Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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/Form990 for instructions and the latest information.

Α	For the	ne 2020 calen	dar year, or tax y	year begir	nning		, 202	0, and endin	ıg		, 2	20		
В	Check	if applicable:	С							D Employ	er identifi	cation num	ber	
	Ac	ddress change	Anne Arund	del Cou	intv Wate	ershed	Stewards	s A		27-	35023	29		
	I Na	ame change	975 Indian	Landi	ng Road					E Telepho				
	\vdash	itial return	Millersvil							(41	n) 22	2-383	1	
	\vdash	nal return/terminated								(11	0) 22	2 303.		
		nended return								G Gross r	acaints \$	ç	802,644.	
	\vdash	oplication pending	F Name and addre	es of principa	al officer				H(a) Is this	a group retur			Yes X No	
		phication pending	Same As C						` '	subordinates attach a list			Yes No	
_	Tay	exempt status:	X 501(c)(3)	501(c) () ∢ (i	nsert no.)	4947(a)(1)	or 527	. If "No,"	" attach a list	. See instri	uctions		
<u>'</u>			w.aawsa.or	` ' ') (1	113611 110.)	4347 (a)(1)	01 327	U(a) Croup	avamption n	ımbar 🕨			
K			X Corporation	T .	A i - ti	O41		l v		exemption nu		-1 -1:-::-:	. MD	
		of organization:		Trust	Association	Other ►		L Year of format	ion: ZUI	U IWI S	state of leg	al domicile	: MD	
Pa	1	Summar Briefly descri	y be the organizat	ion's miss	ion or most	cianificant	activitios: Th	oo miaai	on of	the An	no 7 m	undol		
	ı													
Se		<u>Watershed Stewards Academy is to develop citizen leaders to foster community</u> change for clean waters.												
nar		Change 1	OI CIEGII W	acers.				- – – – – -						
Activities & Governance	2	Proceed this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets.												
တ္			oting members of								3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	
৽			dependent voting								4		10	
ië.	5		of individuals ei								5		0	
⋛	6		of volunteers (e								6		1,500	
Ac			ed business reve								7a		0.	
	b	Net unrelated	l business taxab	le income	from Form 9	990-T, Part	I, line 11				7b		0.	
										rior Year			ent Year	
Φ	8		and grants (Par							744,4			777,434.	
Revenue	9	-	vice revenue (Pa							20,7			25,120.	
eve	10		ncome (Part VIII,		•						90.		90.	
ш	11		e (Part VIII, colu							765 6			000 644	
	12		e – add lines 8 t							765,3	309.	•	802,644.	
	13		imilar amounts p	-			•						2,413.	
	14		to or for member											
S	15		er compensation											
Expenses	16a	Professional	fundraising fees	(Part IX,	column (A),	line 11e)								
Ç	b	Total fundrais	sing expenses (F	Part IX, co	lumn (D), lir	ne 25) 🟲		52,187.						
Ш	17	Other expens	ses (Part IX, colu	ımn (A), li	nes 11a-11d	l, 11f-24e).				697,1	20.		713,782.	
	18	Total expense	es. Add lines 13	-17 (must	equal Part I	X, column	(A), line 25)			697,1			716,195.	
	19	Revenue less	expenses. Subt	tract line 1	8 from line	12				68,1			86,449.	
ъ §										ng of Curren		End	of Year	
and land	20	Total assets	(Part X, line 16).							577,2		(699,465.	
Ass I Ba	21	Total liabilitie	es (Part X, line 2	6)						192,0			227,826.	
Net Assets o Fund Balance	22	Net assets or	fund balances.	Subtract I	ine 21 from	line 20				385,1	90.		471,639.	
Pa	rt II	Signatur	e Block						1					
Unde	r penal	ties of periury. I de	eclare that I have exar	nined this ret	urn, including ac	companying so	chedules and sta	itements, and to	the best of m	ny knowledge	and belief	, it is true, o	correct, and	
com	olete. D	eclaration of prepa	arer (other than officer) is based on	all information of	of which prepar	rer has any know	vledge.		, ,			<u> </u>	
				2 KETA	en					07/26/2	2021			
Sic	ın	Signatu	re of officer						Da	ite				
Siç He	re	Suz	anne Etgen						Exect	utive I	Direc	tor		
		Type or	print name and title											
		Print/Type p	oreparer's name		Preparer's sig	nature		Date		Check	if P	TIN		
Pa	id									self-employ	ed			
Pre	epare	Firm's name	e •		•			•						
Us	e On	Firm's addre	ess •							Firm's EIN	-			
										Phone no.				
May	the I	RS discuss th	nis return with the	e preparer	shown abov	ve? See in:	structions					Yes	No	

4 d Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue \$ **4 e** Total program service expenses 546,639. Form **990** (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_	· <u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA			990 ((2020)

Form 990 (2020) Anne Arundel County Watershed Stewards A

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ŀ	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
ŀ	o If 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			,,
	organization have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.	-		37
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	, ,			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	1/10		X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14a 14b		Λ
		14D		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule..Q....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MDSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Suzanne Etgen 975 Indian Landing Road Millersville MD 21108 (410) 222-3831

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours			Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Frank Dawson	1									
President	0	Χ		Χ				0.	0.	0.
(2) Carmera Thomas-Wilhite Vice President	1	Х		Χ				0.	0.	0.
(3) Melanie Parker	1									
Secretary	0	Χ		Χ				0.	0.	0.
	1	,,		• • •					•	0
Treasurer	0	Х		Χ				0.	0.	0.
	1	Х						0.	0.	0
(6) Kevin Green	1	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(7) Leila MacCarthy	1	21						· ·	0.	<u> </u>
Director	0	Х						0.	0.	0.
(8) Liam O'Meara	1									
Director	0	Χ						0.	0.	0.
(9) Don Simpson	1									
Director	0	Χ						0.	0.	0.
(10) Michael Wagener	1	37							0	0
Director (11)	0	Х						0.	0.	0.
<u> </u>										
(12)										
(13)										
(14)										

Part VII	Section A. Office	ers, Directors, Tru		Key	Em		_	es,	and	Highest Con	pensated Emp	loyees	5 (conti	nued)
			(B)			((•							
	(A)		Average hours	(do	not o	check	more	than	one h an	(D)	(E)		(F)	
	Name and tit	le	per week	offic	cer a	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from		ated amo	
			(list any hours	or d	isul	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the c	ensation organizat	tion
			for related	Individual or director	onn	cer	emp	lest o	ner				id related anization	
			organiza - tions	DE EX	nalt		Key employee	omp						
			below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
			ilile)		ď			ited						
(15)														
				•										
(16)														
<u>(17)</u>														
44.01														
<u>(18)</u>				-										
(19)														
(13)				•										
(20)														
				•										
(21)														
(22)														
(22)														
(23)				•										
(24)														
<u></u>														
(25)														
				•										
1 b Subt									>	0.	0.	•		0.
	I from continuation sh								•	0.	0.			0.
d Tota	I (add lines 1b and 1c) number of individuals (iii	naluding but not limited	to those I	ictod					<u> </u>	0.	0.	noncotio	<u> </u>	0.
	the organization	nctualing but not illinited	to those i	isteu	abo	ve) v	WHO	recer	veu	more man \$100,00	o of reportable com	pensalio	11	
	THE Organization	0											Yes	No
3 Did t	the organization list any	v former officer direct	tor truste	م لام	2V A	mnl	OVE	or	hiat	nest compensated	employee		100	
on lii	ne 1a? If 'Yes,' comple	ete Schedule J for suc	h individu	ial						·····	· · · · · · · · · · · · · · · · · · ·	. 3		Х
4 For a	any individual listed on organization and related	line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the c	organization and related orindividual	d organizations greate	er than \$1	50,00	00?	lf '\	es,	com	iple	te Schedule J for		4		Х
	any person listed on lin													71
for s	ervices rendered to the	organization? If 'Yes	,' comple	te So	chec	lule	J fo	r suc	ch p	erson		. 5		X
Section	B. Independent Co	ontractors	4		-l l		-1		H	A 5 1	#100 000 -f			
comp	plete this table for your pensation from the organ	r five nignest compens ization. Report compens	sated indi sation for	epen the c	den alen	dar j	ntrad year	endi:	tna ng v	it received more ti vith or within the or	nan \$100,000 of ganization's tax yea	r.		
		(A) me and business addr								(B)		_ (C)	
-	Na	me and business addr	ess							Description (of services	Compe	nsatio	'n
2 Total	number of independent	contractors (including b	out not lim	ited to	o thr	se l	ister	d abo	ve)	Mho received more	than			
	0,000 of compensation								-,					
	•	•												

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 498,879 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 278,555 q Noncash contributions included in 61,091 h Total. Add lines 1a-1f 777,434 Business Code Program Service Revenue 2a Annual Conference 611430 25,120 25,120 **f** All other program service revenue. . . g Total. Add lines 2a-2f 25,120 Investment income (including dividends, interest, and 90 90 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue . . e Total. Add lines 11a-11d.

802

644

25,210

0

Total revenue. See instructions.....

12

Part IX Statement of Functional Expenses

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

Do i	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,413.	expenses 2,413.	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,413.	2,413.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	· · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Fees for services (nonemployees):				
ā	Management	473,811.	337,165.	87,510.	49,136.
ŀ	Legal				
(: Accounting	660.		660.	
(Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$Ch. Q Advertising and promotion	173,552.	173,552.		
13	Office expenses	2,907.	857.	2,050.	
14	Information technology	8,305.	240.	8,065.	
15	Royalties	0,000.	210.	0,000.	
16	Occupancy	12,486.	8,106.	3,660.	720.
17	Travel	12,100.	0,100.	3,000.	, 20.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	32,922.	18,765.	14,157.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,115.		1,115.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,233		_,	
ā	Training Materials	3,881.	3,881.		
	Fundraising Costs	2,275.			2,275.
(Contractual	1,660.	1,660.		
	Postage and Shipping	208.		152.	56.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	716,195.	546,639.	117,369.	52,187.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line in this Part X						
				(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing		401,835.	1	356,180.			
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net		2,030.	3	165.			
	4	Accounts receivable, net		68,110.	4	176,772.			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35% rsons		5				
	6	Loans and other receivables from other disqualified p	H						
		section 4958(f)(1)), and persons described in section	`		6				
	7	Notes and loans receivable, net			7				
2	8	Inventories for sale or use	<u> </u>		8				
Assets	9	Prepaid expenses and deferred charges	<u> </u>		9				
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1						
		Less: accumulated depreciation			10 c				
	11	Investments – publicly traded securities	· · · · · · · · · · · · · · · · · · ·	105,257.	11	166,348.			
	12	Investments – other securities. See Part IV, line 11	<u> </u>	200/2011	12				
	13	Investments – program-related. See Part IV, line 11.		13					
	14	Intangible assets		14					
	15	-	r assets. See Part IV, line 11						
	16	Total assets. Add lines 1 through 15 (must equal line	577,232.	16	699,465.				
	17	Accounts payable and accrued expenses		157,317.	17	172,325.			
	18	Grants payable		·	18				
	19	Deferred revenue	<u> </u>	34,725.	19	55,500.			
	20	Tax-exempt bond liabilities	<u> </u>		20				
ies	21	Escrow or custodial account liability. Complete Part I			21				
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35% rsons		22				
_	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23				
	24	Unsecured notes and loans payable to unrelated third	· · · · L		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, aplete Part X of Schedule D.		25	1.			
	26	Total liabilities. Add lines 17 through 25		192,042.	26	227,826.			
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► X	·		·			
ılaı	27	Net assets without donor restrictions		91,841.	27	146,484.			
ä	28	Net assets with donor restrictions		293,349.	28	325,155.			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►						
ō	29	Capital stock or trust principal, or current funds			29				
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund		30				
SS	31	Retained earnings, endowment, accumulated income,	, or other funds		31				
t A	32	Total net assets or fund balances		385,190.	32	471,639.			
Ne	33	Total liabilities and net assets/fund balances		577,232.	33	699,465.			
ВΛ	^		TEFA01111 10/07/20	•	• • •	Form 990 (2020)			

TEEA0111L 10/07/20 Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets	0002023		-
ıa	Check if Schedule O contains a response or note to any line in this Part XI.			П
1	Total revenue (must equal Part VIII, column (A), line 12).	1	802,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	716,	
3	Revenue less expenses. Subtract line 2 from line 1	3		449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	385,	
5	Net unrealized gains (losses) on investments	5	0007	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	471,	639
Pa	rt XII Financial Statements and Reporting			037.
	Check if Schedule O contains a response or note to any line in this Part XII			
	Check it ochequie o contains a response of note to any line in this rart XII		Yes	_—
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		162	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te		
	Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 10/19/20		Form 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number										
Anne Arundel County Wate					27-350232					
Part I Reason for Public Cha						tions.				
The organization is not a private found				•	•					
1 A church, convention of church	,		,	~ ~ ~	i).					
2 A school described in section 1		•								
A hospital or a cooperative h										
4 A medical research organiza	ition operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's				
name, city, and state:										
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in				
6 A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).					
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8 A community trust described	l in section 170(b)(1)(A)(vi). (Complete Part	l.)							
9 An agricultural research organi				onjunctio	on with a land-grant colle	ege				
or university or a non-land-grauniversity:										
An organization that normall from activities related to its investment income and unreduced June 30, 1975. See section	lated business taxabl	e income (less section	oort from ns; and 511 tax)	contrib (2) no r from bu	utions, membership fe nore than 33-1/3% of in usinesses acquired by	es, and gross receipts ts support from gross the organization after				
11 An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
or more publicly supported of										
						, the currented				
a Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	egularly appoint or elec	t a majority of the directo	rs or trus	tees of t	he supporting organization	on. You must				
b Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You				
Type III functionally integrated organization(s) (see instruction	. A supporting organiza	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported				
d Type III non-functionally integ	rated. A supporting orderally	ganization operated in cor / must satisfy a distribu	nection	with its s	supported organization(s) t and an attentiveness) that is not requirement (see				
instructions). You must com e Check this box if the organiz	plete Part IV, Sectior ation received a writt	ns A and D, and Part V. en determination from	the IRS							
integrated, or Type III non-fu f Enter the number of supported										
f Enter the number of supportedq Provide the following informatio	-									
(i) Name of supported organization		(iii) Type of organization	T		(v) Amount of monetary	(4) Amount of other				
(i) Name of Supported Organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	organizat in your g docur	overning	support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
<u>.</u>										
Total										

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	405,859.	574,195.	1,483,301.	765,219.	717,179.	3,945,753.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	405,859.	574,195.	1,483,301.	765,219.	717,179.	3,945,753.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						3,945,753.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	405,859.	574,195.	1,483,301.	765,219.	717,179.	3,945,753.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				90.	91.	181.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.		1,884.	930.			2,814.
	Total support. Add lines 7 through 10						3,948,748.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and			third, fourth, or fi	fth tax year as a	section 501(c)(3)	>
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	11 1 (0)		1 44 1	
	Public support percentage for 20 Public support percentage from 2						99.92 %
	33-1/3% support test-2020. If the	ne organization di	d not check the b	oox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances' t	nd-circumstances est. The organiza	s test, check this bation qualifies as a	oox and stop here a publicly support	Explain in Part ded organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	,	<u> </u>	,			_
Calend	dar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the 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						
	Total. Add lines 1 through 5 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					, , , , , , , , , , , , , , , , , , ,	
	Public support percentage for 20	•	• • •		• •		%
	Public support percentage from :					16	%
	tion D. Computation of Inv						
17	Investment income percentage f	•	• • •	-			%
18	Investment income percentage f					<u> </u>	%
	33-1/3% support tests—2020. If it is not more than 33-1/3%, check 33.1/3% support tests— 2010. If it	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	
b	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

27-3502329

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	1		
_	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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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.	4b		
С	: 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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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			
Q	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	7		
0	complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Case Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020	Anne	Arundel	County	Watershed	Stewards	Α

27-3502329

Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Republic Programme Type III Non-Functional Republic Programme Type III Non-Function III No	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	v. 20, 1970 (explain in t complete Sections A	n Part VI). See A through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally into	egrated	Type III supporting or	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D – Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:	_		
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
BΛΛ		Schodulo A (Fo	rm 990 or 990-F7) 2020

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2020		2019		2018	2017	2016
Sale of Books	Total	\$ () <u> </u>	0.	\$ \$	930. 930.	\$ 1,884. \$ 1,884.	\$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

2020

OMB No. 1545-0047

Anne	Arundel County	Watershed Stewards A	27-3502329				
Organization type (check one):							
Filers of:		Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
-	,	red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.				
General	Rule						
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu					
Special	Rules						
X	under sections 509(a)(received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribut during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
		sn't covered by the General Rule and/or the Special Rules doesn't file Sched					

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

1

Employer identification number

Anne Arundel County Watershed Stewards A

27-3502329

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	272 Shares of Berkshire Hathaway		
		\$61,091.	12/15/20_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E	Z. or 990-PF) (2020

Name of organization
Anne Arundel County Watershed Stewards A

Employer identification number 27-3502329

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c								
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc.,							
contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)▶\$								
	Use duplicate copies of Part III if additional			s.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
		(e) Transfer of gif	t					
	Transferee's name, addres	c and 7IP ± /I	Pela	tionship of transferor to transferee				
	Transièree's fiame, audres	s, and Zir + 4	Reia	dionship of dansieror to dansieree				
	<u> </u>							
	<u> </u>							
								
(2)								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, addres	s. and ZIP + 4	Relationship of transferor to transferee					
		11010						
(a)	4.5 (16			(1) 20 (1) (1)				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
	L							
		(e) Transfer of gift						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
No. from Part I	(b) Fulpose of glit	(c) use or gift		(a) Description of now girt is neigh				
Faiti								
				 				
		(e) Transfer of gif	τ					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee				
	L							
								

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Anr	ne Arundel County Watershed Ste	wards A		27-3502329
Par	t Organizations Maintaining Donor	Advised Funds or Other Si	milar Funds or Acc	
	Complete if the organization answ	ered 'Yes' on Form 990, Par	t IV, line 6.	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the o			
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit compermissible private benefit?	of the donor or donor advisor, or fo	r any other purpose cor	nferring
Par	•			
. u.	Complete if the organization answ	ered 'Yes' on Form 990, Par	rt IV, line 7.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (for exampl	e, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	fied historic structure
	Preservation of open space		1	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conser	vation easement on the
	last day of the tax year.			
			-	leld at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation easem			
	: Number of conservation easements on a certific			
	Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, trans tax year ►	ferred, released, extinguished, or tern	ninated by the organization	on during the
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspst s it holds?	pection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and e	enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspec ▶\$	ting, handling of violations, and enfor	cing conservation easeme	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requiren	ments of section 170(h)((4)(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in its r the organization's financial statem	revenue and expense st nents that describes the	atement and balance sheet, and organization's accounting for
Par		tions of Art. Historical Trea	sures, or Other Sin	nilar Assets.
ı aı	Complete if the organization answ	ered 'Yes' on Form 990, Par	t IV, line 8.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	I for public exhibition, education, or	r research in furtherance	balance sheet works of art, e of public service, provide in
I	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or resea	rch in furtherance of publ	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part $X \dots$			
	If the organization received or held works of art, his amounts required to be reported under FASB A	SC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			⊳ \$

Part III Organizations Mainta	ning Colle	ections of A	art, Histor	ical Treasures, or	Otner Similar As	sets (contil	пиеа)
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, a		_	-	ake significant use of its	; collection	
· · · · · · · · · · · · · · · · · · ·		C	—	exchange program			
b Scholarly research	ations	е	Other				
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.		'	,	J			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be ma	intained as p	art of the org	ganization's collection?		Yes	No
Escrow and Custodia line 9, or reported an	amount on	Form 990	, Part X, li	ne 21.	swered res on re)IIII 990, P	art iv,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other in	termediary fo	or contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	and complete	the following	g table:			
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year							
f Ending balance							
2a Did the organization include an a					-		No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here it	f the explana	tion has been provided	d on Part XIII	. 	
Part V Endowment Funds. C	omplete if	the organiz	zation ans	wered 'Yes' on Fo	<u>rm 990, Part IV, I</u>	ne 10.	
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the curre	nt year end b	palance (line	1g, column (a)) held a	as:		
a Board designated or quasi-endowm			%				
b Permanent endowment ►	%						
c Term endowment ►	જ						
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.					
3a Are there endowment funds not in t organization by:	he possession	of the organiz	zation that are	e held and administered	for the	Yes	s No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ted organiza	tions listed as	s required on	Schedule R?		3b	
4 Describe in Part XIII the intended	l uses of the	organization'	s endowmen	t funds.			
Part VI Land, Buildings, and Complete if the organi			s' on Form	990 Part IV line	11a See Form 9	90 Part X	line 10
Description of property		(a) Cost or o		1		(d) Book	
		(investr	nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) 600k	value
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other		. –					
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Form 99	0, Part X, co	lumn (B), line 10c.)			0.
BAA					Sche	dule D (Form 9	390) 2020

Schedule D (Form 990) 2020

	nvestments — Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0. Part IV. line 11b. See Form 9	90. Part X. line 12
	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
<u>(H)</u>				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.) •		27./2	
Part VIII	nvestments – Program Related. Complete if the organization answered	l 'Yes' on Form 99	N/A 0 Part IV line 11c See Form 99	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	()	(1)		<u>. ,</u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	'b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered	N/A	1 0	00 Part V lina 15
		scription		(b) Book value
(1)	(a) 50	Soription		(D) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 15.)		
	Other Liabilities.	, ,		
C	Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	• • • • • • • • • • • • • • • • • • • •	iption of liability		(b) Book value
	income taxes			
(2) Round	ling			1.
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column ((b) must equal Form 990, Part X, column (B) line 25.)			1.

Schedule B (161111 990) 2020 Affile Affiliaer Country Watershed Stewards A 27	3302323 Tage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	

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

BAA Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.

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

OMB No. 1545-0047

Open to Public Inspection

Anne Arundel County Watershed Stewards A
Part I Types of Property

Employer identification number 27-3502329

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		
1	Art — Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests.						
4	Books and publications						
	Clothing and household goods						
5	Cars and other vehicles						
6							
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	X	1	61,091.	cost basi	.S	
10	Securities – Closely held stock						
11	Securities — Partnership, LLC, or trust interests .						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts						
25							
26	Other ()						
27	, ,,						
28	Other ► ()						
		luwina dha dau		rbiah Haa			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				29		
	organization completed form 6266, fair v, Bones	o / torti lovvico	igomont		23	Yes	No
						163	140
30a	During the year, did the organization receive by contri						
	it must hold for at least three years from the date for exempt purposes for the entire holding period'			•			v
h		•			30 6	1	X
	If 'Yes,' describe the arrangement in Part II.	ov that room	iros the review of any r	anatandard contributio	nc? 21		v
31					ns? 31		X
32a	Does the organization hire or use third parties or noncash contributions?	•			32 a	n	Х
b	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in colu describe in Part II.	ımn (c) for a	type of property for wh	hich column (a) is chec	ked,		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 08/18/20 **Schedule M (Form 990) 2020**

SCHEDULE O (Form 990 or 990-EZ)

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.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

Anne Arundel County Watershed Stewards A

Employer identification number

27-3502329

Form 990, Part III, Line 4b - Program Service Accomplishments

Steward Education and Training: WSA offers many types of engagement and educational programs including: (1) Master Watershed Steward Certification Course includes 70 hours of field and classroom learning to provide community leaders with the skills and resources to lead their neighborhoods, schools and congregations to reduce pollution through RainScaping or Habits that Help; (2) Short Courses such as Stormwater Success, a course for HOA leaders and property managers on stormwater management project maintenance; (3) Spring into Action Annual Conference: The Conference gathers over 200 leaders and restoration professionals to learn, network and plan restoration projects; (3) Continuing Education and Engagement Programs offered on a variety of topics from native plants, living shorelines and site assessments. Due to COVID-19, most of our education and training programs for 2020 shifted to the virtual space. In spite of that change, we experienced greater than average engagement in most of our programs.

Form 990, Part VI, Line 11b - Form 990 Review Process

Return is prepared by WSA accountant. WSA financial staff and Board Members review and approve the return prior to finalization and filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Director of WSA is an Anne Arundel County Public School AACPS employee. The Executive Director's salary is determined by the number of years experience working in their position, which falls into a predetermined County school system payroll schedule. Salary increases are based on the school system's annual budgetary increases. The WSA Board approves the organization's annual budget, which includes reimbursement to AACPS for the Executive Director's annual salary and benefit expense.

	<u> </u>
Name of the organization	Employer identification number
Anne Arundel County Watershed Stewards A	27-3502329

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, conflict of interest policy and financial statements are available to all WSA members and are made available upon request to the public.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		m . 1	Program	Management	Fund-
	_	<u> Total</u>	<u>Services</u>	<u>& General</u>	<u>raising</u>
Restoration Projects		173,552.	173,552.		
_	Total 🕏	173,552.	\$ 173,552.	\$ 0.	\$ 0.