|                                | 0                                      |                            | Poturn                       | of Organization Ex   | omnt E        | From L          | ncon        | no Tax            |                | OMB No. 1545-0047         |  |
|--------------------------------|--|----------------------------|------------------------------|--|---------------|-----------------|-------------|-------------------|----------------|---------------------------|--|
| Form                           | 99                                     | <i>1</i> 0                 | Return                       | of Organization Ex   | empt r        |                 |             |                   |                | 2021                      |  |
|                                |  |                            | Under section 501(c),        | 527, or 4947(a)(1) of the Intern   | al Revenue    | e Code (ex      | cept pri    | ivate founda      | ations)        |                           |  |
| Devent                         |  | 4h - T                     | Do not er                    | nter social security numbers or  | n this form   | as it may l     | be made     | e public.         |                | Open to Public            |  |
|                                |  | the Treasury<br>ue Service |                              | www.irs.gov/Form990 for instru   |               | -               |             |                   |                | Inspection                |  |
| A F                            | or the                                 | 2021 calend                | ar year, or tax year begi    |  |               | , 2021, a       |             |                   |                | , 20                      |  |
| B CI                           | neck if a                              | applicable:                | C Name of organizationAr     | nne Arundel County Wa  | tershed       | Steward         | ds Aca      | ademy In          | ≥ Employ       | ver identification number |  |
|                                | dress o                                | change                     | Doing business as            |  |               |                 |             |                   |                | 27-3502329                |  |
|                                | ame cha                                | ange                       | Number and street (or F      | O. box if mail is not delivered to street add  | dress)        |                 | Room/su     | ite E             | Telepho        | ne number                 |  |
| 🗌 Ini                          | Initial return 975 Indian Landing Road |                            |                              |  |               |                 |             |                   |                |                           |  |
| E Fi                           | nal retu                               | rn/terminated              | City or town, state or pro   | ovince, country, and ZIP or foreign postal co  | ode           |                 |             |                   | G Gross r      |                           |  |
| Ar                             | nended                                 | return                     | Millersville,                | MD 21108-2136  |               |                 |             |                   | \$             | 1,283,209                 |  |
|                                | oplicatio                              | n pending                  |                              | rincipal officer: Suzanna Etgen  |               |                 |             | H(a) Is this a gr | oup return for | subordinates? Yes X No    |  |
|                                |  |                            | Same as C abo                | ve   |               |                 |             | H(b) Are all su   | ubordinates    | included? Yes No          |  |
| I Ta                           | x-exem                                 | pt status: X               | 501(c)(3) 501(c) (           | ) < (insert no.) 4947(a)(1) or   | r 527         |                 |             | lf "No," a        | ttach a list.  | See instructions          |  |
| JW                             | ebsite:                                | •                          | .aawsa.org                   |  |               |                 |             | H(c) Group ex     | emption nu     | umber 🕨                   |  |
| K Fo                           | orm of o                               | rganization: 🗴             | Corporation Trust As         | sociation 🗌 Other 🕨  | LY            | ear of formatio | on: 201     | <b>О</b> М St     | ate of legal   | domicile: MD              |  |
| Par                            |  | Summar                     |                              |  |               |                 |             | •                 |                |                           |  |
|                                | 1                                      | Briefly descr              | be the organization's miss   | sion or most significant activities:   | The mi        | ission          | of th       | e Anne A          | runde          | l Watershed               |  |
| đ                              |  | Stewards                   | Academy is to de             | evelop citizen leader:   | s to fos      | ster con        | nmunit      | ty change         | e for          | clean waters.             |  |
| Activities & Governance        |  |                            |                              | •  |               |                 |             |                   |                |                           |  |
| rna                            |  |                            |                              |  |               |                 |             |                   |                |                           |  |
| ove                            | 2                                      | Check this b               | ox 🕨 🗌 if the organizatio    | n discontinued its operations or c   | disposed of r | more than       | 25% of i    | ts net assets     | S.             |                           |  |
| Ū                              | 3                                      | Number of ve               | oting members of the gove    | erning body (Part VI, line 1a) .   |               |                 |             |                   | 3              | 15                        |  |
| ŝ                              | 4                                      | Number of in               | dependent voting membe       | rs of the governing body (Part VI  | , line 1b)    |                 |             |                   | 4              | 15                        |  |
| /itie                          | 5                                      | Total number               | of individuals employed i    | n calendar year 2021 (Part V, line   | e 2a) 🛛 🔒     |                 |             |                   | 5              | 0                         |  |
| ctiv                           | 6                                      | Total number               | of volunteers (estimate if   | necessary)   |               |                 |             |                   | 6              | 1,729                     |  |
| ∢                              | 7a                                     | Total unrelate             | ed business revenue from     | Part VIII, column (C), line 12   |               |                 |             |                   | 7a             | 0                         |  |
|                                | b                                      | Net unrelated              | l business taxable income    | e from Form 990-T, Part I, line 11   |               |                 |             |                   | 7b             | 0                         |  |
|                                |  |                            |                              |  |               |                 |             | Prior Year        |                | Current Year              |  |
|                                | 8                                      | Contributions              | and grants (Part VIII, line  | e1h)   |               |                 |             | 777,              | ,434           | 1,125,147                 |  |
| anı                            | 9                                      | Program ser                | vice revenue (Part VIII, lin | e 2g) ••••••   |               |                 |             | 25,               | ,120           | 78,907                    |  |
| Revenue                        | 10                                     | Investment in              | icome (Part VIII, column (   | A), lines 3, 4, and 7d) • • • • •  |               |                 |             |                   | 90             | 18,121                    |  |
| Re                             | 11                                     | Other revenu               | e (Part VIII, column (A), li | nes 5, 6d, 8c, 9c, 10c, and 11e)   |               |                 |             |                   |                | 0                         |  |
|                                | 12                                     | Total revenue              | e - add lines 8 through 11   | (must equal Part VIII, column (A)  | ), line 12)   |                 |             | 802,              | ,644           | 1,222,175                 |  |
|                                | 13                                     | Grants and s               | imilar amounts paid (Part    | IX, column (A), lines 1-3)   |               |                 | •           | 2,                | ,413           | 0                         |  |
|                                | 14                                     | Benefits paid              | to or for members (Part I    | X, column (A), line 4) • • • • •   |               |                 | •           |                   |                | 0                         |  |
| s                              | 15                                     | Salaries, oth              | er compensation, employe     | e benefits (Part IX, column (A), I   | lines 5-10)   |                 | · 🖵         |                   |                | 0                         |  |
| Expenses                       | 16a                                    | Professional               | fundraising fees (Part IX,   | column (A), line 11e) • • • • •  |               |                 |             |                   |                | 0                         |  |
| per                            | b                                      | Total fundrais             | sing expenses (Part IX, co   | lumn (D), line 25)   |               | 41,935          |             |                   |                |                           |  |
| ŭ                              | 17                                     | Other expense              | ses (Part IX, column (A), I  | ines 11a-11d, 11f-24e) • • • •   |               |                 | •           | 713,              | ,782           | 1,015,449                 |  |
|                                | 18                                     | Total expens               | es. Add lines 13-17 (mus     | t equal Part IX, column (A), line 2  | 25) • • •     |                 | · 🖵         | 716,              | ,195           | 1,015,449                 |  |
|                                | 19                                     | Revenue les                | s expenses. Subtract line    | 18 from line 12  |               |                 | •           | 86,               | ,449           | 206,726                   |  |
| or                             |  |                            |                              |  |               |                 |             | nning of Curre    | nt Year        | End of Year               |  |
| Net Assets or<br>Fund Balances | 20                                     |                            | ,                            |  |               |                 |             | 699,              | ,465           | 863,663                   |  |
| t As<br>1d B                   | 21                                     |                            | , ,                          |  |               |                 |             | 227,              | ,826           | 164,981                   |  |
|                                | 22                                     | -                          |                              | line 21 from line 20   |               |                 | •           | 471,              | ,639           | 698,682                   |  |
| Par                            |  |                            | re Block                     |  |               |                 |             |                   |                |                           |  |
|                                |  |                            |                              | urn, including accompanying schedules an<br>fficer) is based on all information of which p |               |                 | t of my kno | owledge and bel   | lief, it is    |                           |  |
|                                | ,                                      |                            |                              | ,  |               | , ,             |             |                   |                |                           |  |
| Sign                           |  |                            | nna Etgen                    |  |               |                 |             |                   |                |                           |  |
| -                              |  | Signatur                   | e of officer                 |  |               |                 |             |                   | Date           |                           |  |
| Here                           | ;                                      |                            | nna Etgen, Execut            | ive Director   |               |                 |             |                   |                |                           |  |
|                                |  | <u> </u>                   | orint name and title         |  | i             |                 |             |                   | <u> </u>       |                           |  |
| <b>.</b>                       |  | Print/Type pre             | parer's name                 | Preparer's signature   |               | Date            |             | Check             | ∐ if F         | PTIN                      |  |
| Paid                           |  | John Mu                    | llins                        | John Mullins   | 09            | 9-22-20         | 22          | self-emp          | loyed          | P01429307                 |  |
| Prep                           |  |                            | Mullins                      | , PC   |               |                 | F           | irm's EIN 🕨       |                |                           |  |
| Use                            | Only                                   | Firm's addres              |                              | sconsin Avenue   |               |                 | P           | hone no.          |                |                           |  |
|                                |  |                            |                              | a MD 20814   |               |                 |             |                   |                | 70-6371                   |  |
|                                |  |                            |                              | hown above? See instructions   |               |                 |             |                   |                |                           |  |
| For P                          | aperv                                  | vork Reducti               | on Act Notice, see the se    | eparate instructions.  |               |                 |             |                   |                | Form <b>990</b> (2021)    |  |

OMB No. 1545-0047

| Form | n 990 (2021) Anne Arundel County Watershed Stewards Academy Inc   | 27-350232 | 9 Page 2      |
|------|---|-----------|---------------|
|      | Int III Statement of Program Service Accomplishments  |           |               |
|      | Check if Schedule O contains a response or note to any line in this Part III  |           | 🗌             |
| 1    | Briefly describe the organization's mission:  |           |               |
|      | The mission of the Anne Arundel Watershed Stewards Academy is to develop citiz  | en leader | s to          |
|      | foster community change for clean waters.   |           |               |
|      |   |           |               |
|      |   |           |               |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the  | _         | _             |
|      | prior Form 990 or 990-EZ?   | 🗌 Yes     | X No          |
|      | If "Yes," describe these new services on Schedule O.  |           |               |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program  | _         | _             |
|      | services?   | ••• Ves   | X No          |
|      | If "Yes," describe these changes on Schedule O.   |           |               |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured   | -         |               |
|      | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe                                     | ers,      |               |
|      | the total expenses, and revenue, if any, for each program service reported.   |           |               |
| 40   |   | <u>,</u>  |               |
| 4a   |   | 5<br>     | )             |
|      | Restoration Programs: WSA offers several programs and technical support to dev<br>maintain environmental restoration projects. Our RePlant Anne Arundel program |           |               |
|      | of trees in communities throughout Anne Arundel County and our RePollinate program  |           |               |
|      | native plants to increase pollinator habitat. WSA directly supports the develop   |           |               |
|      | additional stormwater management projects and supports volunteers to maintain   |           |               |
|      | and clear invasive plants.  | exitering |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
| 4b   | (Code: ) (Expenses \$ 250,233 including grants of \$ ) (Revenue \$  | 5 7       | 8,907)        |
|      | See SERVICES page for a description of this program service.  |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
| 4.   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$  | <u>,</u>  |               |
| 4c   | (Code:) (Expenses \$ including grants of \$) (Revenue \$  | <u> </u>  | )             |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
|      |   |           |               |
| 4d   | Other program services (Describe on Schedule O.)  |           |               |
|      | (Expenses \$ including grants of \$ ) (Revenue \$   | )         |               |
| 4e   | Total program service expenses  846,522   |           |               |
|      |   |           | ma 000 (0001) |

| Form | 990 (2021) Anne Arundel County Watershed Stewards Academy Inc 27-35023   | 29         | P   | age <b>3</b> |
|------|--|------------|-----|--------------|
| Pa   | t IV Checklist of Required Schedules   |            |     |              |
|      |  |            | Yes | No           |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |            |     | 1            |
| -    | complete Schedule A  | 1          | x   | <b> </b>     |
| 2    | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | 2          | x   | <b> </b>     |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |            |     |              |
| 4    | candidates for public office? If "Yes," complete Schedule C, Part I  | 3          |     | x            |
| 4    | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | x            |
| 5    | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,   | -          |     | <u> </u>     |
| Ū    | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5          |     | x            |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |            |     |              |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |            |     | 1            |
|      | "Yes," complete Schedule D, Part I   | 6          |     | x            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |     |              |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | x            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |            |     |              |
|      | complete 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  |            |     | 1            |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |            |     | 1            |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9          |     | x            |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |            |     | 1            |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         |     | x            |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |            |     |              |
| 2    | VII, VIII, IX, or X as applicable.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>  |            |     |              |
| a    | complete Schedule D, Part VI   | 11a        |     | v            |
| h    | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more  | 11a        |     | x            |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |     | x            |
| с    | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more   |            |     |              |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | x            |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  |            |     |              |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |     | x            |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        |     | x            |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            |     |              |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        |     | х            |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     | 1            |
|      | Schedule D, Parts XI and XII   | 12a        |     | х            |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If   |            |     | 1            |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |     | x            |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   | 13         |     | х<br>        |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | x            |
| b    | 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 |            |     | 1            |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | x            |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  | 140        |     | ~            |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | x            |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   |            |     |              |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | x            |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |            |     |              |
|      | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions   | 17         |     | x            |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |            |     |              |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |     | x            |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |            |     | 1            |
|      | If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •  | 19         |     | х            |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |            |     | x            |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     | ──           |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | <u>.</u> . |     | 1            |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | х            |

| Form     | 990 (2021) Anne Arundel County Watershed Stewards Academy Inc 27-3502  | 2329           | F   | Page 4 |
|----------|--|----------------|-----|--------|
| Pa       | t IV Checklist of Required Schedules (continued)   |                |     |        |
|          |  |                | Yes | No     |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                              |                |     |        |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | . 22           |     | х      |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |                |     |        |
|          | organization's current and former officers, directors, trustees, key employees, and highest compensated                                    |                |     |        |
| • •      | employees? If "Yes," complete Schedule J   | . 23           |     | х      |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |                |     |        |
|          | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                              |                |     |        |
|          | through 24d and complete Schedule K. If "No," go to line 25a   |                |     | х      |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | . 24b          |     |        |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 240            |     |        |
| А        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                    | · 24c<br>· 24d |     |        |
| d<br>25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                               | . <u>24</u> u  |     |        |
| 200      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.   | . 25a          |     | v      |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior                           | · 25a          |     | x      |
| D        | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?                               |                |     |        |
|          | If "Yes," complete Schedule L, Part I  | . 25b          |     | x      |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                            | . 200          |     | ^      |
| 20       | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                    |                |     |        |
|          | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.  | . 26           |     | x      |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key                          |                |     |        |
|          | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee                                     |                |     |        |
|          | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these                                     |                |     |        |
|          | persons? If "Yes," complete Schedule L, Part III.  | . 27           |     | x      |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L,                                  |                |     |        |
|          | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |                |     |        |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                           |                |     |        |
|          | "Yes," complete Schedule L, Part IV  | . 28a          |     | x      |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | . 28b          |     | x      |
| с        | 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          |     | x      |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.                                  |                |     | x      |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                             |                |     |        |
|          | conservation contributions? If "Yes," complete Schedule M  | . 30           |     | x      |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                         | . 31           |     | х      |
| 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      |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | . 35a          |     | х      |
| 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)? If "Yes," complete Schedule R, Part V, line 2                                  | . 35b          |     |        |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                                       |                |     |        |
|          | related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·                                    | . 36           |     | 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 on Schedule O for Part VI, lines 11b and                                 |                |     |        |
|          | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38             | x   |        |
| Par      |  |                |     | _      |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>        | 1   |        |
|          |  |                | Yes | No     |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 5              |     |        |
| b        |  | <u>0</u>       |     |        |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and   |                |     |        |
|          | reportable gaming (gambling) winnings to prize winners?  | . 1c           | x   |        |

|     | 990 (2021) Anne Arundel County Watershed Stewards Academy Inc 27-35023   | 29  | P   | Page 5   |
|-----|--|-----|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     | Yes | No       |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |     |     |          |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0                                 |     |     |          |
| b   | If 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.                          |     |     |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a  |     | х        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b  |     |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |     |     |          |
|     | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a  |     | x        |
| b   | If "Yes," enter the name of the foreign country  |     |     |          |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |     |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a  |     | х        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b  |     | х        |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?••••••••••••••••••••••••••••••••••••                              | 5c  |     |          |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |     |     |          |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a  |     | х        |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |     |     |          |
|     | gifts were not tax deductible?   | 6b  |     |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |          |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |     |     |          |
|     | and services provided to the payor?  | 7a  |     | х        |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b  |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |     |     |          |
|     | required to file Form 8282?  | 7c  |     | х        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |          |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e  |     | х        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f  |     | х        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |          |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h  |     |          |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |     |     |          |
|     | sponsoring organization have excess business holdings at any time during the year?   | 8   |     | х        |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |          |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | х        |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b  |     | х        |
| 10  | Section 501(c)(7) organizations. Enter:  |     |     |          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |          |
| 11  | Section 501(c)(12) organizations. Enter:   |     |     |          |
| а   | Gross income from members or shareholders  |     |     |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources   |     |     |          |
|     | against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •  |     |     |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a |     |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •        |     |     |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |          |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |          |
|     | Note: See the instructions for additional information the organization must report on Schedule O.                                  |     |     |          |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which                                       |     |     |          |
|     | the organization is licensed to issue qualified health plans   |     |     |          |
| с   | Enter the amount of reserves on hand   |     |     |          |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | х        |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                          | 14b |     | <u> </u> |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |     |     | 1        |
|     | excess parachute payment(s) during the year?   | 15  |     | x        |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |     |     |          |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16  |     | x        |
|     | If "Yes," complete Form 4720, Schedule O.  |     |     |          |
| 17  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any                           |     |     |          |
|     | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                  | 17  |     |          |
|     | If "Yes," complete Form 6069.  |     |     |          |

| -       | m 990 (2021) Anne Arundel County Watershed Stewards Academy Inc 27-35023  |      | Р   | age <b>6</b> |
|---------|---|------|-----|--------------|
| Pa      | art 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 in Schedule O. See instructions.   |      |     | _            |
| _       | Check if Schedule O contains a response or note to any line in this Part VI   |      |     | . x          |
| Se      | ction A. Governing Body and Management  |      |     |              |
|         |   |      | Yes | No           |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year   |      |     |              |
|         | 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 in line 1a, above, who are independent  |      |     |              |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2    |     |              |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct   |      |     | x            |
| 3       | supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 3    |     | v            |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4    |     | x<br>x       |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5    |     | x            |
| 6       | Did the organization become aware during the year of a significant diversion of the organization suscess.   | 6    |     | x            |
| о<br>7а | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   |      |     |              |
|         | one or more members of the governing body?  | 7a   |     | х            |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |      |     | - 11         |
|         | stockholders, or persons other than the governing body?   | 7b   |     | x            |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during  |      |     |              |
|         | the year by the following:  |      |     |              |
| а       | The governing body?   | 8a   | x   |              |
| b       | Each committee with authority to act on behalf of the governing body?   | 8b   | х   |              |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  |      |     |              |
|         | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9    |     | х            |
| Sec     | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |      |     |              |
|         |   |      | Yes | No           |
| 10a     | Did the organization have local chapters, branches, or affiliates?  | 10a  |     | х            |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  |      |     |              |
|         | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b  |     |              |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a  | х   |              |
| b       | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |      |     |              |
| 12a     | Did the organization have a written conflict of interest policy? If "No," go to line 13.  | 12a  |     | х            |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b  |     |              |
| С       | 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   |     | х            |
| 14      | Did the organization have a written document retention and destruction policy?  | 14   | х   |              |
| 15      | Did the process for determining compensation of the following persons include a review and approval by  |      |     |              |
| ~       | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 450  |     |              |
| a<br>h  | The organization's CEO, Executive Director, or top management official  | 15a  | х   |              |
| b       | Other officers or key employees of the organization   | 15b  |     | x            |
| 16~     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |      |     |              |
| 16a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a  |     | v            |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  | 104  |     | X            |
| IJ      | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |      |     |              |
|         | organization's exempt status with respect to such arrangements?   | 16b  |     |              |
| Sec     | tion C. Disclosure  | .00  |     |              |
| 17      | List the states with which a copy of this Form 990 is required to be filed  Maryland  |      |     |              |
| 18      | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)   |      |     |              |
|         | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |      |     |              |
|         | Own website     Another's website     Image these available of local and the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public inspection in the local and the public of the public of the public inspection in the local and the public of the publi |      |     |              |
| 19      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,   |      |     |              |
|         | and financial statements available to the public during the tax year.   |      |     |              |
| 20      | State the name, address, and telephone number of the person who possesses the organization's books and records  |      |     |              |
|         | Suzanne Etgen (410)222-3831, 975 Indian Landing Road, Millersville, MD 21108  |      |     |              |
|         |   |      |     |              |

| Form 990 (20   | 21) Anne Arundel County Watershed Stewards Academy Inc  | 27-3502329       | Page <b>7</b> |  |  |  |  |  |  |  |
|----------------|---|------------------|---------------|--|--|--|--|--|--|--|
| Part VII       | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com<br>Independent Contractors                              | pensated Employe | es, and       |  |  |  |  |  |  |  |
|                | Check if Schedule O contains a response or note to any line in this Part VII  |                  | 🗌             |  |  |  |  |  |  |  |
| Section A.     | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees   |                  |               |  |  |  |  |  |  |  |
| 1a Complete    | 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the |                  |               |  |  |  |  |  |  |  |
| organization's | 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

|                            | iy related Organiza      |  | inhe                  | nsat    |              | any cu                          | nen          | t officer, director, o           | แน่งเยย.                         |                              |
|----------------------------|--------------------------|--|-----------------------|---------|--------------|---------------------------------|--------------|----------------------------------|----------------------------------|------------------------------|
|                            |                          |  |                       | (       | (C)          |                                 |              |                                  |                                  |                              |
| (A)                        | (B)                      |  | Position              |         |              |                                 |              | (D)                              | (E)                              | (F)                          |
| Name and title             | Average                  | (do not check more than one                                      |                       |         |              |                                 |              | Reportable                       | Reportable                       | Estimated amount             |
|                            | hours                    | box, unless person is both an<br>officer and a director/trustee) |                       |         |              | compensation                    | compensation | of other                         |                                  |                              |
|                            | per week                 |  |                       |         |              |                                 | ,            | from the                         | from related                     | compensation                 |
|                            | (list any                | 임파   | Ξ                     | 0       | Ā            | ет                              | Ē            | organization (W-2/<br>1099-MISC/ | organizations W-2/<br>1099-MISC/ | from the<br>organization and |
|                            | hours for                | dire   | stitu                 | Officer | ey e         | nplo                            | Former       | 1099-NEC)                        | 1099-NEC                         | related organizations        |
|                            | related<br>organizations | tor  | tiona                 | _       | Key employee | st co<br>yee                    | ٩r           |                                  |                                  |                              |
|                            | below                    | Individual trustee<br>or director                                | al tru                |         | yee          | ompe                            |              |                                  |                                  |                              |
|                            | dotted line)             | ee   | Institutional trustee |         |              | Highest compensated<br>employee |              |                                  |                                  |                              |
|                            |                          |  |                       |         |              | ted                             |              |                                  |                                  |                              |
|                            |                          |  |                       |         |              |                                 |              |                                  |                                  |                              |
| (1) Ron Snyder             | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (2) Khadija Abdur-Rahman   | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (3) Leila MacCarthy        | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (4) Erica Whorley          | <u>1.00</u>              |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (5) Sam_duPont             | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (6) Nina Fisher            | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (7) Brittany Wright        | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (8) Don Simpson            | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (9) Jan Atwood             | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (10)Kevin_Green            | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Director                   |                          | х  |                       |         |              |                                 |              | 0                                | 0                                | 0                            |
| (11)Carmera Thomas-Wilhite | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Vice-Chair                 |                          | х  |                       | х       |              |                                 |              | 0                                | 0                                | 0                            |
| (12)Frank Dawson           | <u>1.00</u>              |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Chair                      |                          | х  |                       | х       |              |                                 |              | 0                                | 0                                | 0                            |
| (13)Steve Russo            | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Treasurer                  |                          | х  |                       | х       |              |                                 |              | 0                                | 0                                | 0                            |
| (14)Melanie Parker         | 1.00                     |  |                       |         |              |                                 |              |                                  |                                  |                              |
| Secretary                  |                          | х  |                       | х       |              |                                 |              | 0                                | 0                                | 0                            |
| EEA                        |                          |  |                       |         |              |                                 |              |                                  |                                  | Form <b>990</b> (2021)       |

## Form 990 (2021)

### Anne Arundel County Watershed Stewards Academy Inc

| Part         | VII Section A. Officers, Directors, Trustees                   | s, Key Empl                                | oyees                             | , and                | d Hig   | ghes         | st Con                          | npei       | nsated Employees               | (continue                 | d)        |          |                    |         |
|--------------|--|--|-----------------------------------|----------------------|---------|--------------|---------------------------------|------------|--------------------------------|---------------------------|-----------|----------|--------------------|---------|
|              | (C)  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              | (A)  | (B) Position<br>(do not check more than or |                                   |                      |         |              |                                 | (D)        | (E)                            |                           |           | (F)      |                    |         |
|              | Name and title   | Average                                    | · ·                               |                      |         |              | han one<br>s both a             |            | Reportable                     | Reportable                |           | Estim    | ated an            | nount   |
|              |  | hours                                      |                                   |                      |         |              | r/trustee                       |            | compensation                   | compensa                  |           |          | of other           |         |
|              |  | per week<br>(list any                      |                                   |                      |         |              |                                 |            | from the<br>organization (W-2/ | from rela<br>organization |           |          | npensat<br>rom the | lion    |
|              |  | hours for                                  | or d                              | Officer              | Key     | High         | Former                          | 1099-MISC/ | 1099-MI                        | SC/                       | -         | nization |                    |         |
|              |  | related                                    | /idua                             | tutio                | cer     | emp          | nest i<br>bloye                 | ner        | 1099-NEC)                      | 1099-NE                   | (U)       | related  | l organi           | zations |
|              |  | organizations                              | Individual trustee<br>or director | nal tr               |         | Key employee | e                               |            |                                |                           |           |          |                    |         |
|              |  | below<br>dotted line)                      | stee                              | nstitutional trustee |         | e            | Highest compensated<br>employee |            |                                |                           |           |          |                    |         |
|              |  | ,  |                                   | œ                    |         |              | ated                            |            |                                |                           |           |          |                    |         |
| (15) 81      | zanna_Etgen  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              | itive Director   |  |                                   |                      | x       |              |                                 |            | o                              |                           | 0         |          |                    | 0       |
| -            |  |  |                                   |                      | <u></u> |              |                                 |            | <u> </u>                       |                           |           |          |                    |         |
| <u>.</u> .,  |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (17)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (18)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u>(19)</u>  |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u>(20)</u>  |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u></u>      |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u>(21)</u>  |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (22)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u>(22)</u>  |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (23)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u>(-</u> _) |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (24)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| <u> </u>     |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| (25)         |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| 1b           | Subtotal   |  |                                   | ••                   | • •     | • •          |                                 | • 🕨        |                                |                           |           |          |                    |         |
| С            | Total from continuation sheets to Part VII, Sec                |  | • • •                             | •••                  | • •     | • •          |                                 | • 🕨        | ,                              |                           |           |          |                    |         |
| d            | Total (add lines 1b and 1c)                                    |  |                                   |                      |         |              |                                 |            | 0                              |                           | 0         |          |                    | 0       |
| 2            | Total number of individuals (including but not limit           |  | isted a                           | bove                 | e) wł   | no re        | eceive                          | d mo       | ore than \$100,000             | of                        |           |          |                    |         |
|              | reportable compensation from the organization                  | •  |                                   |                      |         |              |                                 |            |                                |                           |           |          | Vee                | 0       |
| 2            | Did the organization list any <b>former</b> officer, directed  | or tructoo k                               |                                   |                      |         | r hia        | hoot a                          | omr        | aanaatad                       |                           |           |          | Yes                | No      |
| 3            | employee on line 1a? If "Yes," complete Schedule               |  |                                   |                      |         |              | •                               | •          |                                |                           |           | 3        |                    | x       |
| 4            | For any individual listed on line 1a, is the sum of r          |  |                                   |                      |         |              |                                 |            |                                |                           |           | J        |                    |         |
| •            | organization and related organizations greater that            | •  | •                                 |                      |         |              |                                 | •          |                                |                           |           |          |                    |         |
|              | individual   |  |                                   |                      |         |              |                                 |            |                                |                           |           | 4        |                    | x       |
| 5            | Did any person listed on line 1a receive or accrue             |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              | for services rendered to the organization? If "Yes,            | •  |                                   |                      | -       |              |                                 | -          |                                |                           |           | 5        |                    | x       |
| Secti        | on B. Independent Contractors                                  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| 1            | Complete this table for your five highest compens              | ated indeper                               | ndent o                           | contr                | acto    | ors th       | nat rec                         | eive       | ed more than \$100,            | 000 of                    |           |          |                    |         |
|              | compensation from the organization. Report comp                | pensation for                              | the ca                            | alenc                | lar y   | ear          | ending                          | g wit      | h or within the orga           | nization's                | tax year. |          |                    |         |
|              | (A) (B) (C)  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              | Name and business address Description of services Compensation |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
|              |  |  |                                   |                      |         |              |                                 |            |                                |                           |           |          |                    |         |
| 2            | Total number of independent contractors (includin              | ig but not lim                             | ited to                           | thos                 | se lis  | ted          | above                           | ) wh       | 10                             |                           |           |          |                    |         |
|              | received more than \$100,000 of compensation fro               | -  |                                   |                      |         |              |                                 | <u> </u>   |                                |                           |           |          |                    |         |

| Form 99   |          | / -  |            |                                       | nty    | Watershed S           | tewards Acade                 | emy Inc                                      | 27-35023                                    | 29 Page 9   |
|---|----------|--|------------|---------------------------------------|--------|-----------------------|-------------------------------|--|---|---|
| Part  | VIII     | Statement of Rev                                       |            |                                       |        |                       |                               |  |   | F   |
|   |          | Check if Schedule O co                                 | ontair     | ns a response                         | e or n | ote to any line in th |                               |  |   | [   |
|   |          |  |            |                                       |        |                       | ( <b>A</b> )<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
|   | _ 1a     | Federated campaigns .                                  |            |                                       | 1a     |                       |                               |  |   |   |
| s s   | b        | Membership dues  | ••         |                                       | 1b     |                       |                               |  |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | c        | Fundraising events                                     | • •        |                                       | 1c     |                       |                               |  |   |   |
| S, G  | d        | Related organizations .                                | • •        |                                       | 1d     |                       |                               |  |   |   |
| Gift  | е        | Government grants (cont                                | ributi     | ons)                                  | 1e     | 791,946               |                               |  |   |   |
| inil<br>inil  | f        | All other contributions, gif                           | ˈts, g     | rants,                                |        |                       |                               |  |   |   |
| utio<br>er S  |          | and similar amounts not i                              | ncluo      | ded above                             | 1f     | 333,201               |                               |  |   |   |
| Oth   | g        | Noncash contributions inc                              | clude      | ed in                                 |        |                       |                               |  |   |   |
| out<br>nd   |          | lines 1a-1f  | • •        |                                       | 1g     | \$                    |                               |  |   |   |
| 0.0   | h        | Total. Add lines 1a-1f                                 | ••         |                                       |        | <u> •</u>             | 1,125,147                     |  |   |   |
|   |          |  |            |                                       |        | Business Code         |                               |  |   |   |
| e   | 2a       | Project revenue  |            |                                       |        | 900099                | 78,907                        | 78,907                                       |   |   |
| e Zi  | b        |  |            |                                       |        |                       |                               |  |   |   |
| enu   | c        |  |            |                                       |        |                       |                               |  |   |   |
| am<br>Seve  | d        |  |            |                                       |        |                       |                               |  |   |   |
| Program Service<br>Revenue                                | е        |  |            |                                       |        |                       |                               |  |   |   |
| e.  |          | All other program service                              |            |                                       |        |                       |                               |  |   |   |
|   | g        | Total. Add lines 2a-2f .                               | • •        |                                       | • • •  | •••••                 | 78,907                        |  |   |   |
|   | 3        | Investment income (includ                              |            |                                       |        |                       | _                             |  |   | _   |
|   |          | other similar amounts)                                 |            |                                       |        |                       | 7                             |  |   | 7   |
|   | 4        | Income from investment of                              |            |                                       | •      |                       |                               |  |   |   |
|   | 5        | Royalties  | <u></u>    |                                       | •••    |                       |                               |  |   |   |
|   | 6        | Cross route  | 6          | (i) Real                              |        | (ii) Personal         | -                             |  |   |   |
|   |          | Gross rents  |            |                                       |        |                       | -                             |  |   |   |
|   |          | Less: rental expenses • •                              | 6b<br>6c   |                                       |        |                       | -                             |  |   |   |
|   |          | Rental income or (loss)<br>Net rental income or (loss) |            |                                       |        | ⊥<br>►                |                               |  |   |   |
|   |          |  | ' <u> </u> |                                       |        |                       |                               |  |   |   |
|   | 7a       | Gross amount from                                      |            | (i) Securitie                         | S      | (ii) Other            | -                             |  |   |   |
|   |          | sales of assets<br>other than inventory                | 7a         | 70                                    | 148    |                       |                               |  |   |   |
|   | Ь        | Less: cost or other basis                              | H          | ,,,                                   | 140    |                       | 1                             |  |   |   |
| e   | <b>–</b> | and sales expenses                                     | 76         | 61                                    | 034    |                       |                               |  |   |   |
| Other Revenue   | c l      | Gain or (loss)   |            | · · · · · · · · · · · · · · · · · · · |        |                       |                               |  |   |   |
| Rev   |          | Net gain or (loss)                                     |            | •                                     |        |                       | 18,114                        |  |   | 18,114  |
| erl   |          | Gross income from fundra                               |            |                                       |        |                       |                               |  |   |   |
| oth   |          | events (not including \$                               | Ū          |                                       |        |                       |                               |  |   |   |
|   |          | of contributions reported o                            | n line     | Э                                     |        |                       |                               |  |   |   |
|   |          | 1c). See Part IV, line 18                              |            |                                       | 8a     |                       |                               |  |   |   |
|   | b        | Less: direct expenses .                                | • •        |                                       | 8b     |                       |                               |  |   |   |
|   | c        | Net income or (loss) from                              | fundı      | raising events                        | s      | <u></u>               |                               |  |   |   |
|   | 9a       | Gross income from gaming                               | g          |                                       |        |                       |                               |  |   |   |
|   |          | activities, See Part IV, line                          |            |                                       | 9a     |                       | _                             |  |   |   |
|   |          | Less: direct expenses .                                |            |                                       | 9b     |                       |                               |  |   |   |
|   | С        | Net income or (loss) from                              | gami       | ng activities                         | · ·    | <u> ►</u>             |                               |  |   |   |
|   | 10a      | 10a Gross sales of inventory, less                     |            |                                       |        |                       |                               |  |   |   |
|   |          | returns and allowances                                 |            |                                       |        | -                     |                               |  |   |   |
|   |          | b Less: cost of goods sold 10                          |            |                                       |        |                       |                               |  |   |   |
|   | C        | Net income or (loss) from                              | sales      | s of inventory                        | • •    |                       |                               |  |   |   |
| (0  |          |  |            |                                       |        | Business Code         |                               |  |   |   |
| e   | 11a      |  |            |                                       |        |                       |                               |  |   |   |
| enu   | b        |  |            |                                       |        |                       |                               |  |   |   |
| Miscellanous<br>Revenue                                   | C        | All other revenue                                      |            |                                       |        |                       |                               |  |   |   |
| Mis   |          |  |            |                                       |        | L                     |                               |  |   |   |
|   |          | Total. Add lines 11a-11d<br>Total revenue. See instru  |            |                                       |        |                       | 1.222.175                     | 70.007                                       | 0   | 18.121  |
|   | 14       | TOTAL EVENUE, OFF USIU                                 | люлі       |                                       |        |                       | 1 1 2 2 2 1 2 3               | . / 🛪 🖣 🗌 /                                  |   |   |

| Page | 10 | ) |
|------|----|---|
|------|----|---|

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must complete all co<br>Check if Schedule O contains a response or note to | •              |                             | column (A).                     | <b>.</b> .              |
|----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
|          | not include amounts reported on lines 6b, 7b,  | (A)            | (B)                         | (C)                             | (D)                     |
|          | b, and 10b of Part VIII.   | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                | expenses                    | general expenses                | expenses                |
| •        | and domestic governments. See Part IV, line 21   |                |                             |                                 |                         |
| 2        | Grants and other assistance to domestic  |                |                             |                                 |                         |
|          | individuals. See Part IV, line 22  |                |                             |                                 |                         |
| 3        | Grants and other assistance to foreign   |                |                             |                                 |                         |
|          | organizations, foreign governments, and  |                |                             |                                 |                         |
|          | foreign individuals. See Part IV, lines 15 and 16  |                |                             |                                 |                         |
| 4        | Benefits paid to or for members  |                |                             |                                 |                         |
| 5        | Compensation of current officers, directors,   |                |                             |                                 |                         |
|          | trustees, and key employees  |                |                             |                                 |                         |
| 6        | Compensation not included above, to disqualified   |                |                             |                                 |                         |
|          | persons (as defined under section 4958(f)(1)) and  |                |                             |                                 |                         |
|          | persons described in section 4958(c)(3)(B)   |                |                             |                                 |                         |
| 7        | Other salaries and wages   |                |                             |                                 |                         |
| 8        | Pension plan accruals and contributions (include   |                |                             |                                 |                         |
|          | section 401(k) and 403(b) employer contributions)  |                |                             |                                 |                         |
| 9        | Other employee benefits  |                |                             |                                 |                         |
| 10       | Payroll taxes • • • • • • • • • • • • • • • • • • •  |                |                             |                                 |                         |
| 11       | Fees for services (nonemployees):  |                |                             |                                 |                         |
| а        | Management   | 568,264        | 457,667                     | 74,155                          | 36,442                  |
| b        | Legal • • • • • • • • • • • • • • • • • • •  |                |                             |                                 |                         |
| С        | Accounting   | 1,135          | 1,115                       | 5                               | 15                      |
| d        | Lobbying   |                |                             |                                 |                         |
| е        | Professional fundraising services. See Part IV, line 17 •  |                |                             |                                 |                         |
| f        | Investment management fees   |                |                             |                                 |                         |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column  |                |                             |                                 |                         |
|          | (A) amount, list line 11g expenses on Schedule O.) •••   | 363,525        | 357,111                     | 1,488                           | 4,926                   |
| 12       | Advertising and promotion  |                |                             |                                 |                         |
| 13       | Office expenses  | 19,946         | 17,070                      | 2,876                           |                         |
| 14       | Information technology   | 11,656         |                             | 11,656                          |                         |
| 15       | Royalties  |                |                             |                                 |                         |
| 16       | Occupancy  | 12,500         | 8,329                       | 3,619                           | 552                     |
| 17       | Travel   |                |                             |                                 |                         |
| 18       | Payments of travel or entertainment expenses   |                |                             |                                 |                         |
|          | for any federal, state, or local public officials  |                |                             |                                 |                         |
| 19       | Conferences, conventions, and meetings   | 37,490         | 5,230                       | 32,260                          |                         |
| 20       |  |                |                             |                                 |                         |
| 21       | Payments to affiliates   |                |                             |                                 |                         |
| 22<br>23 |  | 000            |                             | 000                             |                         |
| 23<br>24 | Other expenses. Itemize expenses not covered   | 933            |                             | 933                             |                         |
| 24       | above (List miscellaneous expenses on line 24e. If   |                |                             |                                 |                         |
|          | line 24e amount exceeds 10% of line 25, column   |                |                             |                                 |                         |
|          | (A) amount, list line 24e expenses on Schedule O.)   |                |                             |                                 |                         |
| 2        |  |                |                             |                                 |                         |
| a<br>b   |  |                |                             |                                 |                         |
| c<br>c   |  |                |                             |                                 |                         |
| d        |  |                |                             |                                 |                         |
| e        | All other expenses   | <u> </u>       |                             |                                 |                         |
| 25       | Total functional expenses. Add lines 1 through 24e   | 1,015,449      | 846,522                     | 126,992                         | 41,935                  |
| 26       | Joint costs. Complete this line only if the  | 1,013,113      | 0-0,322                     | 120,992                         |                         |
| -        | organization reported in column (B) joint costs  |                |                             |                                 |                         |
|          | from a combined educational campaign and fundraising solicitation. Check here  |                |                             |                                 |                         |
|          | following SOP 98-2 (ASC 958-720)   |                |                             |                                 |                         |

| Form                        | 990 (20<br><b>t X</b> | D21) Anne Arundel County Watershed Stewards Acade<br>Balance Sheet           | emy Inc 2         | 7-350 | )2329 Page 11 |
|-----------------------------|-----------------------|--|-------------------|-------|---------------|
|                             |                       | Check if Schedule O contains a response or note to any line in this Part X   |                   |       | [             |
|                             |                       |  | (A)               |       | (B)           |
|                             |                       |  | Beginning of year |       | End of year   |
|                             | 1                     | Cash - non-interest-bearing  | 356,180           | 1     | 340,451       |
|                             | 2                     | Savings and temporary cash investments                                       |                   | 2     | 122,295       |
|                             | 3                     | Pledges and grants receivable, net   | 176,937           | 3     | 233,013       |
|                             | 4                     | Accounts receivable, net   |                   | 4     |               |
|                             | 5                     | Loans and other receivables from any current or former officer, director,    |                   |       |               |
|                             |                       | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |       |               |
|                             |                       | controlled entity or family member of any of these persons                   |                   | 5     |               |
|                             | 6                     | Loans and other receivables from other disqualified persons (as defined      |                   |       |               |
|                             |                       | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                   | 6     |               |
| Ś                           | 7                     | Notes and loans receivable, net  |                   | 7     |               |
| Assets                      | 8                     | Inventories for sale or use  |                   | 8     |               |
| As                          | 9                     | Prepaid expenses and deferred charges  |                   | 9     |               |
|                             | 10a                   | Land, buildings, and equipment: cost or other                                |                   |       |               |
|                             |                       | basis. Complete Part VI of Schedule D 10a                                    |                   |       |               |
|                             | b                     | Less: accumulated depreciation 10b   |                   | 10c   |               |
|                             | 11                    | Investments - publicly traded securities                                     | 166,348           | 11    | 167,904       |
|                             | 12                    | Investments - other securities. See Part IV, line 11                         |                   | 12    |               |
|                             | 13                    | Investments - program-related. See Part IV, line 11                          |                   | 13    |               |
|                             | 14                    | Intangible assets  |                   | 14    |               |
|                             | 15                    | Other assets. See Part IV, line 11   |                   | 15    |               |
|                             | 16                    | Total assets. Add lines 1 through 15 (must equal line 33)                    | 699,465           | 16    | 863,663       |
|                             | 17                    | Accounts payable and accrued expenses  | 172,325           | 17    | 159,481       |
|                             | 18                    | Grants payable   |                   | 18    |               |
|                             | 19                    | Deferred revenue   | 55,500            | 19    | 5,500         |
|                             | 20                    | Tax-exempt bond liabilities  |                   | 20    |               |
|                             | 21                    | Escrow or custodial account liability. Complete Part IV of Schedule D        |                   | 21    |               |
| es                          | 22                    | Loans and other payables to any current or former officer, director,         |                   |       |               |
| iliti                       |                       | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |       |               |
| Liabilities                 |                       | controlled entity or family member of any of these persons                   |                   | 22    |               |
|                             | 23                    | Secured mortgages and notes payable to unrelated third parties               |                   | 23    |               |
|                             | 24                    | Unsecured notes and loans payable to unrelated third parties                 |                   | 24    |               |
|                             | 25                    | Other liabilities (including federal income tax, payables to related third   |                   |       |               |
|                             |                       | parties, and other liabilities not included on lines 17-24). Complete Part X |                   |       |               |
|                             |                       | of Schedule D  | 1                 | 25    |               |
|                             | 26                    | Total liabilities. Add lines 17 through 25                                   | 227,826           | 26    | 164,981       |
|                             |                       | Organizations that follow FASB ASC 958, check here 🛛 🕨 🔀                     |                   |       |               |
| ces                         |                       | and complete lines 27, 28, 32, and 33.                                       |                   |       |               |
| lan                         | 27                    | Net assets without donor restrictions  | 146,484           | 27    | 663,682       |
| Ва                          | 28                    | Net assets with donor restrictions   | 325,155           | 28    | 35,000        |
| pu                          |                       | Organizations that do not follow FASB ASC 958, check here                    |                   |       |               |
| ΓL                          |                       | and complete lines 29 through 33.  |                   |       |               |
| 5 01                        | 29                    | Capital stock or trust principal, or current funds                           |                   | 29    |               |
| set                         | 30                    | Paid-in or capital surplus, or land, building, or equipment fund             |                   | 30    |               |
| Ast                         | 31                    | Retained earnings, endowment, accumulated income, or other funds             |                   | 31    |               |
| Net Assets or Fund Balances | 32                    | Total net assets or fund balances  | 471,639           | 32    | 698,682       |
|                             | 33                    | Total liabilities and net assets/fund balances                               | 699,465           | 33    | 863,663       |

EEA

Form 990 (2021)

| Form | 990 (2021) Anne Arundel County Watershed Stewards Academy Inc 27-35023  | 329  | Pa             | age <b>12</b> |
|------|---|------|----------------|---------------|
| Pa   | rt XI Reconciliation of Net Assets  |      |                |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |      |                | . x           |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   |      | , 222 ,        |               |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 1    | ,015,          | ,449          |
| 3    | Revenue less expenses. Subtract line 2 from line 1  |      | 206,           | ,726          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       |      | 471,           | ,639          |
| 5    | Net unrealized gains (losses) on investments  |      | 12,            | ,647          |
| 6    | Donated services and use of facilities  |      |                |               |
| 7    | Investment expenses   |      |                |               |
| 8    | Prior period adjustments  |      |                |               |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  |      | 7,             | ,670          |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |      |                |               |
|      | 32, column (B))   |      | 698,           | ,682          |
| Pa   | rt XII Financial Statements and Reporting   |      |                |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |      |                | - 🗌           |
|      |   |      | Yes            | No            |
| 1    | Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🔲 Other                                      |      |                |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on           |      |                |               |
|      | Schedule O.   |      |                |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 | . 2a | x              |               |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |      |                |               |
|      | reviewed on a separate basis, consolidated basis, or both:  |      |                |               |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |      |                |               |
| b    | Were the organization's financial statements audited by an independent accountant?                              | . 2b |                | x             |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |      |                |               |
|      | separate basis, consolidated basis, or both:  |      |                |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |      |                |               |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |      |                |               |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       | . 2c |                |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |      |                |               |
|      | Schedule O.   |      |                |               |
| 3a   | 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?  | . 3a |                | x             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |      |                |               |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         | . 3b |                |               |
| EEA  |   | Forn | n <b>990</b> ( | 2021)         |

| SCHEDULE   | Α |
|------------|---|
| (Form 990) |   |

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# **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.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

| Name   | ame of the organization Employer identification number  |  |                            |   |                        |               |                               |       |                                 |
|--------|---|--|----------------------------|---|------------------------|---------------|-------------------------------|-------|---------------------------------|
|        | Anne Arundel County Watershed Stewards Academy Inc 27-3502329   |  |                            |   |                        |               |                               |       |                                 |
| Part   | Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.                   |  |                            |   |                        |               |                               |       |                                 |
| The or | gan   | nization is not a private foundation b                                   | ecause it is: (For lir     | nes 1 through 12, check                               | only one b             | ox.)          |                               |       |                                 |
| 1      | 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).                      |  |                            |   |                        |               |                               |       |                                 |
| 2      | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)                                    |  |                            |   |                        |               |                               |       |                                 |
| 3      |   | A hospital or a cooperative hospita                                      | l service organizatio      | on described in <b>section</b> 1                      | 170(b)(1)(A            | A)(iii).      |                               |       |                                 |
| 4      | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the |  |                            |   |                        |               |                               |       |                                 |
|        | hospital's name, city, and state:   |  |                            |   |                        |               |                               |       |                                 |
| 5      | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |  |                            |   |                        |               |                               |       |                                 |
|        | section 170(b)(1)(A)(iv). (Complete Part II.)   |  |                            |   |                        |               |                               |       |                                 |
| 6      |   | A federal, state, or local governme                                      | nt or governmental         | unit described in <b>section</b>                      | 170(b)(1)              | (A)(v).       |                               |       |                                 |
| 7      |   | An organization that normally receiption                                 |                            |   | jovernmen              | tal unit or f | rom the general public        |       |                                 |
|        | _   | described in section 170(b)(1)(A)(                                       | vi). (Complete Part        | II.)  |                        |               |                               |       |                                 |
| 8      |   | A community trust described in sec                                       | tion 170(b)(1)(A)(v        | <b>/i).</b> (Complete Part II.)                       |                        |               |                               |       |                                 |
| 9      | Ш   | An agricultural research organization                                    | on described in <b>sec</b> | tion 170(b)(1)(A)(ix) ope                             | erated in co           | onjunction    | with a land-grant colleg      | je    |                                 |
|        |   | or university or a non-land-grant co                                     | llege of agriculture       | (see instructions). Enter                             | the name,              | city, and s   | tate of the college or        |       |                                 |
|        | _   | university:  |                            |   |                        |               |                               |       |                                 |
| 10     | Ш   | An organization that normally receipts from activities related to its    |                            |   |                        |               |                               | SS    |                                 |
|        |   | support from gross investment inco                                       |                            |   |                        |               |                               |       |                                 |
|        |   | acquired by the organization after .                                     |                            |   | •                      |               |                               |       |                                 |
| 11     | =   | An organization organized and ope  | •                          |   |                        |               |                               |       |                                 |
| 12     | _   | An organization organized and ope  | •                          |   |                        |               | • • •                         |       |                                 |
|        |   | one or more publicly supported org                                       |                            |   |                        |               |                               | Check |                                 |
| _      |   | the box in lines 12a through 12d th                                      | •••                        |   |                        |               | •                             |       |                                 |
| а      |   | <b>Type I.</b> A supporting organization                                 |                            | •   |                        | -             | .,                            | ıg    |                                 |
|        |   | the supported organization(s) t  |                            | • • • •   | ority of the           | airectors     | or trustees of the            |       |                                 |
| b      |   | supporting organization. <b>You n Type II.</b> A supporting organization | -                          |   | ith ite cup            | ortod orac    | nization(c) by baying         |       |                                 |
| U      |   | control or management of the   | •                          |   |                        | -             | .,                            | be    |                                 |
|        |   | organization(s). You must cor  |                            |   |                        |               | or manage the support         | Ju    |                                 |
| с      |   | Type III functionally integrate  | -                          |   | nnection w             | ith and fu    | nctionally integrated wit     | th    |                                 |
| Ŭ      |   | its supported organization(s) (s   |                            |   |                        |               |                               | ,     |                                 |
| d      |   | Type III non-functionally inte   | ,                          | -   |                        |               |                               | n(s)  |                                 |
|        |   | that is not functionally integrate                                       | •                          |   |                        |               |                               | • •   |                                 |
|        |   | requirement (see instructions).  | 0                          | <b>o</b> , ,  |                        | •             |                               |       |                                 |
| е      |   | Check this box if the organizat  | on received a writte       | en determination from the                             | e IRS that i           | t is a Type   | I, Type II, Type III          |       |                                 |
|        |   | functionally integrated, or Type   | III non-functionally       | integrated supporting or                              | ganization             |               |                               |       |                                 |
| f      | E   | inter the number of supported orgar                                      | izations                   |   |                        |               |                               |       |                                 |
| g      | Р   | Provide the following information abo                                    | out the supported or       | ganization(s).  |                        |               |                               |       |                                 |
|        | (i) Na  | ame of supported organization  | (ii) EIN                   | (iii) Type of organization                            | (iv) Is the o          | •             | (v) Amount of monetary        | (vi   | ) Amount of                     |
|        |   |  |                            | (described on lines 1-10<br>above (see instructions)) | listed in you<br>docum |               | support (see<br>instructions) |       | er support (see<br>nstructions) |
|        |   |  |                            |   |                        |               | nau dellona)                  |       |                                 |
|        |   |  |                            |   | Yes                    | No            |                               |       |                                 |
| (A)    |   |  |                            |   |                        |               |                               |       |                                 |
|        |   |  |                            |   |                        |               |                               |       |                                 |
| (B)    | B)  |  |                            |   |                        |               |                               |       |                                 |
|        |   |  |                            |   |                        |               |                               |       |                                 |
| (C)    | c)  |  |                            |   |                        |               |                               |       |                                 |
|        |   |  |                            |   |                        |               |                               |       |                                 |
| (D)    |   |  |                            |   |                        |               |                               |       |                                 |
|        |   |  |                            |   |                        |               |                               |       |                                 |
| (E)    |   |  |                            |   |                        |               |                               |       |                                 |
| Total  |   |  |                            |   |                        |               |                               |       |                                 |

| -     | e A (Form 990) 2021 Anne Arunde                  | el County W    | latershed St     | tewards Aca     | demy Inc     | 27-350232      |             |
|-------|--|----------------|------------------|-----------------|--------------|----------------|-------------|
| Part  |  |                |                  |                 |              |                |             |
|       | (Complete only if you checked th                 |                |                  |                 |              |                | alify under |
|       | Part III. If the organization fails to           | o qualify und  | er the tests lis | sted below, p   | lease comple | ete Part III.) |             |
|       | on A. Public Support                             |                |                  |                 |              | _              |             |
| Calen | dar year (or fiscal year beginning in) 🕨         | (a) 2017       | (b) 2018         | (c) 2019        | (d) 2020     | (e) 2021       | (f) Total   |
| 1     | Gifts, grants, contributions, and                |                |                  |                 |              |                |             |
|       | membership fees received. (Do not                |                |                  |                 |              |                |             |
|       | include any "unusual grants.")                   | 574,195        | 1,483,301        | 765,219         | 717,179      | 1,125,147      | 4,665,041   |
| 2     | Tax revenues levied for the                      |                |                  |                 |              |                |             |
|       | organization's benefit and either paid to        |                |                  |                 |              |                |             |
|       | or expended on its behalf                        |                |                  |                 |              |                |             |
| 3     | The value of services or facilities              |                |                  |                 |              |                |             |
|       | furnished by a governmental unit to the          |                |                  |                 |              |                |             |
|       | organization without charge                      |                |                  |                 |              |                |             |
| 4     | Total. Add lines 1 through 3                     | 574,195        | 1,483,301        | 765,219         | 717,179      | 1,125,147      | 4,665,041   |
| 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)                     |                |                  |                 |              |                | 69,880      |
| 6     | Public support. Subtract line 5 from line 4 -    |                |                  |                 |              |                | 4,595,161   |
|       | on B. Total Support                              |                |                  |                 |              |                | 4,333,101   |
|       | dar year (or fiscal year beginning in) ►         | (a) 2017       | (b) 2018         | (c) 2019        | (d) 2020     | (e) 2021       | (f) Total   |
| 7     | Amounts from line 4                              | 574,195        | 1,483,301        | 765,219         | 717,179      | 1,125,147      | 4,665,041   |
| 8     | Gross income from interest, dividends,           |                |                  | ,               |              |                |             |
| -     | payments received on securities loans,           |                |                  |                 |              |                |             |
|       | rents, royalties, and income from                |                |                  |                 |              |                |             |
|       | similar sources                                  |                |                  | 90              | 91           | 7              | 188         |
| 9     | Net income from unrelated business               |                |                  | 50              |              | · · ·          | 100         |
| •     | activities, whether or not the business          |                |                  |                 |              |                |             |
|       | is regularly carried on                          |                |                  |                 |              |                |             |
| 10    | Other income. Do not include gain or             |                |                  |                 |              |                |             |
|       | loss from the sale of capital assets             |                |                  |                 |              |                |             |
|       | (Explain in Part VI.)                            |                |                  |                 |              |                |             |
| 11    | <b>Total support.</b> Add lines 7 through 10     |                |                  |                 |              |                | A 665 220   |
| 12    | Gross receipts from related activities, etc.     | (see instructi | l<br>ons)        |                 |              | 12             | 4,665,229   |
| 13    | First 5 years. If the Form 990 is for the or     | •              | ,                |                 |              |                | (c)(3)      |
| 15    | organization, check this box and <b>stop he</b>  | 0              |                  |                 |              |                |             |
| Secti | on C. Computation of Public Suppo                | rt Percenta    |                  |                 |              |                |             |
| 14    | Public support percentage for 2021 (line 6       |                |                  | 11. column (f)) |              | 14             | 98.50 %     |
| 15    | Public support percentage from 2020 Sch          |                |                  |                 |              | 15             | 99.92 %     |
| 16a   | 33 1/3% support test - 2021. If the organ        |                |                  |                 |              |                |             |
|       | box and <b>stop here</b> . The organization qua  |                |                  |                 |              |                |             |
| b     | 33 1/3% support test - 2020. If the organ        |                | • • • •          | -               |              |                | _           |
| -     | this box and <b>stop here</b> . The organization |                |                  |                 |              |                |             |
| 17a   | 10%-facts-and-circumstances test - 202           |                |                  | -               |              |                | _           |
|       | 10% or more, and if the organization mee         | -              |                  |                 |              |                |             |
|       | Part VI how the organization meets the fa        |                |                  |                 |              | •              |             |
|       | organization                                     |                |                  | -               | -            |                | ·           |
| b     | 10%-facts-and-circumstances test - 202           |                |                  |                 |              |                |             |
| U     | 15 is 10% or more, and if the organization       | •              |                  |                 |              |                |             |
|       | in Part VI how the organization meets the        |                |                  |                 |              | •              | -           |
|       | organization                                     |                |                  | -               | -            |                |             |
| 18    | Private foundation. If the organization di       |                |                  |                 |              |                |             |
| 10    | instructions                                     |                |                  |                 |              |                |             |
|       |  |                |                  |                 |              |                | · · · · / / |

|       | If the organization fails to qualify   | under the te   | ests listed bel  | ow, please co     | omplete Part l   | II.)           |                    |
|-------|--|----------------|------------------|-------------------|------------------|----------------|--------------------|
| Secti | on A. Public Support   |                |                  |                   |                  |                |                    |
| Calen | dar year (or fiscal year beginning in)►  | (a) 2017       | (b) 2018         | (c) 2019          | (d) 2020         | (e) 2021       | (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<br>furnished in any activity that is related to the<br>organization's tax-exempt purpose |                |                  |                   |                  |                |                    |
| 3     | Gross receipts from activities that are not an   |                |                  |                   |                  |                |                    |
| 5     | 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 disgualified  |                |                  |                   |                  |                |                    |
|       | 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.)   |                |                  |                   |                  |                |                    |
| Secti | on B. Total Support  |                | I                | L                 | L                |                |                    |
| Calen | dar year (or fiscal year beginning in)►  | (a) 2017       | (b) 2018         | (c) 2019          | (d) 2020         | (e) 2021       | (f) 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 on line 10b, whether   |                |                  |                   |                  |                |                    |
|       | or not the business is regularly carried on  |                |                  |                   |                  |                |                    |
| 12    | Other income. Do not include gain or   |                |                  |                   |                  |                |                    |
|       | loss from the sale of capital assets   |                |                  |                   |                  |                |                    |
|       | (Explain in Part VI.)  |                |                  |                   |                  |                |                    |
| 13    | Total support. (Add lines 9, 10c, 11,  |                |                  |                   |                  |                |                    |
|       | and 12.)   |                |                  |                   |                  |                |                    |
| 14    | First 5 years. If the Form 990 is for the or   | ganization's f | irst, second, th | ird, fourth, or f | ifth tax year as | a section 501  | (c)(3)             |
|       | organization, check this box and stop her  |                |                  |                   |                  | <u></u>        | · · · · <b>·</b> ► |
|       | on C. Computation of Public Suppo  |                |                  |                   |                  |                |                    |
| 15    | Public support percentage for 2021 (line 8   |                |                  |                   |                  | 15             | %                  |
| 16    | Public support percentage from 2020 Sch  |                |                  |                   |                  | 16             | %                  |
| -     | on D. Computation of Investment In   |                |                  |                   |                  | 4-1            |                    |
| 17    | Investment income percentage for 2021 (I   |                |                  |                   |                  | 17             | %                  |
| 18    | Investment income percentage from 2020   |                |                  |                   |                  |                | %                  |
| 19a   | · · · · · · · · · · · · · · · · · · ·  |                |                  |                   |                  |                |                    |
| -     | 17 is not more than 33 1/3%, check this b  | -              | -                | -                 |                  |                |                    |
| b     | 33 1/3% support tests - 2020. If the organizatio   |                |                  |                   |                  |                | 1 . –              |
| •••   | line 18 is not more than 33 1/3%, check this box   | -              | -                | • •               | • • • •          | -              | ····▶ [_           |
| 20    | Private foundation. If the organization die  | a not check a  | box on line 14   | , 19a, or 19b, o  | check this box a | and see instru | ictions 🕨 🗌        |

Anne Arundel County Watershed Stewards Academy Inc

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

Page 3

27-3502329

Schedule A (Form 990) 2021

Part III

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

7 8 9a 9b 9c 10a 10b

| Part          | IV         Supporting Organizations (continued)   |       |        | uge |
|---------------|---|-------|--------|-----|
| i ait         |   |       | Yes    | No  |
| 11            | Has the organization accepted a gift or contribution from any of the following persons?   |       | 100    | 110 |
| a             | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and                      |       |        |     |
| u             | 11c below, the governing body of a supported organization?  | 11a   |        |     |
| b             | A family member of a person described in line 11a above?  | 11b   |        |     |
| c             | A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,                               |       |        |     |
| L             | provide detail in <b>Part VI.</b>   | 11c   |        |     |
| Secti         | on B. Type I Supporting Organizations   | 110   |        |     |
|               |   |       | Yes    | No  |
| 1             | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or          |       | 100    |     |
| •             | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,       |       |        |     |
|               | directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the            |       |        |     |
|               | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                    | 1     |        |     |
| 2             | Did the organization operate for the benefit of any supported organization other than the supported                                 | -     |        |     |
| 2             |   |       |        |     |
|               | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>              |       |        |     |
|               | <b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,                       | •     |        |     |
| <u>Po oti</u> | supervised, or controlled the supporting organization.  | 2     |        |     |
| ecu           | on 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                    |       | res    | NO  |
| 1             | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control                |       |        |     |
|               |   |       |        |     |
|               | or management of the supporting organization was vested in the same persons that controlled or managed                              | 4     |        |     |
| eati          | the supported organization(s).  | 1     |        |     |
| becu          | on D. All Type III Supporting Organizations   |       | Vee    | No  |
| 4             |   |       | Yes    | INC |
| 1             | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                      |       |        |     |
|               | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax               |       |        |     |
|               | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the              |       |        |     |
| •             | organization's governing documents in effect on the date of notification, to the extent not previously provided?                    | 1     |        |     |
| 2             | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                    |       |        |     |
|               | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how           |       |        |     |
|               | the organization maintained a close and continuous working relationship with the supported organization(s).                         | 2     |        |     |
| 3             | By reason of the relationship described in line 2, above, did the organization's supported organizations have                       |       |        |     |
|               | a significant voice in the organization's investment policies and in directing the use of the organization's                        |       |        |     |
|               | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's                 |       |        |     |
|               | supported organizations played in this regard.  | 3     |        |     |
|               | on E. Type III Functionally Integrated Supporting Organizations   |       |        |     |
| 1             | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see                  | e ins | tructi | ons |
| а             | The organization satisfied the Activities Test. Complete line 2 below.  |       |        |     |
| b             | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>                                |       |        |     |
| С             | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction | ons). |        |     |
| 2             | Activities Test. Answer lines 2a and 2b below.  |       | Yes    | No  |
| а             | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                  |       |        |     |
|               | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                          |       |        |     |
|               | those supported organizations and explain how these activities directly furthered their exempt purposes,                            |       |        |     |
|               | how the organization was responsive to those supported organizations, and how the organization determined                           |       |        |     |
|               | that these activities constituted substantially all of its activities.  | 2a    |        |     |
| b             | Did the activities described on line 2a, above, constitute activities that, but for the organization's                              |       |        |     |
|               | involvement, one or more of the organization's supported organization(s) would have been engaged in? If                             |       |        |     |
|               | "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would               |       |        |     |
|               | have engaged in these activities but for the organization's involvement.  | 2b    |        |     |
| 3             | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>   |       |        |     |
| a             | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                         |       |        |     |
|               | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>                               | 3a    |        |     |
| h             | The two experiments are substantial degree of direction over the provide details in <b>art</b> it.                                  |       |        |     |

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 

Anne Arundel County Watershed Stewards Academy Inc

Schedule A (Form 990) 2021

3b

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| Part V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations         1       Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See   |       | A (Form 990) 2021 Anne Arundel County Watershed Stewards in                   | Aca    | demy Inc 27-3502          | 2329 Page 6       |
|---|-------|---|--------|---------------------------|-------------------|
| Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.       (A) Prior Year       (B) Current Year (optional)         1       Net short-term capital gain       1       (a) Prior Year       (b) Current Year (optional)         2       Recoveries of prior-year distributions       2       (b) Current Year       (c) Prior Year         3       Other gross income (see instructions)       3       (b) Current Year       (c) Prior Year         4       Add lines 1 through 3.       4       (c) Prior Year       (c) Prior Year       (c) Prior Year         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 or income (see instructions)       6       (c) Prior Year       (b) Current Year (optional)         7       Other expenses (see instructions)       7       8       (c) Prior Year       (c) Prior Year         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (c) Prior Year       (c) Prior Year         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       (a) Prior Year       (b) Current Year (optional)         1       Aggregate fair market value of one non-exempt-use assets       1c       (c) Prior Year   |       |   |        |                           |                   |
| Section 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 gress 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 of ror management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       6         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions) for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a       0         b       Average monthly value of other ron-exempt-use assets       1c       1d         c Fair market value of other non-exempt-use assets       1c       2       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2       2 <t< td=""><td>1</td><td></td><td>-</td><td></td><td></td></t<>   | 1     |   | -      |                           |                   |
| Section A - Adjusted Net Income       (A) Prior Year       (optional)         1       Net short-term capital gain       1       (optional)         2       Recoveries of prior-year distributions       2   |       | instructions. All other Type III non-functionally integrated supporting organ | lizat  | ions must complete Secti  |                   |
| 2       Recoveries of prior-year distributions       2         3       Other gross income (see instructions)       3         4       Add lines 1 through 3.       4         5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of other non-exempt-use assets       1c       1d       1d         b Average monthly value of securities       1a       1d       2       2         d Total (add lines 1a, 1b, and 1c)       1d       1d       2       2       2         2       Acquisition in detail in Part VI):       2       2       2       2       3       3<  | Secti | on A - Adjusted Net Income  |        | (A) Prior Year            |                   |
| 3       Other gross income (see instructions)       3         4       Add lines 1 through 3.       4         5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a       1a         b Average monthly value of securities       1a       1a         c Fair market value of other non-exempt-use assets       1c       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       2       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2       2         3       Subtract line 2 from line 1d.       3       2       2         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  | 1     |   | 1      |                           |                   |
| 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         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         9       Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       (A) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year         4       Total (add lines 1a, 1b, and 1c)       1d       (D) Prior Year       (D) Prior Year         2       Acquisition indebtedness applicable to non-exempt-use assets       1c       1d       (D) Prior Year         4       Discount claimed for blockage or other factors (explain in detail in Part V):       2       2       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2       3       3       2         3       Subtract line 2 from line 1d.       3 <td< td=""><td>2</td><td>Recoveries of prior-year distributions</td><td>2</td><td></td><td></td></td<>  | 2     | Recoveries of prior-year distributions  | 2      |                           |                   |
| 5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a       (C) prior Year         4       Total (add lines 1a, 1b, and 1c)       1d         9       Discount claimed for blockage or other factors (explain in detail in Part VI):       2         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 assets (see for market value of non-exempt-use assets)       6         7       Recoveries of prior-year distributions       7         8       Subtract line 2 from line 1d.       3         4       Cash deemed held for exempt-use assets (subtract line 4 from line 3)       5  | 3     |   | 3      |                           |                   |
| 6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a         b       Average monthly cash balances       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         e       Discount claimed for blockage or other factors (explain in detail in Part VI):       3         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       Reco   | 4     |   | 4      |                           |                   |
| of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a         b       Average monthly cash balances       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d       1d         e       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       2       4         4       Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)       5       6       4         5       Net value of non-exempt-use assets (subtract line 4 from line 3)       5       5       6         7       Recoveries of prior-year distributions       7       8       6 </td <td>5</td> <td>· · ·</td> <td>5</td> <td></td> <td></td>   | 5     | · · ·   | 5      |                           |                   |
| property held for production of income (see instructions)67Other expenses (see instructions)78Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Section B - Minimum Asset Amount1Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):aAverage monthly value of securities1abAverage monthly value of other non-exempt-use assets1ccFair market value of other non-exempt-use assets1cdTotal (add lines 1a, 1b, and 1c)1deDiscount claimed for blockage or other factors<br>(explain in detail in Part VI):22Acquisition indebtedness applicable to non-exempt-use assets23Subtract line 2 from line 1d.34Cash deemed held for exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount21Adjusted net income for prior year (from Section A, line 8, column A)12Enter onest amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4  | 6     | Portion of operating expenses paid or incurred for production or collection   |        |                           |                   |
| 7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a         b       Average monthly cash balances       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         e       Discount claimed for blockage or other factors (explain in detail in Part VI):       1a         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 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         Section C - Distributable Amount       2       2         1       Adjusted net income for prior year (from Section A, line 8, column A)       1   |       | of gross income or for management, conservation, or maintenance of            |        |                           |                   |
| 8       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       (A) Prior Year       (B) Current Year (optional)         a Average monthly value of securities       1a       (A) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Average monthly cash balances       1b       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Moriand (add lines 1a, 1b, and 1c)       1d       (D) Prior Year       (D) Prior Year       (D) Prior Year         a Acquisition indebtedness applicable to no   |       | property held for production of income (see instructions)                     | 6      |                           |                   |
| Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       a       a         a Average monthly value of securities       1a           b Average monthly cash balances       1b           c Fair market value of other non-exempt-use assets       1c           d Total (add lines 1a, 1b, and 1c)       1d           e 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            2       <  | 7     | Other expenses (see instructions)   | 7      |                           |                   |
| Section B - Minimum Asset Amount       (A) Prior 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):       1a       (optional)         a Average monthly value of securities       1a       1a       (optional)         b Average monthly cash balances       1b       C       C       C         c Fair market value of other non-exempt-use assets       1c       C       C       C         d Total (add lines 1a, 1b, and 1c)       1d       C       C       C       C         e Discount claimed for blockage or other factors (explain in detail in Part VI):       C       C       C       C         2       Acquisition indebtedness applicable to non-exempt-use assets       2       C       C       C         3       Subtract line 2 from line 1d.       3       C </td <td>8</td> <td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td> <td>8</td> <td></td> <td></td>   | 8     | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                  | 8      |                           |                   |
| instructions for short tax year or assets held for part of year):1aa Average monthly value of securities1ab Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors<br>(explain in detail in Part VI):1d2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d.34 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by 0.035.67 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount11 Adjusted net income for prior year (from Section A, line 8, column A)12 Enter 0.85 of line 1.23 Minimum asset amount for prior year (from Section B, line 8, column A)34 Enter greater of line 2 or line 3.4   | Secti | on B - Minimum Asset Amount   |        | (A) Prior Year            |                   |
| a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors<br>(explain in detail in Part VI):       1d         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,<br>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         Section 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   | 1     | Aggregate fair market value of all non-exempt-use assets (see                 |        |                           |                   |
| bAverage monthly cash balances1bcFair market value of other non-exempt-use assets1cdTotal (add lines 1a, 1b, and 1c)1deDiscount claimed for blockage or other factors<br>(explain in detail in Part VI):1d2Acquisition indebtedness applicable to non-exempt-use assets23Subtract line 2 from line 1d.34Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,<br>see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount121Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4  |       | instructions for short tax year or assets held for part of year):             |        |                           |                   |
| c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         e       Discount claimed for blockage or other factors<br>(explain in detail in Part VI):       1d         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,<br>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         Section 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   | а     | Average monthly value of securities   | 1a     |                           |                   |
| d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors<br>(explain in detail in Part VI):       2         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,<br>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         Section 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  | b     | Average monthly cash balances   | 1b     |                           |                   |
| e Discount claimed for blockage or other factors<br>(explain in detail in Part VI):       2         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,<br>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         Section 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  | C     | Fair market value of other non-exempt-use assets                              | 1c     |                           |                   |
| (explain in detail in Part VI):Image: constraint of the second secon | d     | Total (add lines 1a, 1b, and 1c)  | 1d     |                           |                   |
| 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         Section 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   | e     | Discount claimed for blockage or other factors                                |        |                           |                   |
| 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         Section 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  |       | (explain in detail in <b>Part VI</b> ):                                       |        |                           |                   |
| 4Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,<br>see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4   | 2     | Acquisition indebtedness applicable to non-exempt-use assets                  | 2      |                           |                   |
| see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4   | 3     | Subtract line 2 from line 1d.   | 3      |                           |                   |
| 5Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4  | 4     | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |        |                           |                   |
| 6Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4  |       | see instructions).  | 4      |                           |                   |
| 7Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4   | 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)              | 5      |                           |                   |
| 8Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4   | 6     | Multiply line 5 by 0.035.   | 6      |                           |                   |
| Section 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   | 7     | Recoveries of prior-year distributions  | 7      |                           |                   |
| 1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.4  | 8     | Minimum Asset Amount (add line 7 to line 6)                                   | 8      |                           |                   |
| 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   | Secti | on C - Distributable Amount   |        |                           | Current Year      |
| 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   | 1     | Adjusted net income for prior year (from Section A, line 8, column A)         | 1      |                           |                   |
| 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   | 2     | Enter 0.85 of line 1.   | 2      |                           |                   |
| 4   Enter greater of line 2 or line 3.   4  |       |   |        |                           |                   |
| 5 Income tax imposed in prior year 5  | 4     |   | 4      |                           |                   |
|   | 5     |   | 5      |                           |                   |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  | 6     |   |        |                           |                   |
| emergency temporary reduction (see instructions).   |       |   | 6      |                           |                   |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization  | 7     |   | ally i | ntegrated Type III suppor | ting organization |
| (see instructions).   |       |   | ,      |                           |                   |

Schedule A (Form 990) 2021

| Schedul<br>Part | e A (Form 990) 2021 Anne Arundel County Water V Type III Non-Functionally Integrated 509(a)( |                             |  |   |
|-----------------|--|-----------------------------|--|---|
| Secti           | Current Year   |                             |  |   |
| 1               | Amounts paid to supported organizations to accomplish e                                      | 1                           |  |   |
| 2               | Amounts paid to perform activity that directly furthers exer                                 |                             | ted                                    |   |
|                 | organizations, in excess of income from activity   |                             | 2                                      |   |
| 3               | Administrative expenses paid to accomplish exempt purpo                                      | oses of supported organ     |  |   |
| 4               | Amounts paid to acquire exempt-use assets  | 11 5                        | 4                                      |   |
| 5               | Qualified set-aside amounts (prior IRS approval required)                                    | - provide details in Part   |  |   |
| 6               | Other distributions ( <i>describe in Part VI</i> ). See instructions.                        |                             | 6                                      |   |
| 7               | <b>Total annual distributions.</b> Add lines 1 through 6.                                    |                             | 7                                      |   |
| 8               | Distributions to attentive supported organizations to which                                  | the organization is res     |  |   |
| U               | (provide details in <b>Part VI</b> ). See instructions.                                      | r the organization is resp  | 8                                      |   |
| 9               | Distributable amount for 2021 from Section C, line 6   |                             | 9                                      |   |
| -               |  |                             | -                                      |   |
| 10              | Line 8 amount divided by line 9 amount   |                             | [10                                    |   |
| Secti           | on E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
| 1               | Distributable amount for 2021 from Section C, line 6   |                             |  |   |
| 2               | Underdistributions, if any, for years prior to 2021  |                             |  |   |
|                 | (reasonable cause required - <i>explain in <b>Part VI</b>).</i> See                          |                             |  |   |
|                 | instructions.  |                             |  |   |
| 3               | Excess distributions carryover, if any, to 2021  |                             |  |   |
| а               | From 2016  |                             |  |   |
| b               | From 2017  |                             |  |   |
| C               | From 2018  |                             |  |   |
| d               | From 2019  |                             |  |   |
| e               | From 2020  |                             |  |   |
| f               | Total of lines 3a through 3e   |                             |  |   |
| -               | Applied to underdistributions of prior years   |                             |  |   |
| <u> </u>        | Applied to 2021 distributable amount   |                             |  |   |
| <u> </u>        | Carryover from 2016 not applied (see instructions)   |                             |  |   |
|                 | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                       |                             |  |   |
|                 | -  |                             |  |   |
| 4               | Distributions for 2021 from  |                             |  |   |
|                 | Section D, line 7: \$  |                             |  |   |
| <u>a</u>        | Applied to underdistributions of prior years   |                             |  |   |
| b               | Applied to 2021 distributable amount   |                             |  |   |
| C               | Remainder. Subtract lines 4a and 4b from line 4.   |                             |  |   |
| 5               | Remaining underdistributions for years prior to 2021, if                                     |                             |  |   |
|                 | any. Subtract lines 3g and 4a from line 2. For result  |                             |  |   |
|                 | greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.                      |                             |  |   |
| 6               | Remaining underdistributions for 2021. Subtract lines 3h                                     |                             |  |   |
|                 | and 4b from line 1. For result greater than zero, explain in                                 |                             |  |   |
|                 | Part VI. See instructions.   |                             |  |   |
| 7               | Excess distributions carryover to 2022. Add lines 3j   |                             |  |   |
|                 | and 4c.  |                             |  |   |
| 8               | Breakdown of line 7:   |                             |  |   |
| a               | Excess from 2017   |                             |  |   |
|                 | Excess from 2018   |                             |  |   |
| C               | E  |                             |  |   |
| d               | E  |                             |  |   |
| e               | F ( 0001   |                             |  |   |
|                 | Excess from 2021   |                             |  | Pahadula A (Earra 200) 0001               |
| EEA             |  |                             |  | Schedule A (Form 990) 2021                |

| 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.) |
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## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

## Anne Arundel County Watershed Stewards Academy Inc

Employer identification number 27-3502329

#### 01. Form 990 governing body review (Part VI, line 11)

WSA financial staff and Board Members review and approve the return prior to finalization

and filing.

#### 02. CEO, executive director, top management comp (Part VI, line 15a)

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.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

Governing documents, conflict of interest policy and financial statements are available to

all WSA members and are made available upon request to the public.

#### 04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

| To reconcile net assets  | \$10,538 |  |  |  |  |
|--|----------|--|--|--|--|
| To adjust net assets for 2020 deferred revenue                   | 50,500   |  |  |  |  |
| that should have been 2020 contribution revenue                  |          |  |  |  |  |
| To accrue accrued compensation related to 2020 and prior         | (53,368) |  |  |  |  |
| Total  | \$61,038 |  |  |  |  |
|  |          |  |  |  |  |
| 05. List of other fees for services expenses (Part IX, line 11g) |          |  |  |  |  |
|  |          |  |  |  |  |

Program

M&G Fundraising

| Sched | ule O (Form 99  | 90) 2021 |                 |               |         | Page 2                         |
|-------|-----------------|----------|-----------------|---------------|---------|--------------------------------|
|       | of the organiza |          |                 |               |         | Employer identification number |
|       |                 |          | ershed Stewards | s Academy Inc | ł       | 27-3502329                     |
|       |                 |          |                 |               |         |                                |
| Rest  | oration         | Projects | \$357,111       | \$1,488       | \$4,926 |                                |
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