# Form **990-EZ**

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

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2019 calenda	r year, or tax year beginning , 2019, a	nd ending		, 20	
В	Check if ap	oplicable:	C Name of organization		D Emplo	yer identification	number
	Address ch	nange	ENVIRONMENTAL STEWARDSHIP		14-	-2003280	
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number	
	Initial retur	n					
	Final return	n/terminated	PO BOX 1423		(51	12)300-6609	
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group	Exemption	
	Application	n pending	Bastrop, TX 78602		Numbe	er ▶	
G	Account	ing Method:	Cash X Accrual Other (specify) ►	Н	I Check ►	if the organiza	ation is <b>not</b>
	Website				required to	attach Schedule E	3
			check only one) -   501(c)(3)	or 527	(Form 990,	, 990-EZ, or 990-P	F).
		-	X Corporation Trust Association Other	-			
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tota	l assets		
		. ,,					87,048
P	art I		e, Expenses, and Changes in Net Assets or Fund Bala	•		•	
		Check if t	he organization used Schedule O to respond to any question in	this Part I			<u>x</u>
	1		s, gifts, grants, and similar amounts received			1	86,825
	2	•	vice revenue including government fees and contracts			2	
	3	•	dues and assessments			3	
	4	Investment in	ncome			4	223
	5a		nt from sale of assets other than inventory	5a		-	
	b		other basis and sales expenses	5b		-	
	С	•	) from sale of assets other than inventory (Subtract line 5b from line 5a)		• • • • •	5c	
<b>a</b>	6	Gaming and					
	а		e from gaming (attach Schedule G if greater than	. 1			
Revenue				6a		-	
eve	b		• · · · · · · · · · · · · · · · · · · ·	ontributions			
œ			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000)	6b		-	
			expenses from gaming and fundraising events	6c		-	
	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and su	otract			
	7-	,				6d	
			of inventory, less returns and allowances	7a 7b		-	
			goods sold			70	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 8	
	8 9		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	87,048
	10		imilar amounts paid (list in Schedule O).			10	01,040
	11		I to or for members			11	
	12	•	er compensation, and employee benefits			12	
ses	13		fees and other payments to independent contractors			13	97,338
Expenses	14		rent, utilities, and maintenance			14	4,185
Ä	15		ications, postage, and shipping			15	1,311
_	16		ses (describe in Schedule O)			16	7,203
	17		ses. Add lines 10 through 16			17	110,037
_	18		eficit) for the year (Subtract line 17 from line 9)			18	(22,989)
ets.	19		r fund balances at beginning of year (from line 27, column (A)) (must agree				
\SS(	1		igure reported on prior year's retum)			19	23,883
Net Assets	20	•	es in net assets or fund balances (explain in Schedule O)			20	486
	21		r fund balances at end of year. Combine lines 18 through 20			21	1.380

Forr	m 990-EZ	(2019) ENVIRONMENTAL STEWAR	RDSHTP		14-2	0032	180 Page 2
	art II	Balance Sheets (see the instructions for Pa			11-2	0032	1 ugo 2
	u	Check if the organization used Schedule O t	•	estion in this Part II			<b>x</b>
			io rooperia to arry qu		(A) Beginning of year		(B) End of year
22	Cash. sa	avings, and investments		<del> </del>	58,247	22	32,867
		d buildings			0	23	(
		ssets (describe in Schedule O)		-	6,673	24	6,427
		sets		<u> </u>	64,920		39,294
26	Total lia	abilities (describe in Schedule O)			41,037		37,914
27	Net ass	ets or fund balances (line 27 of column (B) must	agree with line 21)		23,883	27	1,380
Pa	art III	Statement of Program Service Accomplie Check if the organization used Schedule O	·				Expenses
Wh	at is the o	organization's primary exempt purpose? PROTECT	r and preserve	THE ENVIRONMEN	T		uired for section
as i	measured sons ben	e organization's program service accomplishments for d by expenses. In a clear and concise manner, descrefited, and other relevant information for each progra	ribe the services provid				c)(3) and 501(c)(4) sizations; optional for s.)
28	SEE S	CHEDULE O					
29	(Grants	\$ 82,000 ) If this amo	ount includes foreign gra	ints, check here	· · · · · · · · · · · · · · · · · · ·	28a	22,586
	(Grants	\$ ) If this amo	ount includes foreign gra	ints, check here	▶ 📙	29a	
30	(Grants	•	ount includes foreign gra			30a	
31	Otner pr (Grants	` ,				31a	
32		rogram service expenses (add lines 28a through 3				32	22,586
	art IV	List of Officers, Directors, Trustees, and Key					
•	art I V	Check if the organization used Schedule O to res			insated - see the mon	uctioi	
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and	e (6	e) Estimated amount of other compensation
STI	EVE BO	x		(if not paid, enter -0-)	deferred compensation		
		T-DIRECTOR	35.00	0	0	,	0
		WUNDERLIN	3333				
		R-DIRECTOR	5.00	0	0	,	0
	ILIP P			-			
DI	RECTOR		10.00	0	0	,	0
			1				

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	_	peo-EZ (2019) ENVIRONMENTAL STEWARDSHIP 14-2003:  rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	280	F	age
So Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  33	Га				П
33 Did the corpanization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • •	Yes	· 🗆 No
Were any significant changes are marked to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O. See instructions   34	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a			110
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s., and 7a, among orthers)?  b If "Yes," to line 35a, his the organization filed a Form 990-T for the year? If "Yes," provide an explanation in Schedule O. 35b  c Was the organization and ection 50 (10(4), 50 (10(6)), 65 (10(6)), 65 (10(6)), 70			33		x
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O. See instructions 35 a Did the organization have unrelated business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2.6a, and 7a, among others)?  b if "Yes," to line 35a, has the organization flield a Form 990-T for the year? If "No," provide an explaration in Schedule Q. 35b  b if "Yes," to line 35a, has the organization ascidin 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603(4), notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule Q. Part III.  556	34				
change on Schedule O. See instructions \$\frac{3}{4}\$ \  in the days of					
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If Yes,* 10 ine 35a, has the organization filed a Form 990-T for the year? If No,* provide an explanation in Schedule Q.  S5b  C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice.  Temporing, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III.  35c  X  36 Did the organization undergo is illudiation, discolution, termination, or significant deposition of net assets during the year? If Yes,* complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or infect, as described in the instructions ▶ 37a  37b X  37a Did the organization brown from, or make any lorans to, any officer, director, trustee, or key employee or were any such loars made in a prior year and still outstanding at the end of the tax year covered by this return?  37b If Yes,* complete Schedule L, Part II and enter the total amount involved.  38b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  38c Gross receipts, included on line 9.  38c Gross r			34		х
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.  reporting, and proxy lax requirements during the year? If "Yes," complete Schedule C, Part III.  35c	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c Was the organization a section 501(c)(1), 501 (c)(6), or 501 (c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," orwelve Schedule C, Part III.  356		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  35c	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
during the year? If "Yes," complete applicable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-PCI. for this year?  38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such lones made in a pror year and still cultistanding at the end of the tax year covered by this return?  58 b If "Yes," complete Schedule L, Part II and enter the total amount involved.  58 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9.  59 Section 501(c)(3) organizations. Enter:  a initiation fees and capital contributions included on line 9.  50 Gross receipts, included on line 9, for public use of citch facilities.  39b Jo Gross receipts, included on line 9, for public use of citch facilities.  39b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶  50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  40b		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
37a Enter amount of potitical expenditures, direct or indirect, as described in the instructions    37b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b Did the organization file Form 1120-POL for this year?  and youth loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b		during the year? If "Yes," complete applicable parts of Schedule N	36		х
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and sill outstanding at the end of the tax year covered by this return;  b If "Yes," complete Schedule I., Part II and enter the total amount involved.  38 b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  38 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  39 b Gross receipts, included on line 9, for public use of club facilities.  40 a Gross receipts, included on line 9, for public use of club facilities.  40 a Gross receipts, included on line 9, for public use of club facilities.  40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization line and public use of discussions on any of the prior forms 990 organization schedule I., Part I.  40 b X  40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40 c elimbursed by the organization managers or discussified persons during the year was a prior to a prohibited tax shelter  40 t List the states with which a copy of this return is filed  41 b At any time during the club gross particle of the prior to a signature or other authority or the public use of the prior to a signature or other fu	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	b	Did the organization file Form 1120-POL for this year?	37b		х
b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b 39 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  39 Section 501(c)(3) organizations included on line 9.  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \( \bar{\chicknots} \) is section 4955 \( \bar{\chicknots} \)  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 \( \bar{\chicknots} \)  6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a 39a 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  28 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ ;section 4912 ▶ ;section 4912 ▶ ;section 4915 ▶ ;section 4915 ▶ ;section 4915 ▶ ;section 4916 ▶ ;section 4958 ▶ ;section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ;section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .			_		
b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part. I. 40b x  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed 40c reimbursed 40c reimbursed 40c reimbursed 40c reimbursed 40	39				
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4912 ▶ ;section 4955 ₩ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b x c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e x  1 List the states with which a copy of this return is filled ▶ 2 The organization's books are in care of ▶ STEVE BOX Telephone no. ► 512-300-6609    Located at ▶ PO BOX 1423, Bastrop, TX ZiP + 4 ▶ 78602  1 Dh 4 any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ∨ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    2 At any time during the calendar year, did the organization maintain an office outside the United States? 42c x [If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check hete.    3 At any time during the calendar year, did the organization maintain an office outside the United States? 42c x [If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check hete.    4 At any time during the calendar year, di	а		_		
section 4911 \rightarrow ; section 4912 \rightarrow ; section 4955 \rightarrow \$  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.1			_		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40 a				
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  1 Telephone no. ▶ 5112-300-6609  2 Telephone no. ▶ 512-300-6609  2 Telephone no. ▶ 78602  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c x  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  44a x  45 b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b x  45 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44c x  44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d Did the organization have a controlled entity within the meaning of section 512(b)(13)?			40h		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T .  40e	_		400		Х
d Section 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40e x  1st the states with which a copy of this return is filed  Located at ▶ PO BOX 1423, Bastrop, TX  Telephone no. ▶ 512-300-6609 Located at ▶ PO BOX 1423, Bastrop, TX  ZIP + 4 ▶ 78602  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c x  If "Yes," enter the name of the foreign country ▶ and enter the amount of tax-exempt interest received or accrued during the tax year.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b x  b Did the organization receive any payments for indoor taning services during the year?  44c x  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	C				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T					
40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed ▶  21 The organization's books are in care of ▶ STEVE BOX Telephone no. ▶ 512-300-6609  Located at ▶ PO BOX 1423, Bastrop, TX  Death of the organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  42c  x  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b Did the organization receive any payments for indoor tanning services during the year?  45 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	А				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40e x  List the states with which a copy of this return is filed ▶  Located at ▶ PO BOX 1423, Bastrop, TX  Lip + 4 ▶ 78602  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c x  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44d Lite of the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44d Lite of the organization receive any payments for indoor tanning services during the year?  44d Lite of the organization receive any payments for indoor tanning services during the year?  44d Lite of the organization receive any payments for indoor tanning services during the year?  44d Lite of the organization receive any payments for indoor tanning services during the year?  44d Lite of the organization receive any payments for indoor tanning services durin	ď				
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  42 a The organization's books are in care of ▶ STEVE BOX  Located at ▶ PO BOX 1423, Bastrop, TX  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	е				
List the states with which a copy of this return is filed  The organization's books are in care of STEVE BOX Located at PO BOX 1423, Bastrop, TX ZIP + 4 P 78602  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Let Yes, "enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  Let Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  Late Yes No  143  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  Late Yes, "to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Lot the organization have a controlled entity within the meaning of section 512(b)(13)?			40e		x
Telephone no. Located at ▶ PO BOX 1423, Bastrop, TX  ZIP + 4 ▶ 78602  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	41				
Located at ▶ PO BOX 1423, Bastrop, TX  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c x  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  5 Did the organization operate one or more hospital facilities during the year?  6 Did the organization receive any payments for indoor tanning services during the year?  6 United States?  7 Did the organization receive any payments for indoor tanning services during the year?  7 Did the organization receive any payments for indoor tanning services during the year?  8 Did the organization feceive any payments for indoor tanning services during the year?  8 Did the organization the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  4 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 a	The organization's books are in care of ▶ STEVE BOX  Telephone no. ▶ 512-3	300-6	609	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c x  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43   Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 c X  45 d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.					
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Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?		If "Yes," enter the name of the foreign country			
the calendar year, did the organization maintain an office outside the United States?.  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  Yes No  143  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  15 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  15 c Did the organization receive any payments for indoor tanning services during the year?  16 d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 d the organization have a controlled entity within the meaning of section 512(b)(13)?  16 d the organization have a controlled entity within the meaning of section 512(b)(13)?  17 d the United States?  18 d the United States?  19 d the United States?  10 d the Organization Have a controlled entity within the meaning of section 512(b)(13)?  18 d the United States?  19 d the United States?  10 d the United States?  11 d the Unite		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43  Yes No  44  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  45  Under the amount of tax-exempt interest received or accrued during the tax year.  Yes No  Yes No  Yes No  144  X  444  X  455  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  445  446  45  AU  AU  AU  AU  AU  AU  AU  AU  AU  A		` ,			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  Yes No  143  Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a X  45a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b X  44c X  45c Did the organization receive any payments for indoor tanning services during the year?  45d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  45d Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X	С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year.  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  15 Did the organization receive any payments for indoor tanning services during the year?  16 If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  16 Add 17 In the organization have a controlled entity within the meaning of section 512(b)(13)?  17 In the payment of tax year.  18 In the payment of tax year.  18 In the payment of tax year.  19 In the payment of tax year.  19 In the payment of tax year.  10 In the payment of tax year.  11 In the payment of tax year.  12 In the payment of tax year.  13 In the payment of tax year.  14 In the payment of tax year.					
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A44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a X		and enter the amount of tax-exempt interest received or accrued during the tax year			
completed instead of Form 990-EZ				Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44 a				
c Did the organization receive any payments for indoor tanning services during the year?		·	44a		X
c Did the organization receive any payments for indoor tanning services during the year?	b		4 41		
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				
explanation in Schedule O			44C		Х
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d		111		
	45 a				v
M DIG NO DIGGINEGRALI I COCIVO GILV DEVITORI DI DI DI CIDICANO DI CONTROCCIONI WILLE GARRILLI EL CONTROCCIONI WILLIAM DI CARRILLI DE			+Ja		Λ

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

Form 990-EZ. See instructions

14-2003280

									Yes	No
		organization engage, directly or indirectly, in		• • • • • • • • • • • • • • • • • • • •						
		idates for public office? If "Yes," complete S						46		х
Part		Section 501(c)(3) Organizations ( All section 501(c)(3) organizations 50 and 51.		ons 47 - 49b and 52	2, and com	plete the	table	s for	lines	
		Check if the organization used Sch	edule O to respond	to any question in t	his Part VI					. 🗆
									Yes	No
47	Did the	organization engage in lobbying activities or	r have a section 501(h) e	lection in effect during th	e tax					
	year? If	"Yes," complete Schedule C, Part II						47		х
48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	" complete Schedule E .				48		х
		organization make any transfers to an exem		-				49a		х
		was the related organization a section 527	· ·				• •	49b		
		te this table for the organization's five highes		•	•	•				
	employ	ees) who each received more than \$100,000	of compensation from th	e organization. If there is ⊺						
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions to benefit plans, a comper	o employee and deferred		Estimate other cor		
NONE										
NONE	•									
f	Total nu	umber of other employees paid over \$100,00	00 ▶		=					
	•	te this table for the organization's five highes	•		received mo	re than				
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."						
	(a)	Name and business address of each independent contract	ctor	(b) Type of servic	е	(0	c) Comp	ensation	า	
d	Total no	umber of other independent contractors each	receiving over \$100.000	) ▶						
		organization complete Schedule A? Note:	•							
	complet	ted Schedule A				>	×	Yes		No
Under	penalties	of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and statements,	and to the best	of my knowle	dge an	d belief	, it is	
true, co	orrect, an	d complete. Declaration of preparer (other than o	fficer) is based on all informa	ation of which preparer has a	any knowledge.					
		STEVE BOX, OFFICER								
Sign	1	Signature of officer	DO NOT EUE	DETUDAL MAG	Date					
Here	•	STEVE BOX, OFFICER, PRES	DO NOT FILE;	RETURN WAS E	-FILED					
		Type or print name and title  Print/Type preparer's name	Preparejis signature	Date D	)	heck X if	PTIN	١		
Paid			rol W Wrms arol A Armstrong	strong UPU	<i>\(\)</i>	elf-employed		0404	40	
_	arer	Firm's name CAROL A ARMSTRON		CIA () PU-12-20	Firm's E		F-00	J-104	. 10	
•	Only	Firm's address PO BOX 397	,		1 111113 E					
	<b></b>	Bastrop TX 78602	2		Phone n	o. <b>512-</b>	222-	7210		
May tl	he IRS o	discuss this return with the preparer shown a					- <u>x</u>			No
									_	

#### **SCHEDULE A**

## **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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification numbe

ENT.	ANITEDONIA DI GIERRA DEGLIA DE							
Pa		NMENTAL STEWARDSHIP Reason for Public Charity	/ Status (All or	rganizations must co	omplete	this part	14-200328	
		nization is not a private foundation beca	,	-		•	.) 000 111011 40110110	•
1		•	,	•	•	•		
2	П	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)						
3	П	A hospital or a cooperative hospital s						
4	П		ŭ		. , . , .	, , ,	(1)(A)(iii). Enter the	
-		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:						
5	П	An organization operated for the bene	efit of a college or u	university owned or opera	ated by a c	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	_	,		,		
6		A federal, state, or local government	,	init described in section	170(b)(1)	(A)(v).		
7	x	An organization that normally receives	•				m the general public	
		described in section 170(b)(1)(A)(vi)	•				0 1	
8								
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	је
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	ty, and stat	e of the college or	
	_	university:						
10	Ш	An organization that normally receives	` '	• •				
		receipts from activities related to its e	•	•	•	•		
		support from gross investment income		·			rom businesses	
		acquired by the organization after Jul			•	•		
11	Н	An organization organized and opera	•	•				
12	Ш	An organization organized and operat	•	·				
		of one or more publicly supported org						•
	а	Check the box in lines 12a through 12 <b>Type I.</b> A supporting organization				•		-
	а	the supported organization(s) the		•		-		19
		supporting organization. You mu			nty of the c	ill COLOTS OF	trustices of the	
	b	Type II. A supporting organizatio	•		ith its supr	orted orga	anization(s), by having	
	_	control or management of the sup	•			•		
		organization(s). You must comp		•				
	С	Type III functionally integrated			nnection w	ith, and fu	nctionally integrated wi	th,
		its supported organization(s) (see		•				
	d	☐ Type III non-functionally integr	ated. A supporting	g organization operated i	in connecti	ion with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	generally must satisfy a d	istribution i	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	-	ntegrated supporting orga	anization.			
	f	Enter the number of supported organi						
	g	Provide the following information about			<u> </u>			
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	Ü	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
					100	110		
(A)								
/D)								
(B)								
(C)								
(D)								
(D)								
(E)								
Tota	ı							

14-2003280 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

endar year (or fiscal year beginning in) > Gifts, grants, contributions, and						
Cifta granta contributions and	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
membership fees received. (Do not						
include any "unusual grants.")	23,145	19,739	19,200	72,820	86,825	221,729
Tax revenues levied for the						
organization's benefit and either paid						
to or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to the						
· ·						
<u> </u>	23,145	19,739	19,200	72,820	86,825	221,729
· · · · · · · · · · · · · · · · · · ·						
						174,37
						47,358
	(-) 0045	(h) 0040	(-) 0047	(-I) 0040	(-) 0010	(f) T ( !
						(f) Total
	23,145	19,739	19,200	72,820	86,825	221,729
• •						
-						
	45	24	38	112	223	442
· ·						
<del>_</del>						
	a a in atru (ationa)				42	222,173
				L		1/2)
	-			-		· · · —
			olumn (f))	T	14	21.32 %
Public support percentage from 2018 Sched				-	15	28.00 %
33 1/3% support test - 2019. If the organiza						
box and <b>stop here.</b> The organization qualifie						
33 1/3% support test - 2018. If the organiza			10 10 01 10u, u		3 1/0/0 01 111010	, 0110011
33 1/3% support test - 2018. If the organizathis box and stop here. The organization gu			organization		. <b></b>	▶ □
this box and stop here. The organization qu	alifies as a pub	licly supported	-			
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b>	alifies as a pub If the organiza	licly supported tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to	alifies as a pub If the organiza he "facts-and-c	licly supported tion did not che ircumstances"	eck a box on lir test, check this	ne 13, 16a, or s box and <b>sto</b>	16b, and line 14 here. Explain	4 is in
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to Part VI how the organization meets the "facts"	alifies as a pub If the organizathe he "facts-and-c s-and-circumsta	licly supported tion did not che ircumstances" ances" test. Th	eck a box on lir test, check this e organization	ne 13, 16a, or s s box and <b>stop</b> qualifies as a	16b, and line 14 <b>5 here.</b> Explain publicly suppor	4 is in ted
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to Part VI how the organization meets the "factorganization	alifies as a pub If the organizathe "facts-and-circumsta	licly supported tion did not che ircumstances" ances" test. Th	eck a box on lir test, check this e organization	ne 13, 16a, or so so so so so and <b>stop</b> qualifies as a	16b, and line 14 here. Explain publicly suppor	4 is in ted
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to Part VI how the organization meets the "facts organization	alifies as a pub If the organizathe "facts-and-circumsta	licly supported tion did not che ircumstances" test. The control of the control o	eck a box on lir test, check this e organization  eck a box on lir	ne 13, 16a, or as box and <b>stop</b> qualifies as a	16b, and line 14 b here. Explain publicly suppor  b, or 17a, and li	4 is in ted
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to Part VI how the organization meets the "factorganization	alifies as a pub If the organizathe "facts-and-circumsta"	licly supported tion did not che ircumstances" test. The stion did not che and-circumstar	eck a box on lir test, check this e organization  eck a box on lir nces" test, che	ne 13, 16a, or so box and stop qualifies as a	16b, and line 14 b here. Explain publicly suppor  b, or 17a, and lid d stop here.	4 is in ted ▶ ☑ ine
this box and <b>stop here</b> . The organization qu <b>10%-facts-and-circumstances test - 2019</b> . 10% or more, and if the organization meets the "facts organization	alifies as a pub If the organizat he "facts-and-c s-and-circumsta If the organizat eets the "facts- s the "facts-and	licly supported tion did not che ircumstances" test. The contract of the contr	eck a box on lir test, check this e organization eck a box on lir nces" test, che es" test. The org	ne 13, 16a, or as box and <b>stop</b> qualifies as a	16b, and line 14 here. Explain publicly suppor	4 is in ted ▶   in ine
this box and <b>stop here.</b> The organization qu <b>10%-facts-and-circumstances test - 2019.</b> 10% or more, and if the organization meets to Part VI how the organization meets the "factorganization	alifies as a pub If the organizat he "facts-and-c s-and-circumsta If the organizat eets the "facts- s the "facts-	licly supported tion did not che ircumstances" test. The tion did not che and-circumstand-circumstand-circumstance	eck a box on lir test, check this e organization eck a box on lir nces" test, checs" test. The organization	ne 13, 16a, or so box and stop qualifies as a	16b, and line 14 b here. Explain publicly suppor b, or 17a, and lid c stop here. lifies as a publi	4 is in ted ▶   in ine
	Total. Add lines 1 through 3	Total. Add lines 1 through 3	organization without charge	organization without charge	organization without charge	organization without charge

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

Se	ction A. Public Support			•		•	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 201	9 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 201	9 <b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1.6.0	<u> </u>		-04( )(0)
14	First five years. If the Form 990 is for the or						
<u></u>	organization, check this box and stop here						· · · · · · · · · · · · · · · · · · ·
	ction C. Computation of Public Suppo					45	0/
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In			in a 40 and unam	(f\)	47	0/
17	1 5					17	%
18	Investment income percentage from 2018 S					18 than 22 1	%
19a	33 1/3% support tests - 2019. If the organiz						
L	17 is not more than 33 1/3%, check this box	-	-	-			-
a	33 1/3% support tests - 2018. If the organization 18 is not more than 23 1/3%, check this						
20	line 18 is not more than 33 1/3%, check this	-	_	-	•		
20	Private foundation. If the organization did r	ioi check a bo	∧ UII III <del>I I I I I I I I I I I I I I I </del>	a, or 190, the	טע מווס אסע מווט	355 III2[[	uctions $ ightharpoonup$

## Part IV Supportin

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
O.L.		
9b		
9с		
10a		
10L		
10b		

Par	Supporting Organizations (continued)		I I	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	. 11c		
Sec	tion B. Type I Supporting Organizations		1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	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	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	v		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
Sec	tion 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 (s	ee instruc	tions)	1.
а				
b		/		
C		ntity (see ir		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2-		
L.	that these activities constituted substantially all of its activities.	2a		
Ø	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L.		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
J.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "You " describe in Part VI the role placed by the organization in this rogard.			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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ENVIRONMENTAL STEWARDSHIP

Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	ns A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
mai	intenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			
fac	ctors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally instructions).	integra	ated Type III supporting	organization (see

EEA Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	

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

	Form 990 or 990-EZ) 2019	ENVIRONMENTAL				14-2003280	Page 8
Part VI		formation. Provide t					
	III, line 12; Part I\	/, Section A, lines 1, 2	2, 3b, 3c, 4b, 4c, 5	5a, 6, 9a	, 9b, 9c, 11a, 1 <sup>a</sup>	1b, and 11c; Part IV,	Section
	B, lines 1 and 2; I	Part IV, Section C, lin	e 1; Part IV, Secti	on D, lin	es 2 and 3; Par	t IV, Section E, lines	1c, 2a, 2b,
	3a, and 3b; Part \	V, line 1; Part V, Sect	ion B, line 1e; Par	t V, Sect	tion D, lines 5, 6	6, and 8; and Part V,	Section E,
		Also complete this pa					
01. 1	0% Facts and	Circumstance	s Test (Par	t II,	line 17a	or 17b)	
SEE ATT	ACHED NARRITIVE						
-							
-							
-							
-							

#### Schedule B (Form 990, 990-EZ. or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** ENVIRONMENTAL STEWARDSHIP 14-2003280 Organization type (check one):

Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number ENVIRONMENTAL STEWARDSHIP 14-2003280

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_1_	JACOB AND TERESE HERSHEY FOUNDATION  2121 SAN FELIPE ST STE 124  Houston, TX 77019	\$50,000 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2_	TRULL FOUNDATION  404 FOURTH ST  Palacios, TX 77465	\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	ENVIRONMENTAL FUND OF TEXAS  3005 S LAMAR BLVD SUITE D109  Austin, TX 78704	\$12,000 	Person x Payroll   Noncash   (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$	Person	

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

14-2003280 ENVIRONMENTAL STEWARDSHIP 01. Description of other expenses (Part I, line 16) Description Amount Depreciation from 4562 483 COUNTY TAXES and FEES 378 BANK SERV CHARGE 73 1,922 TELEPHONE 857 INSURANCE LIABILITY MEMBERSHIPS AND DUES 150 1,155 MEETINGS TRAVEL OTHER 224 1,803 TRAVEL REIMB ADVERTISING 158 02. Other changes in net assets or fund balances (Part I, line 20) Description Amount ADJ FOR FUND BALANCE 486 03. Description of other assets (Part II, line 24) Beginning of Year End of Year Category EQUIPMENT 4,038 4,038 2,389 COMPUTERS 1,255 1,380 0 DUE FROM 04. Description of total liabilities (Part II, line 26)

Beginning of Year

End of Year

Category

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number ENVIRONMENTAL STEWARDSHIP 14-2003280 1,870 112 AMX 39,167 37,802 A-P LEGAL 05. Part III, response or note to any other line in Part III PART III LINE 28, PROGRAM ACCOMPLISHMENTS: CONDUCTED ORIGINAL RESEARCH; PROVIDED EXPERT TESTIMONY; AND PROVIDED EDUCATION AND OUTREACH TO THE COMMUNITY, ELECTED OFFICIALS, AND REGULARTORY AGENCIES REARDING WATER <u>ISSU</u>ES

## Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172 **2019** 

Identifying number

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Attachment Sequence No. 179

ENVIRONMENTAL STEWARDSHIP FORM 990EZ - 1 14-2003280 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1........ Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 426 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5 b 5-year property MQ 200 DB 57 1,134 С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . 483 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

#### ATTACHMENT

01. 10% Facts and Circumstances Test (Part II, line 17a or 17b)

THE ORGANIZATION NORMALLY RECEIVES FUNDS FROM GOVERNMENTAL UNITS, THE PUBLIC, AND ENVIRONMENTALLY CONSCIENTIOUS FOUNDATIONS. SOCIAL MEDIA, TARGETED EMAILS AND AN INFORMATIVE WEBSITE, PARTICIPATION IN PUBLIC MEETINGS ARE USED TO SOLICIT FUNDS FROM THE GENERAL PUBLIC. THE ORGANIZATION ALSO APPLIES FOR VARIOUS GOVERNMENT AND PRIVATE FOUNDATION/TRUSTS GRANTS. BECAUSE THE ORGANIZATION LIMITS ITS ACTIVITIES TO A PARTICULAR REGION AND A SPECIALIZED FIELD IT IS APPEALING TO A LIMITED NUMBER OF PERSONS. NONE-THE-LESS DONATIONS HAVE CONSISTENTLY COME FROM A REPRESENTATIVE NUMBER OF PERSONS WHO HAVE A COMMON INTEREST IN PROTECTING THE SURFACE AND GROUNDWATER RESOURCES OF THE REGION. THE ORGANIZATION HAS BEEN HIGHLY EFFECTIVE IN CAUSING STATE GOVERNMENT FUNDING TO BE DIRECTED TOWARD TARGETED PROJECTS THAT PROTECT THE WATER RESOURCES OF THE REGION (THOUGH IT DOES NOT RECEIVE CREDIT FOR SUCH FUNDRAISING/DONATIONS THROUGH ITS FINANCIAL ACCOUNTING).

THE GOVERNING BOARD CONSISTS OF MEMBERS WHO ARE AWARE OF THE IMPORTANCE OF CONDUCTING ORIGINAL RESEARCH IN ORDER TO INFORM AND EDUCATING THE PUBLIC AND GOVERNMENTAL UNITS ON THE NEED FOR GOOD STEWARDSHIP OF WATER RESOURCES. THE BOARD ALSO RECOGNIZES THE SIGNIFICANCE OF MAINTAINING GOVERNMENT AND PUBLIC SUPPORT TO FULFILL ITS MISSION AND HAS DEVELOPED A STRATEGY TO INCREASE FUNDING RECEIVED FROM GOVERNMENTAL UNITS AND THE PUBLIC. THE BOARD HAS ALSO RECOGNIZED AND IS IMPLEMENTING A STRATEGY TO GROW BOARD MEMBERSHIP AND STAFF TO MORE EFFECTIVELY ACHIEVE ITS MISSION THROUGH A CAPACITY BUILDING PROGRAM.