Form <b>990</b>
(Rev. January 2020)
Department of the Treasury

Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AF	or the	e 2019 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization	D Employer identifie	cation number	
X	Addre chang				
	Name chang		20-27906	97	
	return Final return		Room/suite	E Telephone number	
	termir			G Gross receipts \$	529,502.
	Amen Ireturn			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: BRADLEY WATSON		for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🔄 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
JV	Vebsi	te: COASTALSTATESFOUNDATION.ORG		H(c) Group exemption	n number 🕨
κF	orm of	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004 N	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: $\underline{THE}$	FOUNDA	TION WORKS	IN
anc		PARTNERSHIP WITH PUBLIC, PRIVATE AND ACA	DEMIC	INTERESTS T	O SUPPORT
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
0Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ی مە	4	Number of independent voting members of the governing body (Part VI, line 1b)		8	
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
iviti		Total number of volunteers (estimate if necessary)		0	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
P		Contributions and grants (Part VIII, line 1h)		5,070,967.	312,737.
Revenue		Program service revenue (Part VIII, line 2g)		50,000.	215,469.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,170.	1,296.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,128,137.	529,502.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă.		Total fundraising expenses (Part IX, column (D), line 25)		0 000 010	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,097,018.	2,078,422.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	2,097,018.	2,078,422.
	19	Revenue less expenses. Subtract line 18 from line 12		3,031,119.	-1,548,920.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alai		Total assets (Part X, line 16)		3,762,895.	1,988,440.
et A nd E		Total liabilities (Part X, line 26)	-	136,206.	186,046.
		Net assets or fund balances. Subtract line 21 from line 20		3,626,689.	1,802,394.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

0:		Signature of	officer					Date	
Sign Here	K	BRADLE	EY WATSON,	SECRET	ARY			Duto	
		Type or print	t name and title						
	Print	t/Type prepare	er's name		Preparer's signature		Date	Check	PTIN
Paid	MOI	LLIE G.	LAMBERT		MOLLIE G.	LAMBERT		• oon on proyou	P01336155
Preparer	Firm	's name 🕒	COUNCILOR	, BUCHA	NAN & MITC	CHELL, P.C.		Firm's EIN ▶ 52	-1711839
Use Only	Firm	's address 🕨	7910 WOODI	10NT AV	'E. STE. 5(	00			
			BETHESDA,	MD 208	14			Phone no. (301	) 986-0600
May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	P32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2019)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 2 t III Statement of Program Service Accomplishments						
	Check if Schedule O contains a response or note to any line in this Part III						
1	Briefly describe the organization's mission: COASTAL STATES STEWARDSHIP FOUNDATION (CSSF) WORKS IN PARTNERSHIP WITH						
	PUBLIC, PRIVATE AND ACADEMIC INTERESTS TO SUPPORT HEALTHY COASTAL						
	ECOSYSTEMS AND PROSPEROUS COASTAL COMMUNITIES FOR THE BENEFIT OF						
	CURRENT AND FUTURE GENERATIONS.						
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?						
	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? Yes 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 by expenses.						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and						
	revenue, if any, for each program service reported.						
4a	(Code: ) (Expenses \$ 2,025,942. including grants of \$ ) (Revenue \$ 215,469.) OCEAN MANAGEMENT: CSSF SERVES AS A CATALYST FOR COASTAL MANAGERS AS THEY EXPORE ADN APPLY THE MOST INNOVATIVE MANAGEMENT TECHNIQUES AND						
	DECISIONS TO THE NATIONS PRESSING COASTAL ECONOMIC SOCIAL CULTURAL AND						
	ENVIRONMENTAL ISSUES CSSF ALSO EDUCATES THE PUBLIC ABOUT THE BENEFITS						
	AND VALUE OF HEALTHY AND PRODUCTIVE COASTAL ECOSYSTEMS.						
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )						
40	(code) (expenses \$) (notating grants of \$) (nevenue \$)						
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )						
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 2,025,942.						
4e	Total program service expenses ► 2,025,942. Form <b>990</b> (2019)						
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 22
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
IZa		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZd	- 23	
D	If "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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
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Form 990	(2019)	COASTAL	STATES	STEWARDSHIP	FOUNDATION
Part V	Statements	Regarding Ot	her IRS Fili	ngs and Tax Com	pliance (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	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?						
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	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).			37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
	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	6.		х			
h	any contributions that were not tax deductible as charitable contributions?	6a		- 21			
U		6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	do					
' 2	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					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.0					
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
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 organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against						
12-	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZd					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100					
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 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	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.						

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

In Enter the number of voling members of the governing body at the end of the tax year       In the are instail differences in voling rights among members of the governing body.       If the governing body of the governing body at the end of the tax year         In the are instail differences in voling rights among members of the governing body.       If the governing body of the governing body at the end of the tax year         In the organization function.       In the governing body of the governing body at the end of the tax year.       In the governing body of the governing body at the end of the tax year.         In the organization disease any significant changes to its governing documents since the pror Form 900 was filed?       In the organization bace may significant changes to its governing documents since the pror Form 900 was filed?         In the organization bace members or stochholders?       In the organization bace members or stochholders?       In the organization bace members or stochholders?         In the organization bace members or stochholders?       In the organization bace members or stochholders?       In the organization bace members or stochholders?         In the organization bace members or stochholders?       In the organization contemporaneously document the meetings held or writte actions undertaken during the year by following:       In the organization mean during tays at the mane and addresses on Schedula D         In the organization nave members or stochholders?       In the organization provided a complete copy of this Form 990 to all members of tay covering the use at the organization reares at the organization reares and addresses on Schedula D	0.0.0	Check if Schedule O contains a response or note to any line in this Part VI					
1a         Enter the number of voting members of the governing body, of the preming body (eliqued broad authority to an execute committee or similar committee, explain on Schedule 0.         1a         1b         8           0         Definition of enter the number of voting members includowers a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person?         2         3           0         Did the organization balegas inglinicant changes to tag yourning documents since the person?         3         4         4         5           0         Did the organization balegas inglinicant changes to tag yourning documents since the person?         0         0         7a           1b         degrading the year of a significant duransion of the organization's assets?         6         7a           2b         Did the organization have embers, stockholders, or other persons who had the power to elect or appoint one or more members of the doverning body?         8a         8a           2b         Did the organization have embers, stockholders, or organization's assets?         7a         7a           2b         Did the organization have embers of addodden or mitter actions undertaken during the year by the following:         7a           2 = opowering body?         Ba         Ba         Ba         Ba	Sec	tion A. Governing Body and Management					Т
If the are instrial differences in voting diffs among members of the governing body. If the governing the displated trad authority to an exacultive committee, explain on Schedule 0.       Image: Committee of the governing displated tradition of the schedule 0.         2       Did any officer, director, trustee, or key employees to an analygement company or other person?       Image: Committee of a schedule 0.       Image: Committe			1.	I		Yes	╀
bedy delegated broad authority to an exocutive committee or similar committee, cyplain on Schade 0.         1         1         1         0           bit dary officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of a difficers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of a difficers, directors, trustees, or key employees to is governing documents since the prior Form 900 was filed?         2           b) difficers, directors, trustees, or key employees to is governing documents since the prior Form 900 was filed?         3         4           b) difficers, directors, trustees, or key employees to is governing documents since the prior Form 900 was filed?         5         5           b) difficers, director, trustee, or key employees to is governing document since the prior Form 900 was filed?         7           c) difficers, director, trustee, or key employees to is governing body?         8         8         8           b) difficer director, trustee, or key employees to an ordination near more members of the governing body?         8         8         8           c) difficer director, trustee, or key employees to an ordination near more more more more more more more mor	та		1a		2		I
b         Enter the number of volting members included on line 1a, above, who are independent.         10							I
2       Did any officer, director, fustee, or key employee have a family relationship or a business relationship of any other officer, director, fustee, or key employees to a management duties customarily performed by or under the direct supervision of difficers, directors, fustees, or key employees to la governing documents since the prior Form 990 was filed?       2         3       Did the organization bacome aware during the year of a significant diversion of the organization have members or stockholders?       5         6       Did the organization have members or stockholders?       6         7a       DAre any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8         8       Did the organization chavements of stockholders?       7a         9       Did the organization chavements of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a         9       Did the organization chavement the meetings held or written actions undertaken during the year by the following:       8a         9       Each committee with authority to act on behalf of the governing body?       8a         9       Each committee with authority to act on behalf of the governing body?       8a         9       Did the organization have local chapters, branches, or affiliates?       7a         10       Tree," did the organization have organizatin exerement purposes?       7a <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>I</td>	_						I
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If 'Yes,' provide the names and addresses on Schedule O Cettor B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Cettor B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If 'Yes,'' did the organization have workten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? I has the organization pravide du complete copy of this Form 900. 2a Did the organization pravide a complete copy of this Form 900. 2b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12a X 4 Did the organization nave a written consistently monitor and enforce compliance with the policy? If 'Yes,'' describe 13 Schedule O how this was dore. 14 Xis 5 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? 14 The organization invex a written whistleblower policy? or procedure requiring the organization review that a taxable entity during the year? 16 Dif the organization invex a written		more members of the governing body?			7a		
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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         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).       10         0a       Did the organization have local chapters, branches, or affiliates?       10a         1b       I'''se,'' 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         1a       Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       12a         2b       Did the organization requiration to have written conflict of interest policy? If 'No,'' go to line 13       12a         2a       Did the organization required to disclose annualy interests that could give rise to conflicts?       12b         2b       Did the organization have a written whistleblower policy?       13         3b       Did the organization have a written content the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14         4       Did the organization have a written policy or procedure requiring the organization in vet a written policy or procedure requiring the organization in vet anagements?       16a <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td>1</td>						Х	1
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0       State the name, address, and telephone number of the person who possesses the organization's books and records ►         THE ORGANIZATION - 202-800-0580         50 F STREET, NW SUITE 570, WASHINGTON, DC 20001         2006 01-20-20         Form 990			Jonniol	or interest policy, a	ing iiidl	ioial	
THE ORGANIZATION         202-800-0580           50 F STREET, NW SUITE 570, WASHINGTON, DC 20001         Form 990           2006 01-20-20         6	20			nd rooorda 🕨			
50 F STREET, NW SUITE 570, WASHINGTON, DC 20001 2006 01-20-20 6	20		UUKS AI	iu records 📂			_
2006 01-20-20 Form <b>99</b>							_
6					-	0000	_
•	32006				Form	990	) (
71113 759370 70116-0100 2019.05000 COASTAL STATES STEWARDSHIP 70116	<b>-</b> 4	-	~			1 -	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l			C)			(D)	(E)	(F)		
Name and title	Average (do not check more than one								Reportable Reportable			
	hours per	box	box, unless pers			is bot	:h an	compensation	compensation	Estimated amount of		
	week	offi				or/trus		from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	truste		e	subeus		(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	ional		ploy6	t con /ee	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) BRIAN BAIRD	1.00				$\sim$	노	<u> </u>					
PRESIDENT		x						0.	0.	0.		
(2) BRADLEY WATSON	5.00											
SECRETARY	35.00	X						0.	131,726.	12,887.		
(3) MIKE PELOQUIN	1.00											
TREASURER		Х						0.	0.	0.		
(4) RICHARD DELANEY	1.00											
DIRECTOR		X						0.	0.	0.		
(5) TERRY HOWEY	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) TONY MACDONLAD	1.00											
DIRECTOR		Х						0.	0.	0.		
(7) JIM MURLEY	1.00									_		
DIRECTOR		Х						0.	0.	0.		
(8) DAVID KEELY	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) GWYNE SCHULTZ	1.00									0		
VICE PRESIDENT				Χ				0.	0.	0.		
					<u> </u>	<u> </u>						
		-										
						<u> </u>						
				—	-							
		-										
						$\vdash$						
		-			-	$\vdash$	-					
		1										
		$\vdash$		-	-	$\vdash$	$\vdash$					
						$\vdash$						
		1										
020007 01 00 00	ļ	L	L					I		Eorm <b>990</b> (2010)		

932007 01-20-20

7 2019.05000 COASTAL STATES STEWARDSHIP Form 990 (2019)

70116-11

COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	<b>(B)</b> Average hours per week	box,	not c unle	ss pei	<b>ition</b> more rson i	than c is both	n an	(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) timate	
(list any j								from related organizatior (W-2/1099-MI	าร	com fr orga and	other pensa om the anizati d relate anizatio	e ion ed	
		II	II	0	Ke	H	F						
1b Subtotal       0.131,72         c Total from continuation sheets to Part VII, Section A       0.							26.	1	2,8	87.			
d Total (add lines 1b and 1c)						]		0.	131,7	26.	1	2,8	
2 Total number of individuals (including but r compensation from the organization ►	not limited to th	iose	liste	ed at	oove	e) wh	o r	eceived more than \$100	),000 of reportab	le			0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>coi</i>	ompo mple	ensa ete S	ation Sche	and and	ot J i	her compensation from	the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			•		\$	5		X
Section B. Independent Contractors           1         Complete this table for your five highest contractors	-	-								npensa	ation f	rom	
the organization. Report compensation for (A) Name and business	-	ear e	endi	ng w	vith (	or wi	thir	n the organization's tax (B) Description of s		С	(C omper		า
EPI CONSULTING 164 SEEKONK STREET, NORF	LK, MA (	)2(	)56	5				CONSULTANT			22	9,9	42.
E&C ENVIROSCAPE 211 CHASE HILL RD, ASHAW								RESEARCH			18	1,4	28.
RPS GROUP INC, 3525 PIEDMONT RD NE SUITE250, ATLANTA, GA 30305CONSULTANT									17	3,4	08.		
RUTGERS 333 KNIGHTSBRIDGE RD, PISCATAWAY, NJ 08854 CONSULTANT MIAMI DADE COUNTY, 111 NW FIRST STREET									16	0,1	55.		
SUITE 710, MIAMI, FL 331 2 Total number of independent contractors (	28					se lis		CONSULTANT	nore than		12	5,7	84.
\$100,000 of compensation from the organization <b>5</b>								2010)					

932008 01-20-20

Form **990** (2019)

Form	n 990 (		STEWAR	DSHIP FOUN	DATION	20-2790	697 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or	note to any lin		(D)	(0)	
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
				Total Tovende	function revenue		from tax under
(0, (0)							sections 512 - 514
ants		Federated campaigns 1a					
nor Gr		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
Gilar		Related organizations 1d					
Sins		Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants, and	10 727				
Oth			12,737.				
nd	-	Noncash contributions included in lines 1a-1f		312,737.			
0 @	n	Total. Add lines 1a-1f	Business Code	512,151.			
đ	0.0		900099	215,469.	215,469.		
Program Service Revenue	z a b		500055	213,403.	213,103.		
Ser	c b						
am	d						
Bogg	e						
Pre	f	All other program service revenue					
	g	Total. Add lines 2a-2f		215,469.			
	3	Investment income (including dividends, interest					
		other similar amounts)	►	1,296.			1,296.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	►				
			(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)         Gross amount from sales of         (i) Securities					
	7 a		(ii) Other				
	h	assets other than inventory 7a Less: cost or other basis					
e	b	and sales expenses 7b					
evenue	0	Gain or (loss)					
		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
Oth	0 4	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	с	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
sno	44 -	Le la	Business Code				
Miscellaneous Revenue	11 a b						
ella ∍ver	b c						
lisc Re		All other revenue			<u> </u>		
2		Total. Add lines 11a-11d					

**12 To** 932009 01-20-20

Total revenue. See instructions

215,469.

529,502.

Form **990** (2019)

1,296.

0.

Form	990	(2019)
FUIII	990	(2019)

Part IX Statement of Functional Expenses

COASTAL STATES STEWARDSHIP FOUNDATION

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Х Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal 7,135. 7,135. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 1,707,041. 1,705,001. 2,040. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 32,117. 29,305. 2,812. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 56,879, 56,442. 437. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 80,988. 80,988. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 1,504. 1,504. 23 Insurance Other expenses. Itemize expenses not covered 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.) ADMINISTRATION 192,758. 154,206. 28,914. 9,638. а b С d е All other expenses 2,078,422. 2,025,942. 40,802. 11,678. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

Form 990 (2019)

05371113 759370 70116-0100

10 2019.05000 COASTAL STATES STEWARDSHIP Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	-44,085.	1	30,812.
	2	Savings and temporary cash investments	1,421,084.	2	1,293,792.
	3	Pledges and grants receivable, net	2,385,896.	3	663,836.
	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 disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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		11	
	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)	3,762,895.	16	1,988,440.
	17	Accounts payable and accrued expenses	136,206.	17	177,710.
	18	Grants payable		18	
	19	Deferred revenue		19	5,931.
	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,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iat		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	0		2 405
		of Schedule D	0. 136,206.	25	2,405. 186,046.
	26	Total liabilities. Add lines 17 through 25	130,200.	26	100,040.
es		Organizations that follow FASB ASC 958, check here ► X			
Inc	07	and complete lines 27, 28, 32, and 33.	-27,722.	07	-271,068.
3ala	27	Net assets without donor restrictions	3,654,411.	27	2,073,462.
E	28	Net assets with donor restrictions	5,054,411.	28	2,075,402.
Fur		Organizations that do not follow FASB ASC 958, check here			
or	00	and complete lines 29 through 33.		00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
Ass	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
let /	31	Retained earnings, endowment, accumulated income, or other funds	3,626,689.	31	1,802,394.
Z		Total net assets or fund balances	3,762,895.	32	1,988,440.
	33	Total liabilities and net assets/fund balances	5,,02,055.	33	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form **990** (2019)

	990 (2019) COASTAL STATES STEWARDSHIP FOUNDATION	20-27	90697	Paç	ge <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				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,078		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,548		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,620	5,6	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	0.71		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-27	5,3	/5.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 0.04		0.4
De	column (B))	10	1,802	2,3	94.
Pa	rt XII Financial Statements and Reporting				37
	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 X Accrual Other	-	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		0	х	
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis	124			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	Δ	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			х
	Act and OMB Circular A-133?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		0.		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0.01.0)

Form **990** (2019)

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

70116-11

Department of the Treasury Internal Revenue Service				► Attach to Form 990 or Form 990-EZ. Open to P Go to www.irs.gov/Form990 for instructions and the latest information.								
Nai	ne of t	the organizati		GO to www.irs.go		uns and t	ne idlest i	mormation.	Employer	identification number		
INCI		ine organizati			STEWARDSHIP	FOIN	סדיידערו	NT		0-2790697		
P	art I	Reason			All organizations must co					0-2190091		
									13.			
	organ		•		(For lines 1 through 12, o		,					
1	$\square$	-			on of churches describe			I)(A)(I).				
2					(Attach Schedule E (Forn		, ,					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,										
_		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)										
~												
6	v				mental unit described in					and the state of the state		
7	Δ				antial part of its support 1	rom a gov	/ernmenta	I unit or from	the general	public described in		
~				complete Part II.)								
8	$\square$				(1)(A)(vi). (Complete Par							
9					l in section 170(b)(1)(A)(							
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	e name, cit	y, and state o	of the colleg	je or		
40		university:			····				1			
10					e than 33 1/3% of its sup							
					ect to certain exceptions,							
					e (less section 511 tax) fr	om busine	esses acqu	lired by the c	organization	atter June 30, 1975.		
				mplete Part III.)	i	fatu Caa	a a ati a m E(	00(-)(4)				
11	$\square$				sively to test for public sa				orra out the	numpeons of one or		
12					sively for the benefit of, to							
					ed in section 509(a)(1) o					SHECK THE DOX IN		
					of supporting organizatio supervised, or controlled					( civing		
¢					egularly appoint or elect a							
				complete Part IV, Se		a majonty				supporting		
	<b>b</b>	7			d or controlled in connec	tion with i	te cupport	od organizati	on(c) by be	wing		
					anization vested in the s							
			0	st complete Part IV,		ame perso		Unition of main	age the sup	poned		
		٦ <sup>-</sup>		-	g organization operated	in connec	tion with	and function	ally integrat	ed with		
			-		s). <b>You must complete l</b>				any integrat	ed with,		
	a 🗆				porting organization oper				orted organi	ization(s)		
					zation generally must sa				0			
			2	о О	mplete Part IV, Sections	-		•	iu an allem	10011033		
		- ·		,	written determination fro		-		a II. Type III			
			0		onally integrated support			а турет, тур	е п, туре п			
	f Ente						zation.					
				n about the support								
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	of monetary	(vi) Amount of other		
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see	nstructions)	support (see instructions)		
							1	1				
							1					
Tot	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.05000 COASTAL STATES STEWARDSHIP

#### 20-2790697 Page 2 Schedule A (Form 990 or 990-EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")		1323869.	809,560.	5070966.	312,737.	7517132.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge $\dots$									
4	Total. Add lines 1 through 3		1323869.	809,560.	5070966.	312,737.	7517132.			
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)						5851573.			
	Public support. Subtract line 5 from line 4.						1665559.			
	ction B. Total Support			i	1					
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4		1323869.	809,560.	5070966.	312,737.	7517132.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	620	407	100	<b>F</b> 1 <b>F</b> 0	1 000	0 000			
	and income from similar sources $\dots$	630.	427.	406.	7,170.	1,296.	9,929.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						7527061.			
	Total support. Add lines 7 through 10						265,469.			
	Gross receipts from related activities,	-					205,409.			
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2019 (			column (f))		14	22.13 %			
	Public support percentage for 2018					15	23.59 %			
	<b>33 1/3% support test - 2019.</b> If the c									
100	stop here. The organization qualifies	-								
b	<b>33 1/3% support test - 2018.</b> If the c									
~	and <b>stop here.</b> The organization qual	-								
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
h	10% -facts-and-circumstances tes									
~	more, and if the organization meets th									
	organization meets the "facts-and-circ				• •					
18	Private foundation. If the organization									
				, ,, <del>.</del> . ,		edule A (Form 990				

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#### Schedule A (Form 990 or 990-EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
<b>1</b> 0a	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			1			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	lic Support Pe	ercentage				
15	Public support percentage for 2019 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by	line 13, column (f)	)	17	%
	Investment income percentage from					18	%
<b>19</b> a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organizatior	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>&gt;</b>
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#### Schedule A (Form 990 or 990-EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 4

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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Yes

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2

3a

3b

3c

4a

**4**b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

#### 20-2790697 Page 5 Schedule A (Form 990 or 990-EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION

IЧ	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	
4	Did the directory tructory or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	1-		
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	truction	5)	
2	Activities Test. Answer (a) and (b) below.	liuolione	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
CI CI	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
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# Schedule A (Form 990 or 990 EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Ad	ljusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	t-term capital gain	1		
2 Recoverie	es of prior-year distributions	2		
3 Other gro	oss income (see instructions)	3		
4 Add lines	s 1 through 3.	4		
5 Depreciat	tion and depletion	5		
6 Portion o	f operating expenses paid or incurred for production or			
collection	n of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	penses (see instructions)	7		
8 Adjusted	I Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregat	e fair market value of all non-exempt-use assets (see			
instructio	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discount	t claimed for blockage or other			
factors (e	explain in detail in <b>Part VI</b> ):			
2 Acquisitio	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
4 Cash dee	emed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instru	uctions).	4		
5 Net value	e of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply li	ine 5 by .035.	6		
7 Recoverie	es of prior-year distributions	7		
8 Minimum	n Asset Amount (add line 7 to line 6)	8		
Section C - Dis	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	% of line 1.	2		
3 Minimum	asset amount for prior year (from Section B, line 8, Column A)	3		
	ater of line 2 or line 3.	4		
5 Income ta	ax imposed in prior year	5		
6 Distribut	able Amount. Subtract line 5 from line 4, unless subject to			
emergeno	cy temporary reduction (see instructions).	6		
	eck here if the current year is the organization's first as a non-functiona	ally intear	ated Type III supporting or	ganization (see

instructions).

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Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 COASTAL STATES STEWARDSHIP FOUNDATION 20-2790697 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
-	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 Schedule A (Form 990 or 990-EZ) 2019
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 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

FACTS AND CIRCUMSTANCES TEST:

ALTHOUGH COASTAL STATES STEWARDSHIP FOUNDATION ("CSSF") DID NOT MEET THE 33 1/3% SUPPORT TEST IN 2018, AS EXPLAINED BELOW, IT MET THE "FACTS AND CIRCUMSTANCES" TEST IN TREAS. REG. SECTION 1.170A-9(F)(3). TREAS. REG. SEC. 1.170A-9(3) PROVIDES THAT IN ORDER TO MEET THE "FACTS AND CIRCUMSTANCES" TEST, AN ORGANIZATION MUST SHOW THAT: (1) IT MEETS THE 10% SUPPORT TEST; (2) IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS; AND (3) PERTINENT FACTS AND CIRCUMSTANCES ALSO SHOW IT IS "PUBLICLY SUPPORTED."

1.TEN PERCENT SUPPORT TEST. FOR THE YEAR ENDED DECEMBER 31, 2019, CSSF'S PUBLIC SUPPORT PERCENTAGE WAS 22.13%.

2.ATTRACTION OF PUBLIC SUPPORT. CSSF IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS. CSSF IS ACCOUNTABLE TO ALL DONORS AND MUST SUBMIT A FINAL GRANT REPORT THAT DOCUMENTS ALL PROGAM AND BUDGET ACTIVITY. CSSF CONTINUOUSLY WORKS TO SEEK NEW FUNDING FROM THE GENERAL PUBLIC FOR THE ORGANIZATION. SINCE ITS INCEPTION IN 2004, CSSF HAS RECEIVED FUNDING FROM THE GENERAL PUBILC, INCLUDING THE FEDERAL GOVERNMENT.

3. PERTINENT FACTS AND CIRCUMSTANCES. OTHER FACTS AND CIRCUMSTANCES ALSO SHOW THAT CSSF QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER THE FACTS AND CIRCUMSTANCES TEST. 932028 09-25-19 20 

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

A.REPRESENTATIVE GOVERNING BODY - CSSF'S BOARD OF DIRECTORS ARE HIGHLY

RESPECTED INDIVDUALS WHO ARE DEDICATED TO THE ORGANIZATION'S MISSION,

WHICH IS TO PROVIDE FISCAL STEWARDSHIP AND ADMINISTRATIVE SUPPORT TO OCEAN

AND COASTAL MANAGEMENT PARTNERS ACROSS THE NATION MANAGING GRANTS FOR THE

INSTITUTIONS AND REGIONAL COLLABORATIONS THAT ARE BREAKING NEW GROUND TO

CONFRONT THE CHALLENGES THAT FACE OUR COMMUNITIES AND ECONOMIES.

B.PROGRAM ACCOMPLISHMENTS - IN 2019, CSSF BROADENED ITS WORK IN THE AREAS OF COASTAL, OCEAN, AND GREAT LAKES INFORMATION AND DATA SHARING, HABITIAT PROTECTION, STAKEHOLDER ENGAGEMENT, CLIMATE CHANGE ADAPTATION AND RESILIENCE, AND OTHER IMPORTANT ISSUES.

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(Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

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Organization type (check of	iic).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

COASTAL STATES STEWARDSHIP FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

20-2790697

#### COASTAL STATES STEWARDSHIP FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 36,167. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 276,570. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(Complete Part II for noncash contributions.)

70116-11

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2019.05000 COASTAL STATES STEWARDSHIP

05371113 759370 70116-0100

923452 11-06-19

Name of organization

)

Employer identification number

20-2790697

#### COASTAL STATES STEWARDSHIP FOUNDATION

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

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
_			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
_			
-		 \$	
(0)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
irom Part I	Description of noncash property given	(See instructions.)	Date received
_			
-		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
_			
		\$	
(a)		(-)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncestriproperty given	(See instructions.)	Bate received
		\$	
		······································	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
<u>.</u>			
_			
-		\$	

05371113 759370 70116-0100 2019.05000 COASTAL STATES STEWARDSHIP 70116-11

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1	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of o	organization			Employer identification number
COAST	AL STATES STEWARDSHIP F	OUNDATION		20-2790697
Part III		ions to organizations described in se through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v For organizations	) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	ad ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of sift	(d) Dos	scription of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	
		(a) Transfer of sift		
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift	B-late	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
923454 11-0	16-19	25	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2019)

05371113 759370 70116-0100 2019.05000 COASTAL STATES STEWARDSHIP 70116-11

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Name of the organization

05371113 759370 70116-0100

COASTAL STATES STEWARDSHIP FOUNDATION

Employer identification number 20 - 2790697

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fu	nds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
-	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	advised funds
0	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		
Pa		nanization answered "Ves" on Form 9	
1	Purpose(s) of conservation easements held by the organizat		30,1 art 10, inte 7.
'	Preservation of land for public use (for example, recrea		n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
			IT OF a Certified Historic Structure
0	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the r	Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements		
a			
с.	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated b	y the organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
_	►\$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial sta	atements that describes the
	organization's accounting for conservation easements.	/ A	
Pa	rt III Organizations Maintaining Collections o		or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fina	ancial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
	1 10-02-19		
		26	
371	113 759370 70116-0100 2019.0	)5000 COASTAL STATE	S STEWARDSHIP 70116-11

		STATES STE				20-27			age <b>2</b>
Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further t	he organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's c	ollection?		L	Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		e if the organizatio	on answered "Yes" o	n Form 990	), Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		on for contribution	a ar athar assats pa	tipoludod				
Id			-				Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					·····			
a	in res, explain the arrangement in Part All a	and complete the foll	owing table.				A		
_					4.		Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	3						V		
	Did the organization include an amount on Fo				• • • • • • •	······	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if								]
1 01				î .	1	vaara baak	(e) Four	VOORO	book
4.0	Designing of your belower	(a) Current year 3,654,411.	(b) Prior year 621,421.	(c) Two years back 1,158,955.		.90,760.		5	
	Beginning of year balance	-83,814.	,		· · ·	64,226.	±,	847, 429,	
	Contributions	-05,014.	4,949,791.	500,049.	3	04,220.		429,	750.
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities	1 550 110	1 01 0 001	0.42 502		06 001	1	000	0.7.1
	and programs	1,572,112.	1,910,801.	843,583.	9	96,031.	<u> </u>	,086	871.
	Administrative expenses	1 000 405	2 654 411	601 401		F0 0FF	1	100	<b>R C O</b>
-	End of year balance		3,654,411.	•	⊥,⊥	58,955.	Ι,	190,	760.
2	Provide the estimated percentage of the curr	ent year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		6							
_	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	ind administered for	the organiz	zation	г		
	by:							Yes	No
	(i) Unrelated organizations								X X
	(ii) Related organizations								Δ
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	-		1					
	Description of property	(a) Cost or otl basis (investm		. ,	Accumulate epreciation		(d) Bool	< value	e
<b>1</b> a	Land		· ·	-					
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must e		(. column (B) line 1	10c.)					0.
		,	,, <i></i> ,,	/		Schedule	D (Form	1 990)	
								/	

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(a) De	Complete if the organization answered "Yes"			
( )	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
<b>1)</b> Fin	ancial derivatives			
<b>2)</b> Clo	sely held equity interests			
<b>3)</b> Otl	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (	Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990. Part X	. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Col. (b) must equal Form 990. Part X. col. (B) line 13.) 🕨			
<b>(9)</b> Total. (	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9)	IX Other Assets.	on Form 990, Part IV, line	a 11d. See Form 990, Part X	, line 15.
<b>(9)</b> Total. (	IX         Other Assets.           Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Fotal. ( Part	IX         Other Assets.           Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	a 11d. See Form 990, Part X	, line 15. <b>(b)</b> Book value
(9) Fotal. ( Part (1)	IX         Other Assets.           Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Fotal. ( Part (1) (2)	IX         Other Assets.           Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3)	IX         Other Assets.           Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4)	IX         Other Assets.           Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4) (5)	IX         Other Assets.           Complete if the organization answered "Yes"		11d. See Form 990, Part X	
(9) Total. ( <b>Part</b> (1) (2) (3) (4) (5) (6)	IX Other Assets. Complete if the organization answered "Yes"		a 11d. See Form 990, Part X	
(9) Total. ( <b>Part</b> (1) (2) (3) (4) (5) (6) (7)	IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	IX       Other Assets.         Complete if the organization answered "Yes"         (a)	Description	e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total.	Other Assets. Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, Part X	
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, col. (B) line  Column States  Column Sta	Description		(b) Book value
(9) Total. ( <b>Part</b> (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. <b>Part</b>	Column (b) must equal Form 990, Part X, col. (B) line  Column (b) must equal Form 990, Part X, col. "Yes"  Complete if the organization answered "Yes"	Description		(b) Book value Part X, line 25.
(9) Total. ( <b>Part</b> (1) (2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> <b>Part</b> <b>1</b> .	Other Assets.     Complete if the organization answered "Yes"     (a)     (a)     Column (b) must equal Form 990, Part X, col. (B) line     Other Liabilities.     Complete if the organization answered "Yes"     (a) Description of liability	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ( Part 1. (1)	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2)	Other Assets.     Complete if the organization answered "Yes"     (a)     (a)     Column (b) must equal Form 990, Part X, col. (B) line     Other Liabilities.     Complete if the organization answered "Yes"     (a) Description of liability	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. ( Part 1. (1) (2) (3) (3) (3) (4) (2) (3) (4) (3) (4) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (3) (3) (4) (3) (3) (4) (3) (3) (3) (4) (3) (3) (3) (3) (4) (3) (3) (3) (3) (3) (3) (3) (3	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (9) Total. (1) (2) (3) (1) (3) (4) (3) (3) (4) (3) (3) (4) (3) (4) (3) (3) (4) (3) (3) (3) (3) (3) (3) (3) (3	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2) (3) (4) (3) (4) (5) (4) (5) (6) (7) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (1) (2) (3) (4) (5) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ( Part 1. (1) (2) (3) (4) (5) (6) (5) (6) (6) (7) (6) (7) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (5) (6) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. (( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. ( Part (1) (2) (3) (4) (5) (6) (4) (5) (6) (7) (6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (1) (2) (3) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (7) (8) (6) (7) (8) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		(b) Book value
(9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ( Part (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Column (b) must equal Form 990, Part X, col. (B) line Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description	e 11e or 11f. See Form 990,	(b) Book value 

COASTAL STATES STEWARDSHIP FOUNDATION

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 COASTAL STATES STEWARDSHIP	FOUNDATION	20-	2790697 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	er Returr	ı.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	529,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			529,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	529,502.
-				
-	rt XII Reconciliation of Expenses per Audited Financial Statem			
-		ents With Expenses		rn.
-	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With Expenses	per Retu	rn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With Expenses	per Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expenses	per Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With Expenses	per Retu	rn.
<b>Pa</b> 1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With Expenses	per Retu	rn.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents With Expenses	per Retu	rn. 2,078,422. 0.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With Expenses	2e	rn.
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With Expenses	2e	rn. 2,078,422. 0.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With Expenses	2e	rn. 2,078,422. 0.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With Expenses	2e	rn. 2,078,422. 0.
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With Expenses	2e 3 4c	rn. 2,078,422. 0. 2,078,422. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With Expenses	2e 3 4c	rn. 2,078,422. 0.

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

#### PART V, LINE 4:

TEMPORARILY RESTRICTED NET ASSETS ARE USED FOR THE ORGANIZATION'S OCEAN

MANAGEMENT PROGRAM.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, "INCOME TAXES," WHICH

PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR CURRENT AND

DEFERRED INCOME TAX PROVISIONS. THE INTERPRETATION PROVIDES FOR A

CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX PROVISIONS.

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IT IS MANAGEMENT'S BELIEF THAT THE ORGANIZATION DOES NOT HOLD ANY

### UNCERTAIN TAX POSITIONS.

932054 10-02-19

Schedule D (Form 990) 2019 Part XIII Supplemental Inf	COASTAL	STATES	STEWARDSHIP	FOUNDATION	20-2790697	Page 5
Part XIII Supplemental Inf	ormation (contin	ued)				
					Schedule D (Form 9	90) 2019
932055 10-02-19			30			
			50			

05371113 759370 70116-0100 2019.05000 COASTAL STATES STEWARDSHIP 70116-11

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

70116-11

Employer identification number 20 - 2790697

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTHY COASTAL ECOSYSTEMS AND PROSPEROUS COASTAL COMMUNITIES FOR THE

COASTAL STATES STEWARDSHIP FOUNDATION

BENEFIT OF CURRENT AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS DELEGATED THE TREASURER TO REVIEW THE AUDIT WITH

THE AUDITOR BEFORE IT IS FINALIZED. ANY MATTERS DISCUSSED ARE PRESENTED

TO THE FULL BOARD AT THEIR NEXT SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL REVIEW IS CONDUCTED BY THE BOARD TO ENSURE THAT DECISIONS VOTED ON BY THE BOARD MEMBERS ARE NOT SUBJECT TO A CONFLICT OF INTEREST. EACH MEMBER SUBMITS A WRITTEN STATEMENT REGARDING POTENTIAL CONFLICTS OF INTEREST, IF ANY, WHICH IS REVIEWED BY THE PRESIDENT FOR RESOLUTION OF IDENTIFIED CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS APPROVES CONTRACTORS' COMPENSATION AS PART OF THE BUDGET PROCESS. CSSF DOES NOT HAVE ANY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 31

Name of the organization COASTAL STATES STEWARDSHIP FOUNDATION	Employer identification num 20-2790697
PROGRAM SERVICE EXPENSES	1,705,00
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	2,04
TOTAL EXPENSES	1,707,04
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,707,04
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK TO TAX ADJUSTMENT - RETURN OF GRANT FUND	-275,37
FINANCIAL REPORTING	
THE BOARD OF DIRECTORS HAS DELEGATED A MEMBER OF THE BOA	RD TO REVIEW
THE AUDIT WITH THE AUDITOR BEFORE IT IS FINALIZED. ANY	MATTERS
DISUCSSED ARE PRESENTED TO THE FULL BOARD AT THEIR NEXT	SCHEDULED
MEETING.	
MEETING.	
MEETING.	
MEETING.	