PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 35418 | Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service 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.



ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	WESTWIND STEWARDSHIP GROUP			
	Name chang			20-162732	L4
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	5933 NE WIN STUERS	202	541-994-2	2383
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,855,850.
	Amen return			H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: MAII DARKI		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2004 N	I State of legal domicile: OR
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: $\frac{THE}{THE}$			
ů ne		INSPIRES PEOPLE TO BE STEWARDS OF THE ENV			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Ň	3				8
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			75
iviti	6	Total number of volunteers (estimate if necessary)			100
Act	7 a				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	0 . Current Year
				607,534.	646,634.
ne	8	Contributions and grants (Part VIII, line 1h)		969,938.	1,168,760.
Revenue	9	Program service revenue (Part VIII, line 2g)		5,337.	2,963.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,397.	7,430.
	12			1,593,206.	1,825,787.
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		704,555.	883,199.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)96, 3	93.		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		580,067.	860,430.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,284,622.	1,743,629.
		Revenue less expenses. Subtract line 18 from line 12		308,584.	82,158.
or	3		Be	ginning of Current Year	End of Year
Assets (20	Total assets (Part X, line 16)		4,189,393.	4,309,502.
Ass	21	Total liabilities (Part X, line 26)		439,663.	494,664.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,749,730.	3,814,838.
Pa	art II	Signature Block	•		·

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

Sign	Signature of officer			Date			
-	MATT BARRY, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	KARIN S. WANDTKE			self-employed P00172715			
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0900579			
Use Only	Firm's address 520 SW YAMHILL ST	., STE 500					
	PORTLAND, OR 9720	4		Phone no. (503) 227-0581			
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No			
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) WESTWIND STEWARDSHIP GROUP 20-1627 rt III Statement of Program Service Accomplishments	314	Page 2
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE WESTWIND STEWARDSHIP GROUP INSPIRES PEOPLE TO BE STEWARDS OF	THE	
	ENVIRONMENT AND THEIR COMMUNITIES BY CONSERVING WESTWIND'S DIVER		
	ECOSYSTEMS IN PERPETUITY AND FOSTERING LIFE-CHANGING EXPERIENCES		
	CHILDREN, FAMILIES, INDIVIDUALS, AND GROUPS.	1 011	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience revenue, if any, for each program service reported.	enses, and	I
4a		774.2	00.)
iu	CAMP WESTWIND - INNOVATIVE CAMP PROGRAMS FOR YOUTH, TEENS, AND	··-/-	<u></u> ,
	FAMILIES, OFFERED ALL SUMMER AND DURING CERTAIN WEEKENDS/HOLIDAY	с	
		6	
	THROUGHOUT THE YEAR. A. OUTDOOR ACTIVITIES: KAYAKING, CANOEING,		
	PADDLEBOARDING, SNORKELING, HIKING, BACKPACKING, RIVER DIPPING,		E
	STUDY/DISCOVERY, AND FREE OUTDOOR PLAY AMIDST THE BEACH, DUNES,	AND	
	RAIN FOREST. B. TEAM BUILDING/GROUP ACTIVITIES: TREE CLIMB, CHAL	LENGE	
	COURSE, TEAM BUILDING, GROUP CAMPING, SUSTAINABLE LIVING PRACTIC		
	ARTS ACTIVITIES: DRAW/PAINT, BEADS/MACRAME, NATURE ART, FUSED GL		
		, נכח	
	TIE-DYE, IMPROV THEATRE/TALENT SHOW, LOTS OF SINGING!		
4b	(Code:) (Expenses \$401,049. including grants of \$) (Revenue \$)	314,7	73.)
	GROUP AND CABIN RENTALS: GROUPS LARGELY SELF-DIRECT THEIR WESTWI	ND	
	EXPERIENCE, WITH ORIENTATION AND GUIDANCE FROM WESTWIND STAFF. T	HROUG	H
	WESTWIND'S RUSTIC ACCOMMODATIONS, FOOD SERVICE OPTIONS (WHICH FO		
	REGIONAL SOURCING AND SCRATCH COOKING), AND SELF-CONTAINED FACIL		
		MENTA	<u>ь </u>
	STEWARDSHIP, AND LIVING LIGHTLY ON THE LAND.		
4c	(Code:) (Expenses \$154,708 . including grants of \$) (Revenue \$)	91,4	47.)
	FOOD SERVICE/CATERING: WESTWIND PROVIDES CATERING SERVICES FOR R	ENTAL	
	GROUPS 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 1,478,037.		
		Form 99	0 (2022)
232002	2 12-13-22 3	THE SE FOR Yes X Yes X penses. enses, and 774,200 S NATURE AND LENGE E C. ASS, 314,773 ND HROUGH CUS ON ITY LEARN MENTAL S MENTAL	

Form	990	(2022)
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 Form 990 (2022)
 WESTWIND
 STEWARDSHIP
 GROUP

 Part IV
 Checklist of Required Schedules
 GROUP

1 In the organization decides of neuronal constraints and private foundation? 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 1 X 2 Is the organization required to complete Schedule B, Schedule O, Contributors? See instructions 3 X 3 Section SOL(8) complete Schedule C, Part I 4 X 5 Section SOL(8) complete Schedule C, Part I 4 X 6 Is the organization magnet in both or ognitude schedule C, Part II 5 X 6 Barting Sol(8) constantion organitude schedule C, Part II 5 X 7 Did the organization magnet in both schedule schedule C, Part II 5 X 8 Did the organization magnet in both schedule schedule D, Part II 7 X 8 Did the organization magnet in both schedule schedule D, Part II 7 X 7 Did the organization magnet in both schedule schedule Schedule D, Part II 7 X 8 Did the organization magnet in both schedule schedule Schedule D, Part II 7 X 9 X 10 X 10				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 X 4 Section 801(c)(x) organizations. Do the organization engage in loobying activities, or have a section 801(h) election in effect of indirect or indirect or indirect or indirect or indirect organization ascentes 701(c)(x). Or S01(c)(x) organization that receives membership dues, assessments, or similar functions as othered in Rev Noce. 81197 If "Yes," complete Schedule C, Part II. 4 X 6 Did the organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II. 5 X 7 X The organization engage in loobying activities, or have a section S01(h) election in estimuted in due or accounts? If "Yes," complete Schedule D, Part II. 6 X 7 X The organization engage in anount in bart funds or accounts? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization engage in anount in bart funds or accounts? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization engage in anount in bart funds or accounts? If "Yes," complete Schedule D, Part II. 10 X 10 Did the organization engot an anount in bart funds organization, directly or firrogin andiba organization, directly or firrogin andiba organization engot an anount for ine	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct c publical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(b) organizations. Did the organization engage in kotbying activities, or have a section 501(b) decision and the organization in the organization engage in kotbying activities, or have a section 501(b) decision and the organization materia and young activities and the organization materia and young activities and the organization materia and young activities and the organization activities of 10(b) organization activities and young activities and the organization materia and young activities and the organization materia and young activities and the organization materia and the organization activities and the activities activities and the activities activities and the activities activit		If "Yes," complete Schedule A			
public office? # 'Yes," complete Schedule Q, Part / 3 X 4 Section 501(k) organization. B Oth the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(k)(k), 501(k)(k), or 501(k) 5 X 4 X 6 Did the organization matinia any choice advised funds or any similar funds or accounts for which choices have the entry to provide advised on investment of anomunts in auch funds or accounts for which choices have the entry to provide advised on investment of anomunts in auch funds or accounts for which choice a secounds for which choices have the entry to provide advised on investment of a manuts in a choice and invest or all and or accounts for which choice a secound for which choices have the entry to provide advised transactional treasures, or other similar assets? If "Yes," complete Schedule D, Part I 8 X 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, every as a custodial for amounts in other funds or accounts for under the part X, line 21, for escrew or custodial account liability, every as a custodial for amounts in a choice in Part X, ine 17, the second choice choice in Part X, ine 17, the second choice choic	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 50	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section Sol (K)(K) SOL (K) SOL			3		<u> </u>
5 Is the organization ascions 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97. If Yes, "complete Schedule C, Part II. S X D Dd the organization markina may down advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II. 6 X D Dd the organization nearement, including easements to reserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II. 7 X D Dd the organization reserve of hold a conservation including easements to reserve open space, the environment, historic structures? If Yes, "complete Schedule D, Part II. 7 X D Dd the organization resort of through a neilated organization, hold assets in donor-restricted endowments or in quasi endowment?? If Yes, to orpoide schedule conselling, debt management, credit repair, or debt neglination services? If Yes, "complete Schedule D, Part IV. 10 X D Dd the organization resport an amount for land, building, and equipment in Part X, line 12; that is 5% or more of its total assets reported in Part X, line 107; Yes, "complete Schedule D, Part VI. 11a X D Dd the organization report an amount for investments - other securities in Part X, line 13; that is 5% or more of its total assets report of Part X, line 117; Yes, "complete Schedule D, Part VI. 11a X D Dd the organization report an amount for investments - othere securities in Part X, line 12; that is 5% or more of its tota	4				37
similar amounts as defined in Rev. Proc. 98-197. If Yes," complete Schedule D, Part II 5 X O Did the organization maintain eases, or historic durds or any similar funds or accounts? If 'Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other semilar assets? If 'Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other semilar assets? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, complete Schedule D, Part II 8 X 9 Did the organization, directly or through a nelated organization, hold assets in donor-restricted endowments 9 X 10 Did the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 111 X Did the o	_		4		_X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II B Did the organization reasive, including assements in the preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II B Did the organization relation collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II B Did the organization relation of the role of the organization, directly or through a related organization, including assets in donor-restricted andowments or in quasi endowment? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments - lorder sacetifies in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 If 'Yes,' complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 12, I'Yes,' complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 I'Yes,' complete Schedule D, Part X Did the organization subpart Part Y, line 10, Part IX Did the organization subol described in account of the sasets in P	5				37
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Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is nower to any of the following quastions is 'Yes,' then complete Schedule D, Part VI, VII, VII, VI, X, x, as applicable. 10 X a Did the organization report an amount for indy, buildings, and equipment 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 11a X b Did the organization report an amount for other assets 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 11a X c Did the organization report an amount for other assets 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 X 11e X 11 X 11d X 11e X 11e X 12 Did the organization oncluded in consolidated, independent audited financial statements for the tax year? 11f X <td>•</td> <td></td> <td></td> <td></td> <td></td>	•				
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# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 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 VI 11e X 14 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 X 11e X 111 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 112 Did the organization separate in dependent audret financial statements for the tax yea? If "Yes," complete Schedule D, Part X 11t X 113 St the organization included in consolidated, independent audret financial statements for the tax yea? If "	9				
10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VII, VI, VIII, VX, orX, as applicable. 10 X 2 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 2 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 11c X 2 Did the organization report an amount for ther satisfities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X 4 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11 Did the organization separate or consolidated financial statements for the tax year? 11e X 12 Did the organization assert reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 12 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e			•		x
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2 Dit the organization report more than 85,000 of grants or other assistance to or to demetic individuals on part 16, our Mol, line 27 "Yes," complete Schedule / Part 18, dividue / Part 18, di				Yes	NO	
23 Did the organization server "Ye" 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 componated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exempt bool issue with an outstanding principal amount of more than 5100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 for through 24 and complete Schedule K. If Yes," go time 26s 24a X Did the organization invest any proceeds of tax-exempt bools beyee with an endurating sector at any time during the year? 24a X Did the organization and as an "on behalt of "issuer for bonds outstanding at any time during the year? 24d 24d 25 Section 50(45), 50(16)(4), 400(4)(4) and 50(4)(29) organization. Such the cognization again an excess benefit transaction with a disqualified person during the year? 24d 25d 25 Section 50(45), 50(16)(4), 400(4), 400 organizations. Did the cognization again a prory year, and that the transaction has not been reported on any of the gorization againstand spatiants. Did the organization again or yourent or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, trastor or for	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 X 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Yest: All Form 990 filers are required to complete Schedule O 14 0 14 0 14 0 1b 0 1b 0 1c 12	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1a 0 1b 0 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
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and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	~-		30			
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Part 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 Image: Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O complete Schedule O included on line 1a. Enter -0- if not applicable Image: Check if Schedule O complete Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included on line 1a. Enter -0- if not applicable Image: Check I Schedule O included O include O i	37					
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Part 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 Image: Check if Schedule O contains a response or note to any line in this Part V 1a 0 Yes No b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V Yes No c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ic Ic 232004 12-13-22 Form 990 (2022)	38					
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(gambling) winnings to prize winners? 1c 1c 232004 12-13-22 Form 990 (2022)						
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	202004		, on		(-955)	

Form	990 (2022) WESTWIND STEWARDSHIP GROUP	20-1627	314	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				U
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou			6a		х
h	any contributions that were not tax deductible as charitable contributions?				
D.			6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section of the	vices provided to the payor?	70		х
			7a 7b		- 11
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82822	srequired	7.		Х
	to file Form 8282?	- .	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		<u>x</u> x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			37
			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
			<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	<i>c</i>				. ,

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 WESTWIND STEWARDSHIP GROUP
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	Enter the number of voting members of the governing body at the end of the tax year1a	6	3		
ļ	If there are material differences in voting rights among members of the governing body, or if the governing				
1	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	·	7		
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	Did the organization delegate control over management duties customarily performed by or under the direc	t supervision			
(of officers, directors, trustees, or key employees to a management company or other person?		3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 wa				Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
	Did the organization have members or stockholders?		6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho		14		
			7b		x
-	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by th				
				v	
	The governing body?		<u>8a</u>	X X	
	Each committee with authority to act on behalf of the governing body?		8b	~	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	ion 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 befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." a				
	on Schedule O how this was done		12c	х	
	Did the organization have a written whistleblower policy?		13	X	
	Did the organization have a written document retention and destruction policy?		14	X	
			14	- 23	
	Did the process for determining compensation of the following persons include a review and approval by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official		15a	X	37
	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w	ith a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p	articipation			
i	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizatior	ı's			
	exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed OR				
	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)	availat	ole
	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 So				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of		d finand		
		a interest policy, al		Jai	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books an באסגע גרבעה – הגון הערבים האטער גערבים האטער אין ארבים און איניים און איניים און איניים און איניים און איניים א	L records			
	SARAH KEPLINGER - 541-994-2383				
	5933 NE WIN SIVERS, SUITE 202, PORTLAND, OR 97220			990	

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensat	tec
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDY LINDBERG	40.00	_	_							
EXECUTIVE DIRECTOR		х		х				91,470.	0.	4,601.
(2) MATT BARRY	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ELIZABETH TURNBULL	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CINDY EWERS	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) NATHAN LEAMY	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) GAIL BAKER	1.00									
STWEARD		х		Х				0.	0.	0.
(7) KRISTIN SHEERAN	1.00									_
STEWARD		Х						0.	0.	0.
(8) KAREN BELSEY	1.00									
STEWARD	1	Х						0.	0.	0.
(9) ELIZABETH MORROW MCKENZIE	1.00									•
STEWARD	1 00	Х						0.	0.	0.
(10) CHENA WEITZER	1.00								0	0
STEWARD	1 0 0	X						0.	0.	0.
(11) KIM TAYLOR	1.00							0.	0	0
STEWARD (12) MEGAN COGSWELL	1.00	Х						0.	0.	0.
(12) MEGAN COGSWELL STEWARD	1.00	x						0.	0.	0.
(13) KAREN O'CONNOR	1.00	^						0.	0.	0.
STEWARD	1.00	x						0.	0.	0.
SIEWARD		^						0.	0.	0.
		1								
		1								
		1								
		•			•	•	•	•		Earm 990 (2022)

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	orm 990 (2022) WESTWIND STEWARDSHIP GROUP 20-1627314 Page 8													
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	s	ar com	(F) stimate nount other pensa	of ition
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	·C/	org an	rom th Janizat d relat anizati	ion ed
											_			
	Subtotal								91,470.		0.		4,6	01.
c _d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							91,470.		0.		4,6	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	I			0
	compensation nom the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-		•	•			Ŭ	• •			3		х
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes," com	-							-		<u></u>	5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensati	on fro	om	
	the organization. Report compensation for t								the organization's tax y					
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Co	ompe	C) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to	thos (ted	above) who received mo	ore than				
											F	orm	990 (2022)

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		(2022) WESTWIND STEW	VARDSHIP (GROUP		20-1627	314 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin			(
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					lunction revenue	business revenue	sections 512 - 514
s S	1 :	Federated campaigns					
ant							
л С С	k						
ts, An	c	v					
Gif	c	Related organizations 1d					
in,	e	Government grants (contributions)					
r S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	646,634.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f	9,075.				
aŭ	ł	Total. Add lines 1a-1f		646,634.			
			Business Code				
đ	2 a	PROGRAM FEES	561499	762,540.	762,540.		
vic	_ t		561499	314,773.	314,773.		
jer,		FOOD & BEVERAGE	561499	91,447.	91,447.		
n S Ven	C		501455	J1,447.	<u> </u>		
Program Service Revenue	c	·					
roç	e						
₽.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		1,168,760.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		2,963.			2,963.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
	12						
		assets other than inventory 7a	_				
	k	Less: cost or other basis					
anu		and sales expenses 7b					
evenue		Gain or (loss)					
Re		Net gain or (loss)					
Other R	8 a	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	t	Less: direct expenses	b				
		Net income or (loss) from fundraising events	-				
		Gross income from gaming activities. See					
	50	Part IV, line 19					
	L	Less: direct expenses					
			0				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	41 1000				
			a 41,723.				
		°	ы 30,063.				
	c	Net income or (loss) from sales of inventory .		11,660.	11,660.		
<i>(</i> ^			Business Code				
ŝno	11 a	OTHER	900099	-4,230.			-4,230.
ne	k						
ella Wel							
Miscellaneous Revenue		All other revenue					
Σ		• Total. Add lines 11a-11d		-4,230.			
	12	Total revenue. See instructions		1,825,787.	1.180 420	0.	-1,267.
00000				_,023,101•	-,,	U •	Form 990 (2022)
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Form 990 (2022)

WESTWIND STEWARDSHIP GROUP Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	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,	06 071	70 166	0 222	7 600
-	trustees, and key employees	96,071.	79,166.	9,222.	7,683.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	689,347.	568,049.	66,173.	55,125.
7 8	Other salaries and wages	009,347.	500,049.	00,1/3.	JJ, 12J.
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,060.	1,697.	198.	165
9	Other employee benefits	33,635.	27,716.	3,229.	165. 2,690.
9 10	Payroll taxes	62,086.	51,161.	5,960.	4,965.
11	Fees for services (nonemployees):	02,000.	51,101.	5,500.	4,5050
a	Management				
b	Legal				
	Accounting	11,659.	8,222.	3,437.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	124,006.	111,057.	12,949.	
12	Advertising and promotion	4,883.	4,883.		
13	Office expenses	124,554.	35,987.	62,802.	25,765.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	30,624.	30,624.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	100 010	100 010		
22	Depreciation, depletion, and amortization	108,213.	108,213.		
23		59,628.	54,399.	5,229.	
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 0.)				
а	PROGRAM SUPPLIES	271,341.	271,341.		
b	UTILITIES	85,834.	85,834.		
с	EQUIPMENT & MAINTENANCE	39,688.	39,688.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,743,629.	1,478,037.	169,199.	96,393.
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)				

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Form 990 (2022)

Part X Balance Sheet

WESTWIND STEWARDSHIP GROUP

		Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
			<u>_</u>		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			645,667.	1	527,090.
	2	Savings and temporary cash investments			12,431.	2	12,624.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,455.	4	35,989.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualit	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	ons described in section 4958(c)(3)(B)				
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····	5,990.	8	5,990. 6,095.
◄	9	Prepaid expenses and deferred charges			15,576.	9	6,095.
	10a	Land, buildings, and equipment: cost or other		4 4 4 4 4 4 4 4 4			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,925,192.	2 422 826		2 551 500
		Less: accumulated depreciation	10b	1,353,593.	3,430,736.	10c	3,571,599. 57,501.
	11	Investments - publicly traded securities		72,443.	11	57,501.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4 005	14	92,614.		
	15	Other assets. See Part IV, line 11			<u>4,095.</u> 4,189,393.	15	
	16	Total assets. Add lines 1 through 15 (must equa			49,795.	16	<u>4,309,502</u> . 57,089.
	17 18	Accounts payable and accrued expenses	49,195.	17 18	57,009.		
	19	Grants payable	380,741.	19	273,658.		
	20	Deferred revenue Tax-exempt bond liabilities			500,741.	20	275,050
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			9,127.	23	74,173.
	24	Unsecured notes and loans payable to unrelated	d third pa	· · · · · · · · · · · · · · · · · · ·	-	24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			0.	25	89,744.
	26	Total liabilities. Add lines 17 through 25			439,663.	26	494,664.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27			······	3,664,856.	27	3,702,213. 112,625.
Ba	28	Net assets with donor restrictions		L	84,874.	28	112,625.
pun		Organizations that do not follow FASB ASC 9	58, chec	k here			
Ē		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			3,749,730.	31	2 91/ 020
Š	32	Total net assets or fund balances			4,189,393.	32	3,814,838.
	33	Total liabilities and net assets/fund balances			4,109,393.	33	4,309,502.

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Form	990 (2022) WESTWIND STEWARDSHIP GROUP	20-162	7314	Pag	_{ge} 12
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)		1,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,743	3,62	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	82	2,1	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,749	9,7	30.
5	Net unrealized gains (losses) on investments	5	-10	5,0	38.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	- 1	L,0:	12.
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	3,814	1,8 3	<u>38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		I

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the o	organization
---------------	--------------

Name of	ame of the organization Employer identification number									
			RDSHIP GROUP				2	0-1627314		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The orga	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 X	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in		
	section 170(b)(1)(A)(vi). (C									
8	A community trust describe			-						
9	An agricultural research org				-		-	-		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
	university:									
10	An organization that norma									
	activities related to its exen		-					-		
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	inter June 30, 1975.		
44	See section 509(a)(2). (Col An organization organized a	• •	voluto toot for public oo	foty Soo	nantian E(O(a)(A)				
11 12	An organization organized a	•		•			rny out the	purposes of one or		
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a	Type I. A supporting orga	• •					-	aivina		
	the supported organization		-	•	-					
	organization. You must o							,pp9		
b	Type II. A supporting org	-		ion with it:	s supporte	d organizatio	n(s). bv hav	vina		
	control or management o	-				-		•		
	organization(s). You mus			·		·				
с 🗌	Type III functionally inte			in connect	ion with, a	and functional	ly integrate	ed with,		
	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d	Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness		
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
e	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
	functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.					
f En	ter the number of supported o	organizations								
g Pro	ovide the following information			(iv) Is the orga	nization listed					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	3	(vi) Amount of other support (see instructions)		
	organization		above (see instructions))	Yes	No	Support (See II	istructionsj			
Total										
						1		1		

Schedule A (Form 990) 2022

Part II

WESTWIND STEWARDSHIP GROUP

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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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	197,113.	171,664.	632,059.	607,534.	646,634.	2255004.			
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	197,113.	171,664.	632,059.	607,534.	646,634.	2255004.			
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)						157,552.			
6	Public support. Subtract line 5 from line 4.						2097452.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	197,113.	171,664.	632,059.	607,534.	646,634.	2255004.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	3,587.	5,612.	3,702.	5,337.	2,963.	21,201.			
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.)	18,446.	24,044.	29,058.	16,398.	-4,230.	83,716.			
11	Total support. Add lines 7 through 10						2359921.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 4	,516,007.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 5	D1(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	88.88 %			
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	78.07 %			
16a	33 1/3% support test - 2022. 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 bo>				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	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	upported organiza	ation						
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization					
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or			
	more, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
						Schedule A	(Form 990) 2022			

Schedule A (Form 990) 2022

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Schedule A	(Form	990	2022
		000	

WESTWIND STEWARDSHIP GROUP

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.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	01(c)(3) oraani	zation,
	· · · · · · · · · · · · ·	······		-			·
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021		•			16	%
Sec	ction D. Computation of Invest					• •	
17	Investment income percentage for 20		nn (f), divided bv li	ne 13, column (f))		17	%
18	Investment income percentage from	-				18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22		,	,			Ile A (Form 990) 2022
			16				. ,

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WESTWIND STEWARDSHIP GROUP

1

2

Yes No

Part IV Supporting Organizations

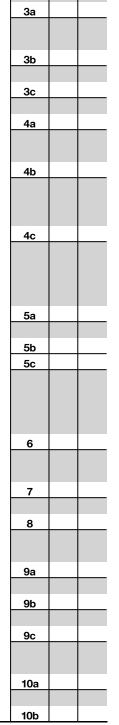
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 WESTWIND STEWARDSHIP GROUP

1

No

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's onicers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	Ī
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported execution(a)

Section D. All Type III Supporting Organizations	
--	--

	_	`	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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Schedule A	(Form 990) 2022
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Schedule A	(Form 990)	2022	WEST	WIND	STEWAR	DSHIP	GROUP	
Part V	Type III	Non	-Functionally In	ntegrat	ed 509(a)(3	3) Suppo	orting Org	anizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions

b	Applied to 2022 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		

1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	b Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

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

20-1627314 Page 7

Current Year

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A			OSHIP GROUP	20-1627314 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4	1b, 4c, 5a, 6, 9a, 9b, 3; Part IV, Section E,	9c, 11a, 11b, and 11c; Part lines 1c, 2a, 2b, 3a, and 3b;	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
232028 12-09-2	2		01	Schedule A (Form 990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

0-1627	314
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2

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

Check if your organization is covered by the General Rule or a Special Rule.

WESTWIND STEWARDSHIP GROUP

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one 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 ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

WESTWIND STEWARDSHIP GROUP

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,000.	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
2		\$25,148.	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
3		\$79,927.	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
4		\$ <u>332,057.</u>	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		\$20,000.	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		\$37,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

20-1627314

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		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
452 11-15-22	24		Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

(a)

No.

7

20 - 1627314

Person Payroll

Noncash

Person

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

\$

25,000.

Page **2** Employer identification number

(d)

Type of contribution

X

WESTWIND STEWARDSHIP GROUP

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

14

from Part I	Description of noncash property given	(See instructions.)	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
		\$	
(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
		\$	

25

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

(b)

WESTWIND STEWARDSHIP GROUP

Name of organization

Part II

(a)

No.

Employer identification number

(d)

Page 3

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(c)

FMV (or estimate)

223453 11-15-22

Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 4	
Name of c	organization		Employer identification	on number	
WESTW	IND STEWARDSHIP GROUP		20-1627314	1	
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000	for the year	
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or le space is needed.	ss for the year. (Enter this info. once.) \$		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	ald	
Part I	(b) Fulpose of gift		(u) Description of now girt is in		
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld	
	(e) Transfer of gift				
	Transferrada nome address a		Deletionship of two of averages to two of averages		
	Transferee's name, address, a		Relationship of transferor to transferee		
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld	
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld	
		(e) Transfer of gift			
	Transferee's name, address, ar		Relationship of transferor to transferee		

Schedule B (Form 990) (2022)

14171107 781409 9543

Department of the Treasury

(Form 990)

Part I

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.



Employer identification number

20-1627314

Internal Revenue Service Name of the organization

WESTWIND STEWARDSHIP GROUP Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line 6	6.		
		(a) Donor adv	vised 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 wri	iting that the assets	held in donor advised fu	unds
	are the organization's property, subject to the organization's ex	clusive legal contro	I?	
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that	grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or d	donor advisor, or for	any other purpose confe	erring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organ	nization answered "	Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		y).	
	Preservation of land for public use (for example, recreatio	on or education)		storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation cont	ribution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
a				
b				
с	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included in (c) acquired after			
~				
3	Number of conservation easements modified, transferred, relea	isea, extinguisnea, i	or terminated by the orga	anization during the tax
4	year Number of states where property subject to conservation easer	mont is located		
- - 5	Does the organization have a written policy regarding the period		ection bandling of	
5	violations, and enforcement of the conservation easements it he		ection, nandling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
Ū				
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations. and	enforcing conservation	easements during the year
			C C	0
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirem	ents of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	easements in its re	venue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organizatio	n's financial statements	that describes the
_	organization's accounting for conservation easements.	· · · · · · · · ·		
Pai	t III Organizations Maintaining Collections of A	-	reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			rance of public
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958,	-		
	art, historical treasures, or other similar assets held for public ex	xhibition, education	, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:			*
	(i) Revenue included on Form 990, Part VIII, line 1			
0			v acceto for financial acir	
2	If the organization received or held works of art, historical treasults following amounts required to be reported under EASP ASC			i, provide
~	the following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1	-		¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			ی
	09-01-22	5. i 0111 030.		
20200	00-01-22	27		

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or C	Other S	imilar Asset	S (contin	ued)	
3	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	Loan or exc	hange program					
b	Scholarly research	е		5 1 5					
c	Preservation for future generations	Ū							
4	Provide a description of the organization's co	lloctions and ovalain	how those further th	o organization's	ovomnt	purposo in Par	• VIII		
5	During the year, did the organization solicit o	•	•	-	-				
5							Yes		7
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange								No
1 41	reported an amount on Form 990, Par		te il the organizatio	n answered re	SONFO	nn 990, Part IV,	line 9, or		
					4				
па	Is the organization an agent, trustee, custodi		•			_	_		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	ustodial account	t liability?	·	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV,	, line 10.		_		
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance	84,874.	74,144.	64,5	570.	53,996		41,	086.
b	Contributions					918		14,	005.
с	Net investment earnings, gains, and losses	-14,749.	11,810.	9,5	574.	9,656		-1,	095.
d	Grants or scholarships								
е	Other expenditures for facilities								
-	and programs		1,080.						
f	Administrative expenses		, -						
		70,125.	84,874.	74,1	44	64,570		53	996.
g	End of year balance Provide the estimated percentage of the curr	,	,	,		,	·	,	
2	Board designated or quasi-endowment	• 0000		I) Helu as.					
a			_%						
a	<u> </u>	%							
с									
_	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	for the		Г	Vee	
	organization by:							Yes	No
	(i) Unrelated organizations								<u>X</u>
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization						. 3 b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	imulated	(d) Book	value	е
		basis (investm	nent) basis	(other)	depree	ciation			
1a	Land		1,80	0,000.			1,800),0(00.
	Buildings			8,516.	84	7,286.	1,111		
	Leasehold improvements			2,900.		0,666.	292		
	Equipment			6,256.		9,842.	226		
	Other			7,520.		5,799.	141		
-	. Add lines 1a through 1e. (Column (d) must e						3,571	<u> </u>	
1010		<u>quai roini 990, rail /</u>		00./			e D (Form	-	
						Jonedu		550)	

	line and the					7
Schedule D	(Form 990)	2022	WESTWIND	STEWARDSHIP	GROUP	

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
4) -	(5) 2001 Value		
Ole a shahalal a sudha istanaata			
Closely held equity interests 3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
=	n Form 000 Dort IV line	11a Cas Form 000 Part V line 12	
Complete if the organization answered "Yes" of			and of your market yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	I
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			89,744
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
(9) Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u>	25.1		

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 WESTWIND STEWARDSHIP GROU	UP	20-1627314 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

232054 09-01-22

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SCHEDULE O (Form 990)

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

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



20-1627314

WESTWIND STEWARDSHIP GROUP

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

COMMUNITIES BY CONSERVING WESTWIND'S DIVERSE ECOSYSTEMS IN PERPETUITY

AND FOSTERING LIFE-CHANGING EXPERIENCES FOR CHILDREN, FAMILIES

INDIVIDUALS, AND GROUPS.

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 REOUIRES 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 REQUEST.

REQUESTS FOR FINANCIAL INFORMATION ARE REFERRED TO FORM 990.

CT-12	Form CT-12 Charitable Activities Section								
For Oregon Charities		Department of Ju		nay by cr	າow file rej edit card ເ				
For Oregon Charmes For Accounting Periods Beginning in:	100 SW Market Street Portland, OR 97201-5702		DICE (971) 673-188 TTY (800) 735-290	0	nline form a	-			
0000	Email: charitable@doj.sta	te.or.us	FAX (971) 673-188	2 https://ju	ustice.oreg				
2022	Website: https://www.do		_	paymentp	portal/Acco	ount/Login			
	Line-by-line instructions		nual						
Section I. General Information	n			•					
	Cross Through Incorrect Items and Correct Here:								
1. (See instructions for change of name or accounting period.)									
		Registration #: 3							
			e:WESTWIND			ROUP			
			NE WIN SI						
		City, State, Zip: F	ORTLAND, O	R 9722	0				
		Phone: 541-9	94-2383 Fax:			Amended			
		Email:				Report?			
		Period Beginning:	01/01/22 Peric	d Ending: 12/	31/22				
2. Did a certified public accountant au statements, accompanying notes, s	chedules, or other documen	ts supplementing the re	port or financial state	ements.	Yes	X No			
3. Is the organization a party to a cont	ract with a fundraising firm t	hat relates to solicitatior	is in Oregon? If yes,	check					
the type of solicitations;		nachine; 🗌 telephone		tiona	Yes	X No			
If yes, also write the name of the fur				(If you					
checked "other solicitations", attack	• • • •			_ (ii you					
4. Has the organization or any of its of	. ,	key employees ever sig	ned a voluntary agre	ement					
					X No				
C C		las efferences the second							
 During this reporting period, did the OR did the organization receive a de its tax-exempt status? If yes, attach 	etermination or revocation le	tter from the Internal Re			Yes	X No			
6. Is the organization ceasing operatio	.,		s on how to close						
your registration.)					Yes	X No			
7. Provide contact information for the	person responsible for retair	ning the organization's re	ecords.						
Name	Position	Phone	Mailing A	ddress & Emai	il Address				
SARAH KEPLINGER	BUSINESS DIRECTOR	(541) 994-2383	5933 NE WIN SIV	ERS, SUITE	202, PORT	LAND, O			
			SARAH@WESTWIND.	ORG					
8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)									
(A) Name,	mailing address, daytime ph and email address	one number		(B) Title & erage weekly	(C Comper				
	and email address			rs devoted to	(enter	\$0 if			
	1 1			position	position	unpaid)			
Name: SEE STATEM	гели.т. т								
Address:									
Phone: Name:									
Address:									
Phone:									
Name:									
Name: Address:									

Sec	ction II. F	ee Calculation						
9.	Èorm 990-l Attach exp	I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on 'F. For 990-N filers or others, see the CT-12 instructions for how to calculate total revenu anation if Total Revenue is \$0.)			.,825,7	87.	10	400
10.	Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) The revenue fee is determined by the amount on line 9.						10.	400.
	Amor \$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,00							
11.	(From Part 990-EZ; or see the CT-	s or Fund Balances at End of the Reporting Period 11. 3,814,83 I, Line 22 (end of year) on Form 990; Line 21 on Form Part III, Line 6 on Form 990-PF. For 990-N filers or others, 12 instructions to calculate. Attach explanation if amount egative number)						
	(Generally, 24B on Forn filers or oth instructions	Assets Used to Conduct Charitable Activities 12. 3,571,59 from Part X, Line 10c on Form 990; Line 23B and possibly n 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N ers, see the CT-12 instructions to calculate. See the CT-12 if organization owns income-producing assets.						
13.		ubject to Net Assets or Fund Balances Fee nus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	[1	13.	243,2	39.		
14.		s or Fund Balances Fee					14.	24.
15.	Are you fil	ng this report late? Yes X No					15.	0.
	(If yes, the for addition	ate fee is a minimum of \$20. You may owe more depending on how late the report is. Se al information or contact the Charitable Activities Section at (971) 673-1880 to obtain late	e Instruc e fee amo	ction 15 ount.)				
16.	Total Amo (Add Lines	unt Due					16.	424.
17.	17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.							
Sig		Under penalties of perjury, I declare that I am an officer/director of the organiz accompanying forms, schedules, and attachments, and to the best of my kno			elief, it is true	e, corre	ct, and	d complete.
Hei	re	Signature of officer Date				RES.	IDE	NT
		MATT BARRY 5933 N	E WI	IN S	IVERS,	202	2, E	PORTLAND,
		Officer's name (printed) Address						
		Phone						
	barer's	▶			_ (503) 2	27-0581
Use	Only	Preparer's Signature Date			P	hone		
		KARIN S. WANDTKE 520 SW	YAN	MHIL	L ST.,	STI	5 50	0, portl
		Preparer's name (printed) Address						

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/ annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

WESTWIND STEWARDSHIP GROUP

OREGON	OFFICERS INFORMATION	STATEMENT 1
NAME ANDY LINDBERG ADDRESS EMAIL		TITLE EXECUTIVE DIRECTOR PHONE
AVERAGE WEEKLY HOURS COMPENSATION	40. 96,071.	
NAME MATT BARRY ADDRESS		TITLE PRESIDENT
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	10.	PHONE
NAME ELIZABETH TURNBULL ADDRESS		TITLE VICE PRESIDENT
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	5. 0.	PHONE
NAME CINDY EWERS ADDRESS		TITLE SECRETARY
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	5. 0.	PHONE
NAME NATHAN LEAMY ADDRESS		TITLE TREASURER
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	5. 0.	PHONE
NAME GAIL BAKER ADDRESS		TITLE STWEARD
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	PHONE
NAME KRISTIN SHEERAN ADDRESS		TITLE STEWARD
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	PHONE
NAME KAREN BELSEY ADDRESS		TITLE STEWARD
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	PHONE
NAME ELIZABETH MORROW MCKI ADDRESS	ENZIE	TITLE STEWARD
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	PHONE

WESTWIND STEWARDSHIP GROUP		
NAME CHENA WEITZER ADDRESS		TITLE STEWARD
EMAIL AVERAGE WEEKLY HOURS	1.	PHONE
COMPENSATION	0.	
NAME KIM TAYLOR		TITLE STEWARD
ADDRESS EMAIL	1	PHONE
AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	
NAME MEGAN COGSWELL		TITLE STEWARD
ADDRESS EMAIL	1	PHONE
AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	
NAME KAREN O'CONNOR		TITLE STEWARD
ADDRESS EMAIL	1	PHONE
AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	

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