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Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2019
Open to Public Inspection

<u>A I</u>	For the	2019 calendar year, or tax year beginning and e	ending		
	Check if applicabl	C Name of organization		D Employer identifi	cation number
X	Addre	westwind stewardship group			
	Name chang			20-16273	14
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return.		202	541-994-	2383
	termir ated	j , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,363,701.
	Amen return	FORTLAND, OR 37220		H(a) Is this a group re	
	Application pendi			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		e: WWW.WESTWIND.ORG	T	H(c) Group exemption	
	orm of	organization: X Corporation	L Year	of formation: 2004 I	M State of legal domicile; OR
P	_	Summary	TTT CO	MCEDITE MUE I	WE CHIWITNID
æ	1	Briefly describe the organization's mission or most significant activities: WE WI SITE IN PERPETUITY; FOSTER LIFE-CHANGING (
au		Check this box if the organization discontinued its operations or dispose			
/er	3				9
é	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
≪ ′′	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			75
iţį	6	Total number of volunteers (estimate if necessary)			105
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		197,113.	171,664.
ž	9	Program service revenue (Part VIII, line 2g)		970,585.	1,132,800.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,524.	5,612.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,446.	24,044.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,189,668.	1,334,120.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 747,994.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		•	871,871.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	1 D	Total fundraising expenses (Part IX, column (D), line 25) 81,32		521,049.	546,473.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,269,043.	1,418,344.
		Revenue less expenses. Subtract line 18 from line 12		-79,375.	-84,224.
	13	rievenue less expenses. Subtract line 10 nom line 12	Rei	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		3,991,405.	4,032,313.
ASS	21	Total liabilities (Part X, line 26)		400,608.	517,339.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,590,797.	3,514,974.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		O'construct officer		Data	
Sig	n	Signature of officer		Date	
Her	e	KAREN O'CONNOR, PRESIDENT Type or print name and title			
			Ιr	Date Check [PTIN
Do:		Print/Type preparer's name KARIN S. WANDTKE Preparer's signature	ا	l if	
Paid		Firm's name MCDONALD JACOBS, P.C.		self-emplo	93-0900579
-	parer Only	Firm's address 520 SW YAMHILL ST., STE 500		FITTI S EIN	73-0300313
USE	Only	PORTLAND, OR 97204		Phone no. (5	03) 227-0581
May	v the II	RS discuss this return with the preparer shown above? (see instructions)		T Hone Ho. (9	X Yes No

Pai	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission: WE WILL CONSERVE THE WESTWIND SITE IN PERPETUITY; FOSTER LIFE-CH	ANCTNO
		ANGING
	OUTDOOR EXPERIENCES FOR ALL CHILDREN, FAMILIES, AND GROUPS; AND PROMOTE ENVIRONMENTAL STEWARDSHIP AS A BASIS FOR SUSTAINABLE LIV	TNC
	FROMOTE ENVIRONMENTAL SIEWARDSHIP AS A BASIS FOR SUSTAINABLE LIV	ING.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	165 [21]110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	165 [21]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each of its three largest program services.	(nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	•
	revenue, if any, for each program service reported.	criscs, and
4a	051 010	711,086.)
	CAMP WESTWIND - INNOVATIVE CAMP PROGRAMS FOR YOUTH, TEENS, AND	, , , , , ,
	FAMILIES, OFFERED ALL SUMMER AND DURING CERTAIN WEEKENDS/HOLIDAY	S
	THROUGHOUT THE YEAR.	
	A. OUTDOOR ACTIVITIES: KAYAKING, CANOEING, PADDLE BOARDING, SNOR	KELING,
	HIKING, BACKPACKING, RIVER/OCEAN DIPPING, NATURE STUDY/DISCOVERY	, AND
	FREE OUTDOOR PLAY AMIDST THE BEACH, DUNES, AND RAIN FOREST.	
	B. TEAM BUILDING/GROUP ACTIVITIES: TREE CLIMB, CHALLENGE COURSE,	TEAM
	BUILDING, GROUP CAMPING, SUSTAINABLE LIVING PRACTICE	
	C. ARTS ACTIVITIES: DRAW/PAINT, BEADS/MACRAME, NATURE ART, FUSED	GLASS,
	TIE-DYE, IMPROV THEATRE/TALENT SHOW, LOTS OF SINGING!	
4b	(Code:) (Expenses \$226,938. including grants of \$) (Revenue \$	310,490.
	GROUP AND CABIN RENTALS: GROUPS LARGELY SELF-DIRECT THEIR WESTWI	
	EXPERIENCE, WITH ORIENTATION AND GUIDANCE FROM WESTWIND STAFF. T	
	WESTWIND'S RUSTIC ACCOMMODATIONS, FOOD SERVICE OPTIONS (WHICH FOR REGIONAL SOURCING, ORGANIC, AND SCRATCH COOKING), AND SELF-CONTA	
	FACILITY (FOR EXAMPLE, WATER IS SOURCED AND TREATED ON THE SITE)	
	GUESTS LEARN PRACTICAL KNOWLEDGE ABOUT SELF-RELIANCE, SUSTAINABI	•
	ENVIRONMENTAL STEWARDSHIP AND LIVING LIGHTLY ON THE LAND.	,
4c	(Code:) (Expenses \$	135,268.
	FOOD SERVICE/CATERING: WESTWIND PROVIDES THE FOOD SERVICE LABOR	
	NWRESD OUTDOOR SCHOOL PROGRAM WITH ALL FOOD PURCHASING VIA NWRES	
	THE NSLP. IN ADDITION TO CATERING SERVICES FOR OTHER RENTAL GROU	PS AND
	EVENTS THAT TAKE PLACE AT WESTWIND.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,134,689.	
		Form 990 (2019)

Form 990 (2019) WESTWIND STEWARDSHIP GROUP 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
J		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	المدا		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			\ ₃₇
	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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

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Form 990 (2019) WESTWIND STEWARDSHIP GROUP
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	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		
25a	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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	. ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
J-7		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	<u> </u>
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Form 990 (2019) WESTWIND STEWARDSHIP GROUP Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2 75 1						Yes	No
b If all least one is reported on line 2a, did the organization file all required forcers employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the selence of the company o	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	75			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a form 905 roff this year? "I" "who to line 3b, provide an explanation on Schedule O 4c 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 breign country (such as a barria account, securities account, or other financial account of the financial account in a breign country (such as a barria account, securities account, or other financial accounts of the fining requirements for FinCSH Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5c Was the organization and party to a prohibited tax shelter transaction of any time that year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6d In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 6 If "Yes," indicate the number of Forms 8282 filed during the year 7 If d I we organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X I we great the organization file a Form 1098 contribution of qualified intellectual property, did the organization file a Form 1098 contribution of the programization and partity for programization receive and contribution of cars, boots, alignment of the form 1098 c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
b If "Yes," has it flield a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country 4b If "Yes," enter the name of the foreign country 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV "Yes" to line Sa or 5b, did the organization file Form 8886-T? 6c If "Yes" to line Sa or 5b, did the organization file Form 8886-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization netwee apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 If the organization review a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 If "Yes," incleate the number of Forms \$282 filed during the year 1 If the organization review a payment in excess of tangible personal property for which it was required to the Form \$2822? 1 If the organization reviewed a party funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 If If the organization reviewed a party funds, directly or indirectly, to pay premiums on a personal benefit contract? 2 If If the organization reviewed and contribution of our and the payment of the expension		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
4a Al 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)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes to line Sa or 5b, did the organization file Form 888-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a W ** b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 6b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7b Did the organization enceived a contribution of qualified intellectual property, did the organization file a Form 198 C? 7c X The organization received a contribution of qualified intellectual property, did the organization file a Form 198 C? 7c X The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 198 C? 8 Sponsoring organization make a di					3a		<u> X</u>
financial account in a foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
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 (FBAF).	4a			•			7.7
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization shelt amount of the Form 8886T? 6c Does the organization shelt amount of text with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive apayment in excess of \$5 made party as contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive apayment in excess of \$5 made party as contribution and party for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 C? 7h If the organization received a contribution of qualified intellectual property, did the organization file Form 1998 C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations make a distribution to			accour	nt)?	4a		X
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 X If "Yes," see instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 16 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 17b C Enter the amount of reserves on hand 17c C Enter the amount of reserves on hand 17d Did the organization receive any payments for indoor tanning services during the tax year? 18d Ji "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 19d Ji Sthe 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? 19d Ji "Yes," see instructions and file Form 4720, Schedule N.	11	Section 501(c)(12) organizations. Enter:		.			
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 X If "Yes," see instructions and file Form 4720, Schedule N.			1	? 	12a		
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Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a				ŀ	120		
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 c Enter the amount of reserves on hand 13c 14a	а				IJa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 X If "Yes," see instructions and file Form 4720, Schedule N.	b	·					
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N.	_	. ,	13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N.	С		13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N.					14a		Х
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? If "Yes," see instructions and file Form 4720, Schedule N.					14b		
If "Yes," see instructions and file Form 4720, Schedule N.		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			
					15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							7.5
,	16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it incor	ne?	16		X
If "Yes," complete Form 4720, Schedule O. Form 990 (2019)		It "Yes," complete Form 4720, Schedule O.			Form	gan	(2010)

WESTWIND STEWARDSHIP GROUP 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.

0	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			·					
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No					
па	The same start year of the germany and the germany and the same start year.	-							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Finter the number of voting members included on line 1a, above, who are independent								
b		-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х					
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3		3		х					
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X					
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v						
40	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150	Х						
	Other officers or key employees of the organization	15a 15b		х					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	136							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OR	<u> </u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	SARAH KEPLINGER - 541-994-2383								
	5933 NE WIN SIVERS, SUITE 202, PORTLAND, OR 97220								

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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KAREN O'CONNOR	5.00									_	
PRESIDENT	1 00	Х		Х				0.	0.	0	
(2) GAIL BAKER	1.00	٠,,		,,					,	0	
VICE PRESIDENT (3) CINDY EWERS	1.00	Х		Х				0.	0.	0	
(3) CINDY EWERS SECRETARY	1.00	Х		х				0.	0.	0	
(4) MATT BARRY	10.00	^		^				0.	0.	0	
TREASURER	10.00	Х		х				0.	0.	0	
(5) ANNE SQUIER	10.00	25						•	•	<u> </u>	
STEWARD	2000	х						0.	0.	0	
(6) CINDY EWERS	1.00										
STEWARD		Х						0.	0.	0	
(7) PETER SAMSON	1.00										
STEWARD		Х						0.	0.	0	
(8) KAREN BELSEY	1.00										
STEWARD		Х						0.	0.	0	
(9) ELIZABETH MORROW MCKENZIE	1.00										
STEWARD	1 00	Х	_					0.	0.	0	
(10) JOHN SANCHEZ	1.00	37							_	0	
STEWARD (11) CHENA WEITZER	1.00	Х						0.	0.	0	
STEWARD	1.00	Х						0.	0.	0	
(12) KIM TAYLOR	1.00	Λ						0.	0.	0	
STEWARD	1.00	Х						0.	0.	0	
(13) MARY KYLE MCCURDY	1.00								•	<u> </u>	
STEWARD		х						0.	0.	0	
(14) MATT TAYLOR	40.00										
EXECUTIVE DIRECTOR				Х				84,448.	0.	2,256	
		<u> </u>	<u> </u>	l	l			1		5 QQQ (00.4	

20-1627314

	(A) Name and title	Average hours per hours per box, unless person is both an box, unless person is both an office and different both and a comparison between the c		(E) Reportable compensatio	eportable			ed of						
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fr org an	other pensation the anization d relation	e ion ed
	Subtotal Total from continuation sheets to Part V							>	84,448.		0.		2,2	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r							o re	84,448. eceived more than \$100,	,000 of reportable	0.		2,2	
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>con</i>					-						5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	•	•							•	ensa	tion fro	om	
	the organization. Report compensation for (A) Name and business			ndir ONE		ith c	or wi	thin 	the organization's tax y (B) Description of s			(Compe	C) nsatio	n
			140	<u> </u>					2.22.7					
	Takal musahan af inda an dankarati	to alcoding to the of		_:1-	J 4 -	4 1= -	"			40-2-2				
	Total number of independent contractors (\$100,000 of compensation from the organ	•	UT III	ıııtec	J (0	tnos (_	iced	above) who received m	ore than			990 //	

Form 990 (2019)

Part VIII Statement of Reve	enue
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			Check if Schedule O contain	ns a response	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ij gi									
ons,			Government grants (contribution						
utic		T	All other contributions, gifts, grants,		171 661				
ĕ			similar amounts not included above		171,664.				
ont		_	Noncash contributions included in lines 1a-			171 664			
O g		n	Total. Add lines 1a-1f			171,664.			
	<u></u>			Business Code	607 042	697 042			
<u>ic</u> e				NTTI N T	561499	687,042.	687,042.		
er Je			GROUP & CABIN RE	NTAL	561499	310,490.	310,490.		
n S		С	FOOD & BEVERAGE		561499	135,268.	135,268.		
irar 3ev		d							
Program Service Revenue		е							
Δ.			All other program service revenu			1 120 000			
_		g	Total. Add lines 2a-2f			1,132,800.			
	3		Investment income (including di			F 640			- (10
			other similar amounts)			5,612.			5,612.
	4		Income from investment of tax-e						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Re		d	Net gain or (loss)	<u></u>					
Jer	8	а	Gross income from fundraising ever	nts (not					
₹			including \$	of					
			contributions reported on line 10	c). See					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundra	ising events	>				
			Gross income from gaming activ	-					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gamin	g activities					
	10	а	Gross sales of inventory, less re	turns					
			and allowances	10a	53,625.				
		b	Less: cost of goods sold		29,581.				
			Net income or (loss) from sales		>	24,044.	24,044.		
,					Business Code				
sno.	11	а							
ane Duc		b							
Miscellaneous Revenue		С							
lsc B			All other revenue						
≥			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,334,120.	1,156,844.	0.	5,612.

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Form 990 (2019) WESTWIND STEWARDSHIP GROUP Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	7.5.		<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,704.	67,488.	13,618.	5,598.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	684,111.	532,488.	107,452.	44,171.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,327.	8,817.	1,779. 4,194.	731. 1,724.
9	Other employee benefits	26,704.	20,786.	4,194.	1,724.
10	Payroll taxes	63,025.	49,057.	9,899.	4,069.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	103.	103.		
	Accounting	8,427.	5,415.	3,012.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	7 105	7 105		
	column (A) amount, list line 11g expenses on Sch O.)	7,185.	7,185.		
12	Advertising and promotion	1,894. 96,883.	1,894.	FF 010	25 024
13	Office expenses	90,003.	16,040.	55,819.	25,024.
14	Information technology				
15	Royalties				
16	Occupancy	37,068.	37,058.		10.
17	Travel Payments of travel or entertainment expenses	37,000.	37,030.		<u> </u>
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,578.	93,768.	810.	
23	Insurance	48,736.	42,991.	5,745.	
24	Other expenses. Itemize expenses not covered			·	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	167,675.	167,675.		
b	UTILITIES	42,791.	42,791.		
C	EQUIPMENT & MAINTENANCE	41,133.	41,133.		
d		,	,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,418,344.	1,134,689.	202,328.	81,327.
26	Joint costs. Complete this line only if the organization	-	-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2010)

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		21,492.	1	26,374.	
	2	Savings and temporary cash investments			375,237.	2	400,801.
	3	Pledges and grants receivable, net		2,898.	3		
	4	Accounts receivable, net			4	7,656.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		14,333.	8	21,453. 33,109.	
ğ	9	Donat and a company of the form of the company			29,898.	9	33,109.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,622,636.			
	b	Less: accumulated depreciation	3,517,250.	10c	3,486,011. 51,196.		
	11	Investments - publicly traded securities		28,726.	11	51,196.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,571.	15	5,713.		
	16	Total assets. Add lines 1 through 15 (must equ			3,991,405.	16	4,032,313.
	17	Accounts payable and accrued expenses		61,233.	17	85,636.	
	18	Grants payable	224 600	18	410 010		
	19	Deferred revenue			334,698.	19	410,913.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ia b		controlled entity or family member of any of the			1 677	22	20 700
_	23	Secured mortgages and notes payable to unrela			4,677.	23	20,790.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				0.5	
	06	of Schedule D			400,608.	25 26	517,339.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ok bor	> X	400,000.	20	317,337.
S		and complete lines 27, 28, 32, and 33.	eck ner				
ü	27				3,536,802.	27	3,450,404.
ala	28			·····	53,995.	28	64,570.
D D	20	Organizations that do not follow FASB ASC 9		ack here	33,333.	20	04,570.
臣		and complete lines 29 through 33.	50, CH	ck liefe			
<u></u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				3,590,797.	32	3,514,974.
z	33				3,991,405.	33	4,032,313.
	_ 55				-, -, -, -, -, -, -, -, -, -, -, -, -, -	- 55	Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,334			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,418			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,590		<u>24.</u>	
4						
5	Net unrealized gains (losses) on investments	5		3,4	<u>01.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	3,514	<u>4,9</u>	<u>74.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				otack	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
0 -	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0-		х	
2a			2a			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2019)	

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WESTWIND STEWARDSHIP GROUP

Employer identification number 20-1627314

Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chi)(A)(i).	
2	\Box	A school described in sect i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)	, , , , , , , , , , , , , , , , , , ,	
3	一	A hospital or a cooperative		· ·			i).	
4	Ħ	A medical research organization	•					the hospital's name.
		city, and state:	ŗ	,				i
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		logo or armonomy omnoc	or operat	-		
6		A federal, state, or local gov		ental unit described in	section 17	70/h)/1)/A)	(v)	
	X	An organization that norma	· ·				• •	aublic described in
′		-	•	itiai part of its support if	on a gove	on in icinai	unit or norm the general p	Jublic described in
		section 170(b)(1)(A)(vi). (C		1\/A\/vi\ (Complete Bod	F II \			
8	H	A community trust describe				ad in coniu	unation with a land arout	aallaaa
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrict	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
40		university:	lly receives (1) mare	than 22 1/20/ of its ours	a aut frama	ontributio	no momborobio foco an	d areas ressints from
10		An organization that norma						
		activities related to its exem	-					-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	iπer June 30, 1975.
		See section 509(a)(2). (Cor	•	and the decad for any letter and			20(-)(4)	
11	H	An organization organized a	•	•	•			
12		An organization organized a	•	•	•		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					Sheck the box in
_		lines 12a through 12d that	* *					air in a
а		Type I. A supporting orga	•		•	-		
		the supported organization			majority c	or trie direc	tors or trustees of the st	apporting
L		organization. You must o			ion with its		d arganization(s) by bay	vin a
b		Type II. A supporting org	· ·					-
		control or management o			ame perso	ns that coi	ntroi or manage the supp	оопеа
_		organization(s). You mus			in aannaat	المناسمة	and functionally integrate	ad with
С			- '				• •	ea with,
4		its supported organization						zation(a)
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally int requirement (see instructi	-	* *	•		='	/eness
_		Check this box if the orga	•	•	•			
е		functionally integrated, or					Type i, Type ii, Type iii	
f	Ente	er the number of supported o	* *	iany integrated supportin	ig organiz	ation.		
		vide the following information		d organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
.								
Γota	11						i e	Í

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	106,363.	370,710.	312,139.	197,113.	171,664.	1157989.
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						
4	Total. Add lines 1 through 3	106,363.	370,710.	312,139.	197,113.	171,664.	1157989.
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)						317,739.
6	Public support. Subtract line 5 from line 4.						840,250.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	106,363.	370,710.	312,139.	197,113.	171,664.	1157989.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	361.	5,579.	4,000.	3,587.	5,612.	19,139.
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.)	29,256.			18,446.	24,044.	71,746.
11	Total support. Add lines 7 through 10						1248874.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,031,097.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	67.28 <u>%</u>
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	72.04 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >
					Sche	edule A (Form 990	or 990-EZ) 2019

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						-
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

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.)

	Yes	No
1		
_		
2		
За		
- Ju		
3b		
3с		
4a		
ти		
4b		
4c		
70		
5a		
5b		
5c		
6		
,		
7		
8		<u> </u>
9a		
Ja		
9b		
9с		
10a		
iva		
10b		L

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a 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? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization (b) that operated, supervised, or controlled the supporting Organizations 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees deach of the organizations apported organization (b) that operated, supervised, or controlled the supported organization (b) that operated organization (b) the supported organization (b) the supported organization (b) the supported organization (b) the supported organization or trustees of each of the organization is directors or trustees during the supported organization or the provided during the supported organization or subject to the advantage a	11	Has the organization accepted a gift or contribution from any of the following persons?			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	•			
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must cor			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	TEV Type III Non-Function	ally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organiza				
2	Amounts paid to perform activity tha	t directly furthers exemp	t purposes of supported		
	organizations, in excess of income fr				
3	Administrative expenses paid to acco	omplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use	assets			
5	Qualified set-aside amounts (prior IR	S approval required)			
6	Other distributions (describe in Part	VI). See instructions.			
7	Total annual distributions. Add line	es 1 through 6.			
8	Distributions to attentive supported	organizations to which th	e organization is responsive		
	(provide details in Part VI). See instru	·			
9	Distributable amount for 2019 from S	Section C, line 6			
10	Line 8 amount divided by line 9 amount	unt			
Secti	tion E - Distribution Allocations (see	instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from S	Section C, line 6			
2	Underdistributions, if any, for years p	orior 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 amoun	t			
i	Carryover from 2014 not applied (see	e instructions)			
j	Remainder. Subtract lines 3g, 3h, an	d 3i from 3f.			
4	Distributions for 2019 from Section [),			
	line 7:				
а	Applied to underdistributions of prior	years			
b	Applied to 2019 distributable amoun	t			
С	Remainder. Subtract lines 4a and 4b	from 4.			
5	Remaining underdistributions for year	rs prior to 2019, if			
	any. Subtract lines 3g and 4a from lin	ne 2. For result greater			
	than zero, explain in Part VI. See ins	tructions.			
6	Remaining underdistributions for 201				
	and 4b from line 1. For result greater				
	Part VI. See instructions.	•			
7	Excess distributions carryover to 2	2020. Add lines 3i			
	and 4c.	,			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(FORTH 990 OF 990-EZ) 2019 WEDTWIND DIEWARDDITT GROOT 20 102/314 Page 8
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.)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

Name of the organization

WESTWIND STEWARDSHIP GROUP

20-1627314

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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

20-1627314

WESTWIND STEWARDSHIP GROUP

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,015.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number

WESTWIND STEWARDSHIP GROUP 20-1627314

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

WESTWIND STEWARDSHIP GROUP

20-1627314

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990, 990, EZ or 990, DE) /2019)

Name of organization **Employer identification number** WESTWIND STEWARDSHIP GROUP 20-1627314 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WESTWIND STEWARDSHIP GROUP

Employer identification number 20-1627314

Pai	art I Organizations Maintaining Dono	r Advised Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990	, Part IV, line 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 advised	d funds
	are the organization's property, subject to the org	anization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of	the donor or donor advisor, or for any other purpose co	onferring
Pai	art II Conservation Easements. Comple	ete if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (for exan		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2		neld a qualified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			1 1
b	,		****
C		historic structure included in (a)	
d) acquired after 7/25/06, and not on a historic structure	
_			
3		nsferred, released, extinguished, or terminated by the o	rganization during the tax
	year	amentian accomment in larget at \$	
4	Number of states where property subject to cons		
5	violations, and enforcement of the conservation e	ding the periodic monitoring, inspection, handling of	Yes No
6	*	asements it holds? inspecting, handling of violations, and enforcing conse	
Ü	Starrand volunteer riodrs devoted to morntoning,	inspecting, hariding of violations, and emoreing consci	valion casements during the year
7	Amount of expenses incurred in monitoring inspe	ecting, handling of violations, and enforcing conservation	on easements during the year
•	▶ \$	ioting, harraining of violations, and officing conton valid	in casemente danning the year
8		e 2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
9		conservation easements in its revenue and expense st	
		of the footnote to the organization's financial statemen	
	organization's accounting for conservation easem		
Pai	art III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote	e to its financial statements that describes these items.	
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets he	d for public exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these its		
	(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, h	istorical treasures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported un	-	
LHA	For Paperwork Reduction Act Notice, see the I	nstructions for Form 990.	Schedule D (Form 990) 2019

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

	t III Organizations Maintaining Co			asures or O	ther S	imilar Δ		<u> </u>	Page Z
_			•					(continu	<u>ea)</u>
3	Using the organization's acquisition, accession, and other records, 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 coll						in Part	XIII.	
5	During the year, did the organization solicit or						_	_	
_	to be sold to raise funds rather than to be main							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes	s" on Fo	rm 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Part	·							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	s or other assets	not incl	uded		_	
	on Form 990, Part X?						🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					,		Yes	No No
	If "Yes," explain the arrangement in Part XIII. (•				
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		Three vear	s back	(e) Four y	/ears back
1a	Beginning of year balance	53,996.	41,086.	15,0		, ,		(-)	
	Contributions	918.	14,005.	· ·		15	,000.		
	Net investment earnings, gains, and losses	9,656.	-1,095.	· ·	86.		, -		
	Grants or scholarships	, .	, -						
	Other expenditures for facilities								
C									
	and programs								
	Administrative expenses	64,570.	53,996.	41,0	86	15	,000.		
g	End of year balance	· · · · ·		,	•••		, , , , , ,		
2	Provide the estimated percentage of the curre	ent year end balance) rieiu as.					
	Board designated or quasi-endowment	0.4	_%						
	Permanent endowment ► 86.61 Term endowment ► 13.39 %	%							
С	· —								
_	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held ar	id administered f	for the c	organizatio	n		
	by:								res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizati							3b	
4	Describe in Part XIII the intended uses of the o		wment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered				ırt X, line	e 10.			
	Description of property	(a) Cost or of	, , , , , ,	 		umulated		(d) Book	value
		basis (investm	· ·	(other)	depre	ciation			
1a	Land			0,000.				1,800	
	Buildings			4,989.		5,985		1,159	
С	Leasehold improvements			2,900.		2,301			,599.
	Equipment	I	29	9,537.	14	3,657	'.		,880.
	Other		17	5,210.		4,682	1.	30	,528.
	. Add lines 1a through 1e. (Column (d) must eq		X. column (B). line 1	Oc.)			•	3,486	,011.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		EWARDSHIP GROU	JP 2	0-1627314 Page 3
(a) Description of alegurity recording removal executivy (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) Francial derivatives (2) Closely held equity interests (3) Other (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2019

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

Par	t XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenue p	oer Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV	⁷ , line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	red services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial		s per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а		ted services and use of facilities			
b		year adjustments	l I		
С		losses			
d		(Describe in Part XIII.)	<u>- </u>	-	
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	40		
a		ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)			
b				4c	
5		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin			
	rt XIII	Supplemental Information.	e (8.)	3	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1b and 2b: Part	V line 4: Part X line 2: Part	ΧI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provid		v, 1110 1, 1 are x, 1110 2, 1 are	711,
			and the second s		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization WESTWIND STEWARDSHIP GROUP 20-1627314 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHILDREN, FAMILIES, AND GROUPS; AND PROMOTE ENVIRONMENTAL STEWARDSHIP AS A BASIS FOR SUSTAINABLE LIVING. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE REVIEWED BY THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY REQUIRES WRITTEN DISCLOSURE AT THE FIRST

BOARD MEETING EACH YEAR, WHICH IS TYPICALLY IN JANUARY. IN ADDITION, THE SMALL AND ACTIVE NATURE OF THE BOARD MEANS MEMBERS ARE CONSTANTLY AWARE OF ONE ANOTHER'S ACTIVITIES.

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

THE BASE SALARY FOR THE EXECUTIVE DIRECTOR WAS SET IN A PRIOR YEAR. THE PROCESS INVOLVED REVIEWING SALARIES OF NEARBY EXECUTIVE DIRECTORS COMBINED WITH ADVICE FROM AN EXTERNAL CONSULTANT. ANNUAL SALARY IS REVIEWED BY THE BOARD AS PART OF BUDGET PROCESS.

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

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON THE ORGANIZATION DOES NOT RECEIVE AUDITED FINANCIAL STATEMENTS AND REQUESTS FOR FINANCIAL INFORMATION ARE REFERRED TO FORM 990.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print WESTWIND STEWARDSHIP GROUP 20-1627314 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5933 NE WIN SIVERS, NO. 202 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97220 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 SARAH KEPLINGER ullet The books are in the care of lackbox 5933 NE WIN SIVERS, SUITE 202 - PORTLAND, OR 97220 Telephone No. \triangleright 541-994-2383Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

923841 12-30-19

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)