### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service(77)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For t	he 2007 calen	dar year,	or tax year beginni	ng Jun 25	5 , <b>2007</b>	, and e	nding	Dec :	31		, 2007	STATES IN	
В	Check	if applicable:	DI	C Name of organizati	on					D E	mployer Ide	ntification N	umber	
	A	ddress change	Please use IRS label	ENVIRONMENT	AL STEWA	RDSHIP				1	4-200	3280		
	□ N	ame change	or print or type. See	Number and street	(or P.O. box if ma	il is not delivered to street a	ddr) R	oom/sui	te	Ет	elephone nu	ımber		
	X In	itial return	specific	PO BOX 1423	1					1 (	512)	300-66	09	
	Те	ermination	Instruc- tions.	City, town or count	ry	Sta	te ZIP	code + 4	1		ccounting ethod:		The Person of th	Accrual
	Па	mended return		BASTROP		T	X 78	8602		lΪ	Other (s			
	Па	pplication pending	Secti		izations and 4	947(a)(1) nonexempt		H and I	are not appli	cable to			ns.	
	_		chari	table trusts must a	ttach a compl	leted Schedule A			Is this a grou				Yes	X No
_		/-	(Forn	1 990 or 990-EZ).				H (b)	If 'Yes,' ente	r numbe	er of affiliate	es ►		_
G	Web	site: ► N/A						H (c)	Are all affilia				Yes	No
J	Orga	nization type					, 1		(If 'No,' attac					
		k only one) .			3 ◀ (insert no.)			H (d)	Is this a sepa					
K						ting organization and is not required, but if			organization				Yes	X No
	orga	nization choos	ses to file	a return, be sure to	file a comple	te return.			Group Ex					
L	Gross	e receipte: Ado	d lines 6h	8b, 9b, and 10b to	lino 12 ▶ 51	1 005			Check to attach Sci					
	rt I					Assets or Fund	Ralar						550-11	<i>)</i> .
1 6	1			ants, and similar ar			Dalai	ices	(See the	: 11151	ruction	5.)		
						ea. 	. 1a	1						
									2	, 230	<del>,  </del>			
								_	3	, 230	<u>' •  </u>			
		Covernment	contribution	one (grants) (not in	cluded on line	: 1a)	10		30	,000	_			
	e	Total (add lines	\$	33 23	n papagab S			1	30	, 000	1e		22	220
	2					d contracts (from Par							33,	230.
	3					a contracts (nonn r ar								
	4													232.
	5													232.
							1	1			3			
							-	_						
						a	_				6c			
_	7			me (describe							) 7			
Ë						(A) Securities	T	T	(B) Othe	er	,			
Ě	8 a			les of assets other			8 a		,,					
REVENUE	b	Less: cost or	other bas	is and sales expen	ses		8 b	_						
_				le)			80							
					_	3)	_				8d			
	9					mount is from gaming								
	a					0. of contributions			_					
										,215				
										,589	9.			
						9b from line 9a	1	1	L. <del> .</del> 9 S	tmt.	9с		2,	626.
											_			
			•											
						act line 10b from line 10a .								
	11										_			218.
-	12					oc, and 11								306.
E X P	13												9,	068.
P	14													28.
E	15													0.
S E S	16			•										000
	17					10								096.
. A	18					ne 12							21,	210.
NET	19					line 73, column (A)) .								
Ţ	20					xplanation)							0.7	010
	21	ivet assets or	r tund bala	ances at end of yea	r. Combine lir	nes 18, 19, and 20					21		27,	210.

Form 990 (2007) ENVIRONMENTAL STEWARDSHIP 14-2003280 Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. See instruct.) Part II Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach sch) (cash non-cash \$ If this amount includes foreign grants, check here ... 22 a 22 b Other grants and allocations (att sch) (cash \$ non-cash If this amount includes 22b foreign grants, check here .. > Specific assistance to individuals (attach schedule) ..... 23 Benefits paid to or for members (attach schedule) ..... 24 25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A ..... 25 a 0. 0. 0 0. b Compensation of former officers. directors, key employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 25 c Salaries and wages of employees not included on lines 25a, b, and c . . . 26 27 Pension plan contributions not included on lines 25a, b, and c . . 27 28 Employee benefits not included on lines 25a - 27 ..... 28 Payroll taxes ..... 29 29 30 Professional fundraising fees ...... 30 Accounting fees ..... 31 31 32 32 Legal fees..... 33 33 34 34 Telephone ..... 35 36 35 Postage and shipping ..... 32 4 0. 36 36 37 37 Equipment rental and maintenance . . . . 38 Printing and publications ..... 38 2,105. 2,105. 0 0. Travel ..... 39 40 40 308 Conferences, conventions, and meetings ..... 308 0 0. 41 Interest ..... 41 42 Depreciation, depletion, etc (attach schedule) . . . . 42 43 Other expenses not covered above (itemize): 0. a PROF. SERVICES 43a 6,525. 6,525. 0 b MISCELLANEOUS 43b 122. 98. 24. 0. 43 c 43 d

e	43e				
f	43 f				
g	43 g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,096.	9,068.	28.	0.
Joint Costs. Check . ▶ if you are following	SOP 9	8-2.			
Are any joint costs from a combined education	al cam	paign and fundraising so	licitation reported in(B)	Program services?	. ► Yes X No
If 'Yes,' enter (i) the aggregate amount of these	e joint o	costs \$	; (ii) the ar	mount allocated to Prog	ram services
\$; (iii) the amount all	ocated	to Management and ger	neral \$	; and (iv) th	e amount allocated
to Fundraising \$ .					
ВАА		TEEA0102 08	/02/07	1	Form <b>990</b> (2007)

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prim		ENVIRONMENTAL EDUCATION vernents in a clear and concise manner of that are not measurable. (Section 50 lso enter the amount of grants and alloc	& PROTECTION  State the number of	Program Service Expenses (Required for 501(c)(3) and (4) organizations and
zations and 4947(a)(1) nonexe	empt charitable trusts must a	is that are not measurable. (Section Scientists) is enter the amount of grants and alloc	ations to others.)	(4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHED				
(Grants and allocations	\$ 30,00	)。) If this amount includes foreign gran	nts, check here ►	9,068.
(Grants and allocations		) If this amount includes foreign gran		
(Grants and allocations	\$	) If this amount includes foreign gran	nts, check here	
(Grants and allocations	\$	) If this amount includes foreign gran	nts, check here	
, ,				
(Grants and allocations	\$	) If this amount includes foreign gran		
f Total of Program Service	Expenses (should equal lin	e 44, column (B), Program services)		9,068.
BAA				Form 990 (2007)

TEEA0103 12/27/07

Form 990 (2007) ENVIRONMENTAL STEWARDSHIP
Part IV Balance Sheets (See the instructions.)

No	e:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash – non-interest-bearing	0.	45	27,060.
	46		· ·	46	27,000.
	100000			40	_
	47	<b>a</b> Accounts receivable			
		b Less: allowance for doubtful accounts		47 c	150
		2 2000. dilottatice for deductal decounts		470	150.
	48	a Pledges receivable			
		b Less: allowance for doubtful accounts		40	
	49			48 c	
				49	
	50	a Receivables from current and former officers, directors, trustees, and key			
		employees (attach schedule)		50 a	
		<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1))			
А		and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
ASSETS	51	a Other notes and loans receivable			
Ē		(attach schedule)			
Ś		b Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	a Investments — publicly-traded securities Cost		54 a	
	1 8	b Investments – other securities (attach sch) Cost FMV		54 b	
	55	a Investments – land, buildings, & equipment: basis   55a			
		b Less: accumulated depreciation			
		(attach schedule)		55 c	
	56			56	
	57	a Land, buildings, and equipment: basis		30	
	8	b Less: accumulated depreciation (attach schedule)		57 c	
	58	Other assets, including program-related investments		370	
	-	(describe >)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	0.	59	07 010
_	60	Accounts payable and accrued expenses	0.		27,210.
	61	Grants payable		60	
	62			61	
Ĭ	02	Deferred revenue		62	
A B I L	63	Loans from officers, directors, trustees, and key			
		employees (attach schedule)		63	
÷	64	a Tax-exempt bond liabilities (attach schedule)		64 a	
E		b Mortgages and other notes payable (attach schedule)		64 b	
S	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65	0.	66	0.
N	Org	anizations that follow SFAS 117, check here ► X and complete lines 67			
Ĕ		through 69 and lines 73 and 74.			
882.48	67	Unrestricted		67	
ASSETS	68	Temporarily restricted		68	27,210.
Ī	69	Permanently restricted		69	
O R	Org	anizations that do not follow SFAS 117, check here  and complete lines			
		70 through 74.			
FUZD	70	Capital stock, trust principal, or current funds		70	
200	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ä	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ā	72				
BALAZCEO	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	27,210.
5	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	0.	74	27,210.
_			J.		21/210.

	rm <b>990</b> (2007) ENVIRONMENTAL ST			14-200	
Pa	Reconciliation of Revenu instructions.)	e per Audited Financial	Statements with F	Revenue per Retur	n (See the
	instructions.)				N/A
_	Total revenue, gains, and other support	nor audited financial stateme	nte	a	N/A
a			111.5	а	
b	Amounts included on line a but not on P	2001-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	64		
	1Net unrealized gains on investments				
	2Donated services and use of facilities				
	3Recoveries of prior year grants				
	4Other (specify):				
	Add lines b1 through b4			<u>b</u>	
С	Subtract line <b>b</b> from line <b>a</b>			с	
d	Amounts included on Part I, line 12, but				
	1 Investment expenses not included on Pa	art I, line 6b	d1		
	2Other (specify):				
			d2		
	Add lines <b>d1</b> and <b>d2</b>			d	
е	Total revenue (Part I, line 12). Add lines	<b>c</b> and <b>d</b>		▶ e	
P	art IV-B Reconciliation of Expens	es per Audited Financia	al Statements with	Expenses per Ret	urn
-					N/A
а	Total expenses and losses per audited f	inancial statements		a	
b	Amounts included on line a but not on F				
	1 Donated services and use of facilities		b1		
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20				
	4Other (specify):		l. /		
	Add lines <b>b1</b> through <b>b4</b>			b	
_	Subtract line <b>b</b> from line <b>a</b>				
C				C	
d	Amounts included on Part I, line 17, but		d1		
	1 Investment expenses not included on Pa				
	2Other (specify):				
			d2		
	Add lines d1 and d2			<u>a</u>	
e	Total expenses (Part I, line 17). Add lin				
P	art V-A Current Officers, Director or key employee at any time du	rs, Trustees, and Key Endring the year even if they wer	<b>mployees</b> (List each re not compensated.) (3	n person who was an of See the instructions.)	ficer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted	(C) Compensation (if not paid,	(D) Contributions to employee benefit	(E) Expense account and other
	(A) Name and address	to position	enter -0-)	plans and deferred compensation plans	allowances
	MEDUEN W DOV			compensation plans	
	TEPHEN W. BOX				

(A) Name and add	(B) Title and ave per week de to positi	evoted	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances	
STEPHEN W. BOX						
PO_BOX_1423	my 70602	DDECTDENT	35.00	0.	0.	0
BASTROP MELANIE P PHILLIPS	TX /8602	PRESIDENT	35.00	0.	0.	0.
PO BOX 1423						
BASTROP	TX 78602	SECRETARY	10.00	0.	0.	0.
DENISE RODGERS PO BOX 1423						
BASTROP	TX 78602	TREASURER	20.00	0.	0.	0.
MICHAEL WUNDERLIN PO BOX 1423		ртриятор	5 00	0		0
BASTROP	TX /8602	DIRECTOR	5.00	0.	0.	0.

Form 990 (2007) ENVIRONMENTAL STEWAR			14-200328	0	F	Page 6	
Part V-A Current Officers, Directors, Tr					Yes		
75 a Enter the total number of officers, directors, and trustees	permitted to vote on organizati	on business at board meeting	s ► 4				
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throus identifies the individuals and explains the rela	nployees listed in Form some stated professional and the state of the	990, Part V-A, or highes	t compensated employees	- 75 b		v	
c Do any officers, directors, trustees, or key em	ployees listed in form 99	other independent cent	rootore listed in Cabadala			X	
A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	ne definition of 'related o	rganization'	·····	► 75 c		Х	
If 'Yes,' attach a statement that includes the in							
d Does the organization have a written conflict of	of interest policy?			. 75 d	Х		
Part V-B Former Officers, Directors, True Benefits (If any former officer, direct during the year, list that person below the instructions.)	or trustee or key emply	was received company	ation or other handita (deser	حط لممطأه	.1		
(A) Name and address   (B) Loans and   (If not paid,   employee benefit   acc					pense and ot ances	ther	
N/A							
D 170 OH 1 ( ) ( )							
Part VI Other Information (See the inst	ructions.)				Yes	No	
76 Did the organization make a change in its acti	vities or methods of con-	ducting activities?					
If 'Yes,' attach a detailed statement of each ch	ange			. 76		X	
77 Were any changes made in the organizing or o		t not reported to the IRS	37	. 77		Х	
If 'Yes,' attach a conformed copy of the chang							
78a Did the organization have unrelated business	gross income of \$1,000	or more during the year	covered by this return?	. 78a		X	
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?			. 78b			
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				. 79		Х	
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office	ciation with a statewide ers, etc, to any other exe	or nationwide organizat empt or nonexempt orga	ion) through common inization?	. 80 a		X	
<b>b</b> If 'Yes,' enter the name of the organization ►							
	and ch	eck whether it is ex	rempt or nonexempt.				
81 a Enter direct and indirect political expenditures							
b Did the organization file Form 1120-POL for the	is year?					Х	
BAA				Form	990 (	2007)	

Pa	rt VI   Other Information (continued)		Yes	No
82 8	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		Х_
1	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	Χ	
ŀ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	Х	
84 8	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		
85 a	a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85 a	N/I	A
ŀ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/I	A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
(	Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	a de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			5
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/	<u>A</u>
ı	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/	A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		i ven	
	line 12			
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
1	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  If 'Yes,' complete Part IX	88 a		X
ı	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b		v
89:	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00 D		X
00.	section 4911 ►	United		
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
•	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	000		
	# Enter: Amount of tax on line 89c, above, reimbursed by the organization.			
	a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during			
	the year?	89 g		X
90	a List the states with which a copy of this return is filed			
-	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b		0
91 :	a The books are in care of ► STEVE BOX Telephone number ► (512) 300-	_		
	Located at ► PO_BOX_1423 BASTROP TX_ZIP + 4 ► 7860			
1	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	91 b		Х
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
		_		

Form 990 (2007) ENVIRONMEN	TAL STEWARDSH	ΙP			14-2003	280	Page 8
Part VI Other Informatio	n (continued)						s No
c At any time during the caler	dar year, did the organ	nization m	aintain an office	outside of the Un	ited States?		X
If 'Yes,' enter the name of the							
92 Section 4947(a)(1) nonexen	npt charitable trusts fili	ng Form 9	90 in lieu of <b>Fori</b>	m 1041 - Check h			
and enter the amount of tax							Ц
Part VII Analysis of Incor	ne-Producina Act	ivities (	See the instru	uctions.)			
			ness income	T	ction 512, 513, or 514		
Note: Enter gross amounts unless		Tated basi				(E)	
otherwise indicated.	Business of	ode	<b>(B)</b> Amount	(C) Exclusion code	(D) Amount	Related or e function in	
93 Program service revenue:	240111000	-	7 ii Tiodin	Excitation code	Amount	Turiction	JOINE
a							
b							
c		_					
d		_					
f Medicare/Medicaid payme	nto -						
g Fees & contracts from governments 94 Membership dues and ass							
95 Interest on savings & temporary							232.
96 Dividends & interest from	THE RESIDENCE OF THE PARTY OF T						
97 Net rental income or (loss) from							
a debt-financed property							
<b>b</b> not debt-financed property		-					
98 Net rental income or (loss) from							
99 Other investment income							
100 Gain or (loss) from sales of other than inventory							
101 Net income or (loss) from specia	l events					2	,626.
102 Gross profit or (loss) from sales of	inventory						
103 Other revenue: a							
b MAP SALES							218.
С							
d							
e							
104 Subtotal (add columns (B), (D),	and (E))					3	,076.
105 Total (add line 104, colum	ns (B), (D), and (E)) .					3	,076.
Note: Line 105 plus line 1e, Part							
Part VIII Relationship of A	Activities to the Ac	compli	shment of Ex	empt Purpose	es (See the instruct	tions.)	
Line No. Explain how each act	ivity for which income i	s reported	l in column (E) o	f Part VII contribu	uted importantly to the a	ccomplishmen	t
103a THESE ARE MAP	S OF VARIOUS N	IATURE	TRAILS ARC	OUND BASTRO	P COUNTY.		
THESE MAPS GI	VE INFORMATION	REGAR	RDING THE I	LOCAL NATUR	E.		
Part IX Information Rega	arding Taxable Su	bsidiari	es and Disre	garded Entitie	s (See the instruct	ions.)	N/A
(A)		(B)	(0	C)	(D)	(E)	
Name, address, and EIN of c	orporation, Perce	ntage of	Nature of	activities	Total	End-of-ye	ear
partnership, or disregarde	d entity owners	ip interest		activities	income	assets	
		용					
		ક					
		용					
		용					
Part X Information Reg							;.)
a Did the organization, during the yea						_	X No
<b>b</b> Did the organization, during	the year, pay premium	s, directly	or indirectly, on	a personal benef	fit contract?	. Yes	X No
Note: If 'Yes' to (b), file Form	8870 <b>and</b> Form 4720 (	see instrud	ctions).				
BAA					TEEA0108 12/27/03	7 Form <b>99</b>	0 (2007)

Par	t XI	Information Regarding Transfers To ar organization is a controlling organizatio	nd From Controlled En	tities. Complete	e only if the			
-		organization is a controlling organization	ir as defined in section	312(0)(13).			Ves	No
106	Did	the reporting organization make any transfers to a	controlled outilities defined	H F10(I-)(1)	2) (11 0 1 2 1		ies	МО
	'Ye	s, complete the schedule below for each controlled	entity	in section 512(b)(1.	3) of the Code? If			
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe	n of	(D) Amount of	trans	sfer
a								
b								
С								
		Totals						
		y				1	Yes	No
107	Did 'Yes	the reporting organization <b>receive</b> any transfers <b>fro</b> s,' complete the schedule below for each controlled	om a controlled entity as definentity	ned in section 512(	(b)(13) of the Cod	de? If		
(A) Name, address, of each controlled entity			(B) Employer Identification Number	(C) Descriptio transfe	n of r	(D) Amount of transfer		sfer
a								
b								
с								
		Totals						
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006, co	overing the interest	t, rents, royalties		Yes	No
Plea Sign Here	se	Under penalties of perjury, I declare that I have examined this return, correct, and complete. Declaration of preparer (other than off Signature of officer  Type or print name and title.				edge and beli	o P	<u>)</u>
Paid Pre- pare		Preparer's signature  Firm's name (or Armstrong & Fuller, C	CPA Date 05/	15/08 Chec self-empl	ck if Prepar General	rer's SSN or al Instruction	PTIN (S	See
Üse		Firm's name (or yours if self-employed), address, and	y ra	EIN	•			
Only		address, and ZIP + 4 Bastrop	TX 78602		ne no. ►			
BAA						Form 9	90 (2	2007)

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

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization			Employer identification	number		
ENVIRONMENTAL STEWARDSHIP		14-2003280				
Compensation of the Five Hig (See instructions. List each or	the phase of the p	her Than Officers	, Directors, an	d Trustees		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances		
N/A						
Total number of other employees paid over \$50,000	Non	0				
Part II – A Compensation of the Five Hig (See instructions. List each or	hest Paid Independent C	ontractors for Pr	ofessional Ser	vices None.')		
(a) Name and address of each independent contr		<b>(b)</b> Type (		(c) Compensation		
N/A		_				
		_				
		_	V			
		_				
Total number of others receiving over						
\$50,000 for professional services ▶  Part II — B Compensation of the Five High	Non Thest Paid Independent C		her Services			
(List each contractor who perfirms. If there are none, enter	ormed services other than	professional ser	vices, whether	individuals or		
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation		
<u>N/A</u>		_				
		_				
		-				
Total number of other contractors receiving over \$50,000 for other services▶	Non	е		l		

Pa	rt III Statements About Activities (See instructions.)	Yes	No
1	to influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid		
	or incurred in connection with the lobbying activities ▶ \$		
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?	a	х
	b Lending of money or other extension of credit?	b	X
	c Furnishing of goods, services, or facilities?	С	<u>x</u>
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d	х
	e Transfer of any part of its income or assets?	е	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	a	x
	b Did the organization have a section 403(b) annuity plan for its employees?	b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	с	х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3	d	х
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	a	x
	b Did the organization make any taxable distributions under section 4966?	b	x
	c Did the organization make a distribution to a donor, donor advisor, or related person?	С	X
	<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Par	Reason for Non-Private I	Foundation Status (S	see instructions.)		
cert	fy that the organization is not a private f	oundation because it is: (F	Please check only <b>ONE</b> appl	icable box.)	
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (A)	Also complete Part V.)			
7	A hospital or a cooperative hospital	service organization. Sect	ion 170(b)(1)(A)(iii).		
8	A federal, state, or local governmen	t or governmental unit. Se	ction 170(b)(1)(A)(v).		
9	A medical research organization operand state ►	erated in conjunction with	a hospital. Section 170(b)(1	)(A)(iii). Enter the hospita	ıl's name, city,
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or univers <b>le</b> in Part IV-A.)	sity owned or operated by a	governmental unit. Section	on 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also compared to the compared	res a substantial part of its blete the <b>Support Schedul</b> o	support from a governmen e in Part IV-A.)	tal unit or from the genera	al public.
11 b	A community trust. Section 170(b)(1	)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Part	t IV-A.)	
12	An organization that normally receive from activities related to its charitable from gross investment income and unorganization after June 30, 1975. See	le, etc, functions – subjeci unrelated business taxable	t to certain exceptions, and income (less section 511 to	(2) no more than 33-1/3% ax) from businesses acqu	of its support
13	П				
	An organization that is not controlled requirements of section 509(a)(3).	d by any disqualified perso Check the box that describe	ons (other than foundation nest the type of supporting org	nanagers) and otherwise i ganization: ►	meets the
	Type I Type II	Type III-Functio		Type III-Other	
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	out the supported organiza (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the supported organization listed in the supporting organization's governing documents?  Yes No	(e) Amount of support
			1		
Γotal			<u> </u>		
14					
14 BAA	An organization organized and opera	ated to test for public safe	ty. Section 509(a)(4). (See		1 990 or 990-EZ) 2007
				Concadio A (1 OIII	, 550 Or 550-LZ) 2007

	: You may use the worksheet in th						g. N/I
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received				)		
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
65398	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
	Enter 1% of line 23						
26 b	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	name of and amount cont	ter 2% of amount in c ributed by each person (oth eded the amount shown in I	er than a governmental ur	nit or publicly	200	
c	Total support for section 509(a)(1	) test: Enter line 24,	column (e)				
C	Add: Amounts from column (e) fo	r lines: 18		19			
	Dublic consent disc of			26 b		26 d	
	Public support (line 26c minus lin Public support percentage (line 2	,	ad by line 26s (denon	······································		200	
	Organizations described on line		ed by line 200 (denon	illiator))	·····	201	8
а	For amounts included in lines 15, name of, and total amounts receivant amounts for each year:	ved in each year from	n, each 'disqualified pe	erson.' <b>Do not file thi</b>	s list with your r	eturn. Ent	er the sum of
	(2006)	(2005)	(2004) _		(2003)		
	For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	received for each ye zations described in li tween the amount rec	er, that was more tha ines 5 through 11b, as ceived and the larger a	n the <b>larger</b> of <b>(1)</b> the s wel <b>l</b> as individuals.) amount described in	e amount on line ) <b>Do not file this</b> (1) or (2), enter t	25 for the list with you he sum of	year or (2) our return. these
	(2006)	(2005)	(2004) _		(2003)		
c	(2006) Add: Amounts from column (e) fo 17 Add: Line 27a total Public support (line 27c total min)	r lines: 15 _		16		1 1	
	Add: Line 27a total	20 _	nd line 27h total	21		27 c	
f	Total support for section 509(a)(2	) test: Enter amount	from line 23, column (	(e) ► 27f		2/e	
g	Total support for section 509(a)(2  Public support percentage (line 2)	7e (numerator) divid	ed by line 27f (denom	ninator))		27 a	용
h	Investment income percentage (I	ine 18, column (e) (n	umerator) divided by	line 27f (denominato	or))	27h	8
28	Unusual Grants: For an organizar list for your records to show, for enature of the grant. Do not file thi	ion described in line ach year, the name o s list with your return	10, 11, or 12 that reconf the contributor, the not include these	eived any unusual gr date and amount of t e grants in line 15.	ants during 2003 he grant, and a	through 2 brief descr	006, prepare a iption of the

· ui	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	NT / 70		
	, and the second are second and second are s	N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
		SECURE OF SECURE		
	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	<b>b</b> Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	h Has the organization's right to such aid ever been revoked or supponded?	241		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Par	t VI-A Lobbying Ex (To be completed)	xpenditures by Elected ONLY by an eligible o	cting Public Charit organization that filed F	t <b>ies</b> (See instr orm 5768)	uctions.)			N/A
Chec	ck ► a if the organia	zation belongs to an affil	iated group. Check	<b>▶ b</b> if yo	u checke	d 'a' and 'lim	ited contro	ol' provisions apply.
		imits on Lobbying	•			(a) Affiliated totals	group	(b) To be completed
		n 'expenditures' means a				totais	•	for <b>all</b> electing organizations
36		ures to influence public o						
37		ures to influence a legisla						
38		ares (add lines 36 and 37						
39		expenditures				1		
40		xpenditures (add lines 38			40			
41		nount. Enter the amount						
	If the amount on line 40		obbying nontaxable ar					
		,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 41						
					41			
		\$17,000,000 \$225,0 \$1,00						
42		amount (enter 25% of line			40			
43		e 36. Enter -0- if line 42						
44		e 38. Enter -0- if line 41						
•		mount on either line 43			44			
	- audion in there is an a				F01/			
	(Some orga	nizations that made a se	Averaging Period I ction 501(h) election de the instructions for lir	not have to c	omplete a	h) all of the five	columns t	pelow.
			Lobbying Expend	ditures During	4 -Year A	veraging Per	iod	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005		(d) 2004		<b>(e)</b> Total
45	Lobbying nontaxable amount							*
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))		1					
50	Grassroots lobbying expenditures							
Pan	Lobbying A	ctivity by Nonelecting by organizations that	ng Public Charitie	S VI-A) (See ins	tructions	\		
Durie								N/A
atten	ng the year, did the organ npt to influence public op	inion on a legislative ma	tter or referendum, thro	ocal legislation, ough the use of	including :	y any	es No	Amount
а	Volunteers							
	Paid staff or manageme				uah <b>h.</b> )			
	Media advertisements							
d	Mailings to members, le	gislators, or the public .						_
е	Publications, or published	ed or broadcast statemen	nts					
f	Grants to other organiza	tions for lobbying purpos	ses					
	Direct contact with legis							
	Rallies, demonstrations,							
i	Total lobbying expenditu							
	If 'Yes' to any of the abo	ve, also attach a statem	ent giving a detailed de	escription of the	e lobbying	activities.		

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	Code (other than section	501(c)(3) o	directly engage in any of the following with ganizations) or in section 527, relating to p	any other organization described i	in section	501(c	:)
			a noncharitable exempt organization of:			Yes	No
					51 a (i)		Х
(ii)O	ther assets				a (ii)		X
17 1670 7070	transactions:						
			ncharitable exempt organization		b (i)		X
<b>(ii)</b> P	urchases of assets from a	a noncharital	ole exempt organization		b (ii)		Х
(iii)R	ental of facilities, equipme	ent, or other	assets		b (iii)		Х
(iv)R	eimbursement arrangeme	ents			b (iv)		Х
(v)Lo	oans or loan guarantees				b (v)		Х
(vi)P	erformance of services or	membershi	o or fundraising solicitations		b (vi)		Х
c Sharir	ng of facilities, equipment	t, mailing list	s, other assets, or paid employees		С		Х
<b>d</b> If the the go any tr	answer to any of the abounders, other assets, or servants	ve is 'Yes,' c vices given b ingement, sh	omplete the following schedule. Column (b) by the reporting organization. If the organization is the goods, ot low in column (d) the value of the goods, ot	) should always show the fair mark ation received less than fair marke ther assets, or services received	ket value et value in	of I	
(a)	(b)		(c)	(d)			
Line no.	Amount involved	Name of	noncharitable exempt organization D	Description of transfers, transactions, and sl	haring arran	gement	S
							-
							_
						-	-
			*	The state of the s			-
							-
	s,' complete the following		iated with, or related to, one or more tax-exper than section 501(c)(3)) or in section 527	xempt organizations 7? ▶	Ye:	s X	No
	(a) Name of organizațion		Type of organization	<b>(c)</b> Description of relations	ship		
						-	
							777-7
							-

### Form 990, Page 1, Part I, Line 9 Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
NATUREFEST	18,215.	0.	18,215.	15,589.	2,626.
Total _	18,215.	0.	18,215.	15,589.	2,626.

### Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
DONATIONS	1,200.
PADDLING TRAILS PUBLIC DONATIONS	2,030.
Total	3,230.

### Supporting Statement of:

Form 990 p 1/Line 1d

Description	Amount
LCRA	25,000.
BEDC	25,000. 5,000.
Total	30,000.

### Supporting Statement of:

Form 990 p 2/Line 38 column (B)

Description	Amount
PADDLING TRAILS	2,022.
P & R	83.
Total	2,105.

### Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-1

Description	Amount
LPNT PROJECT	6,450.
LPNT GRAPHICS	75.

Total \_\_\_\_\_6,525.