form	990)
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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 **Open to Public** Inspection

Internal Revenue Service

Nam	e of the organization STEWPOT COMMUNITY SERVICES, INC.	64-0655566
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(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 writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
D -	impermissible private benefit?	Yes No
Pa	TII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	storically important land area
	Protection of natural habitat	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🛄 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the
_	organization's accounting for conservation easements.	<u>.</u>
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
h	Assets included in Form 990 Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051 09-01-22	

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Sche	dule D (Form 990) 2022 STEWPOT	COMMUNITY	SERVICES,	INC.		64-06	55566	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simi	ilar Asset	s (contin	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significa	nt 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	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form 9	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	ot include	d	_	
	on Form 990, Part X?					L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_			
							Amount	
С	Beginning balance					c		
d	Additions during the year					d		
е	Distributions during the year							
f	Ending balance				1	f	-	
	Did the organization include an amount on Fo					L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							
I ai		(a) Current year	(b) Prior year	(c) Two years back	1	ee years back	(a) Four	years back
4.	Designing of your balance	35,628.	32,103.			24,457.		
	Beginning of year balance	55,020.	52,105.	25,470	•	24,437.		27,067.
b		-4,549.	3,906.	3,008		5,388.		-2,235.
C A	Net investment earnings, gains, and losses	1,515.	5,500.	5,000	•	5,500.		2,233.
a	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	336.	381.	375		375.		375.
	Administrative expenses End of year balance	30,743.	35,628.			29,470.		24,457.
g 2	Provide the estimated percentage of the curr		,	,	•			
2	Board designated or quasi-endowment	1 0 0	%	ji field as.				
h	Permanent endowment	%						
c c		%						
U	The percentages on lines 2a, 2b, and 2c sho	· -						
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for	the			
04	organization by:	oolon of the organization					Г	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							•
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumu	lated	(d) Book	value
		basis (investm	ient) basis	(other)	depreciat	ion		
1a	Land			3,670.				8,670.
	Buildings				,281,	995.	2,672	2,636.
	Leasehold improvements		42	5,755.		819.		936.
	Equipment		54	0,564.	495,	922.	44	4,642.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line 1	0c.)			2,820),884.
						Schedule	D (Form	990) 2022

Schedule D (Form 990) 2022 STEWPOT COM	MUNITY SERVICE	ES, INC.	64-0655566 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) GREATER JACKSON RESERVE			
(B) FUND	608,470.	END-OF-YEAF	R MARKET VALUE
(C) GREATER JACKSON/ENDOWMENT	30,743.		R MARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	639,213.		
Part VIII Investments - Program Related.	055,215.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part)	(line 13
(a) Description of investment	(b) Book value		ion: Cost or end-of-year market value
			Sector one of your market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			<i>.</i> .
Complete if the organization answered "Yes"		11d. See Form 990, Part)	
(a)	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	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	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)			
	- <u>25</u>)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	,		
		-	
organization's liability for uncertain tax positions under	FASE ASC / 40. Check he	re ii the text of the footho	ite has been provided in Part XIII [A]

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 STEWPOT COMMUNITY SERVICES	1			0655566 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts 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	5,126,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-147,945.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	150,061.		
е	Add lines 2a through 2d			2e	2,116.
3	Subtract line 2e from line 1			3	5,124,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	7,649.		
b	Other (Describe in Part XIII.)	4b			
с				4c	7,649.
U U	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,131,928.
5					5,131,928. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With			n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With	Expenses per F		5,131,928. n. 4,730,582.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per F	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Retur	n. 4,730,582.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Retur	n. <u>4,730,582.</u> 150,061.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n. 4,730,582.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>4,730,582.</u> 150,061.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>4,730,582.</u> 150,061.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. 4,730,582. 150,061. 4,580,521.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>4,730,582.</u> <u>150,061.</u> <u>4,580,521.</u> 7,649.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. 4,730,582. 150,061. 4,580,521.

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

PART V, LINE 4:

ANY NEED OF THE ORGANIZATION

PART X, LINE 2:

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

INCOME TAXES. MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX

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

ENDED DECEMBER 31, 2022, AND ACCORDINGLY, THERE IS NO LIABILITY FOR

UNRECOGNIZED TAX BENEFITS.

THE ORGANIZATION FILES IRS FORM 990 ANNUALLY WITH THE FEDERAL GOVERNMENT

30

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

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 STEWPOT COMMUNITY SERVICES, INC	64-0655566 Page 5
Part XIII Supplemental Information (continued)	
2020 AND LATER.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES ON SCH G	150,061.
FUNDRAISING EXPENSES ON SCH G	150,001.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FART ATT, DINE 2D - OTHER ADOUSTMENTS:	
FUNDRAISING EXPENSE ON SCH G	150,061.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	0	MB No. 1545-0047
(Form 990)	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.							
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest informatio			Inspection
Name of the organization			~ .					ntification number
Dort L Fundraia		COMMUNITY SERVICE				64-0		
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	30-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes to be	No
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	d by) r	(vi) Amount paid to (or retained by) organization
			Yes	No				
							-+	
							-+	
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fro	om reg	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

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))
nue						
Revenue	1	Gross receipts	72,250.	168,904.	95,852.	337,006.
	2	Less: Contributions	72,250.	168,904.	95,852.	337,006.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses						
Direc						
	8	Entertainment			73,360.	150.001
	9	Other direct expenses		76,701.	/3,360.	150,061.
	10	Direct expense summary. Add lines 4 through	()			150,061.
	11	Net income summary. Subtract line 10 from li				-150,061.
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			eponed more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
s	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
ā	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	E not	er the state(a) in which the experimation condu				
		er the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
		No," explain:				
10a	We	re any of the organization's gaming licenses re	woked, suspended, or te	erminated during the tax v	ear?	Yes No
		Yes," explain:				
	_					
3208	2 10	-27-22			Sche	dule G (Form 990) 2022
-	-					

Schedule G (Form 990) 2022	STEWPOT CO	MMUNITY	SERVICES,	INC.	64-0655566 Page 3
11 Does the organization condu	ict gaming activities with n	onmembers?			Yes 🗌 No
12 Is the organization a grantor,					
to administer charitable gam					Yes No
13 Indicate the percentage of g					
a The organization's facility					
b An outside facility					
14 Enter the name and address	of the person who prepare	s the organiza	tion's gaming/spec	ial events books and re	cords:
Name					
Address					
15a Does the organization have a	a contract with a third party	r from whom th	ne organization rece	eives gaming revenue?	Yes No
b If "Yes," enter the amount of	gaming revenue received	by the organiza	ation \$	and the	e amount
of gaming revenue retained l					
c If "Yes," enter name and add	dress of the third party:				
Name					
Address					
16 Gaming manager information	ו:				
Name					
Gaming manager compensa	tion \$				
	·				
Description of services provi	ded				
Director/officer	Employee	l In	dependent contrac	tor	
17 Mandatory distributions:					
a Is the organization required u		aritable distrib	utions from the gar	ning proceeds to	
retain the state gaming licen					
b Enter the amount of distribut organization's own exempt a	•		outed to other exer	npt organizations or spe	ent in the
			required by Part I,	line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
	b, as applicable. Also prov				
232083 10-27-22					Schedule G (Form 990) 2022
			34		

14061103 758947 03100.001

Schedule G	i (Form	990))
	_		

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No.	OMB No. 1545-0047			
(Form 990)		Go	20	2022								
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Treasury Attach to Form 990.											
Internal Revenue Service												
Name of the organization Employer												
STEWPOT COMMUNITY SERVICES, INC.												
Part I General I	nformation on Grants a	nd Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
criteria used to award the grants or assistance? Yes X No												
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
		(b) EIN		(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Durnaga of	aropt			
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

64-0655566

Page 2

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

(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
1301	18,333.	٥.	CASH	THEY CAN LIVE
				ASSISTANCE WITH RENT, SECURITY
				DEPOSITS, UTILITIES ETC FOR
				PEOPLE TO BE PLACED IN
134	78,355.	0.	CASH	PERMANENT LIVING SITUATIONS
5	6,300.	0.	САЅН	SCHOLARSHIPS TO ASSIST WITH COLLEGE EXPENSES
673	985,213.	0.	CASH	ASSISTANCE WITH EMERGENCY SHELTER
	, , , , , , , , , , , , , , , , , , ,			
	1301 134	recipients Cash grant 1301 18,333. 134 78,355. 5 6,300.	recipients Cash grant Cash assistance 1301 18,333. 0. 134 78,355. 0. 5 6,300. 0.	Trecipients Cash grant Cash assistance (book, FMV, appraisal, other) 1301 18,333. 0. CASH 134 78,355. 0. CASH 5 6,300. 0. CASH

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.

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

STEWPOT COMMUNITY SERVICES

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.

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Schedule O (Form 990) 2022