EXTENDED TO MAY 17, 2021

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

Inspection

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Open to Public

OMB No. 1545-0047

B	Check if	C Name of organization	<u> </u>	D Employer identifi	cation number
	∏Addre	NATIONAL STEWARDSHIP ACTION COUNCIL			
H	chang □Name			47-42377	/l Q
H	chang ∏Ini̩tial		om/ouito		
H	return □Final	Number and street (or P.O. box if mail is not delivered to street address) Ro 1822 21ST STREET 20	om/suite	E Telephone numbe 916-217-	
	return. termin	_	, 0		323,385.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95811		G Gross receipts \$	
H	⊥return ∏Applic	BACKAMENIO, CA 93011		H(a) Is this a group re	
	⊥tiòn pendir	F Name and address of principal officer: ILLL SANDONN		for subordinates	····· — —
_				H(b) Are all subordinates in	
		empt status: \square 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ($\boxed{4}$) \blacktriangleleft (insert no.) \square 4947(a)(1) or \square	527	,	list. (see instructions)
		te: WWW.NSACTION.US	1	H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: ZUIS N	A State of legal domicile: CA
F		Summary	T 7 DO	ם עדדע סייגס	TIDI TO AND
Se	1	Briefly describe the organization's mission or most significant activities: TO COI PRIVATE STAKEHOLDERS TO ADVANCE PRODUCT ST	<u>סמאחר</u>	DCHID VIIU E	AMENIDED OPRIC WIND
Activities & Governance	1				
/eri	1	Check this box if the organization discontinued its operations or disposed		l i	ssets.
Ĝ	1			3	9
∞		Number of independent voting members of the governing body (Part VI, line 1b)			0
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Ęi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	······		
		0	-	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		213,577.	284,242.
Revenue		Program service revenue (Part VIII, line 2g)		2,100.	39,101.
Re,		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54.	42.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		215,731.	323,385.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		103,900.	198,557.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u>.</u>	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	00.00	400 446
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		93,392.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		197,292.	336,003.
	19	Revenue less expenses. Subtract line 18 from line 12		18,439.	-12,618.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		43,470.	27,609.
it As	21	Total liabilities (Part X, line 26)		26,525.	23,282.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		16,945.	4,327.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
Sign		Signature of officer		Date	
Her	e	HEIDI SANBORN, EXECUTIVE DIRECTOR			
		Type or print name and title		N-1-	
		Print/Type preparer's name Preparer's signature		Date Check Check	X PTIN
Paid				self-employ	P00140945
	parer	Firm's name JEAN B FOSTER CPA		Firm's EIN	
Use	Only	Firm's address ► 5150 SUNRISE BLVD, SUITE E-1			
		FAIR OAKS, CA 95628		Phone no.91	6.712.4319
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO COLLABORATE WITH PUBLIC AND PRIVATE STAKEHOLDERS TO ADVANCE PRODUCT
	STEWARDSHIP AND EXTENDED PRODUCER RESPONSIBILITY. THE COMPLETE
	SEPARATION FROM CPSC (SCHEDULE R) WILL BE COMPLETE IN THE FALL OF
	2020.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 253,556 • including grants of \$) (Revenue \$ 39,101 •)
та	IN OUR FIFTH YEAR OF OPERATIONS, NSAC CARRIED ON THESE MAJOR CAMPAIGNS:
	1) ASKING THE FDA TO END ITS "FLUSH LIST" OF MEDICATIONS; 2) ASSISTANCE
	TO STATE AND LOCALITIES LOOKING AT IMPLEMENTING EPR POLICIES; 3)
	EXPANDING THE REFUEL YOUR FUN CAMPAIGN; 4) DEVELOPMENT OF SB212
	REGULATIONS FOR EPR FOR MEDS/SHARPS IN CALIFORNIA; 5) CO-SPONSORING
	AB1672 FOR LABELING "FLUSHABLE" WIPES AND PUBLIC EDUCATION REGARDING
	SAME; 6) INTRODUCING SB424 FOR TOBACCO WASTE EPR; 7) SPONSORED AB726 AND
	AB729 WHICH WERE SIGNED INTO LAW TO IMPROVE THE CALIF CARPET
	STEWARDSHIP PROGRAM AND TO REMOVE BARRIERS FOR HOUSEHOLD HAZARDOUS
	WASTE REUSE IN CALIFORNIA. THE ORGANIZATION CONDUCTED PRESENTATIONS IN
	PERSON AND VIA WEBINARS TO OVER 1,000 PEOPLE ALL OVER NORTH AMERICA,
	AND EXCHANGED IDEAS WITH OTHERS VIA MEMBERSHIPS WITH THE AMERICAN
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 253,556.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	x	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	21	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١.		\ \ _{\\\}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
06	Schedule L, Part I	25b		^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			$ _{\mathbf{x}}$
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Concount Contains a response of flote to any line in this fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) NATIONAL STEWARDSHIP ACTION COUNCIL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, Edu Form Cale Carlos				Yes	No						
b If a least one is reported on line 2a, did the organization file all required secretal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X X b If Yes, has it filed a form 980° for this year? If No'r to line 30, provide an explanation on Schedule 0 3 b A At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 a Was the organization and party to a prohibited tax whether transaction at any time during the tax year? 5 a Was the organization and party to a prohibited tax whether transaction and any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization School and the comparization file from 888-17 6 a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization society any contributions that were not tax deductibles of earthfalbe contributions? 6 b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 organizations that may receive deductible on the value of the goods or services provided to the payor? 7 b If Yes, "did the organization norbity the domo of the value of the goods or services provided to the payor? 7 b If Yes, "did the organization norbity the domo of the value of the goods or services provided to the payor? 7 b If we organization receive a payment in access of 8's made party as a contribution and party for goods and services provided to the payor? 7 b If the organization receives any payor permitums, directly, to pay premitums on a personal benefit contract? 7 c of the organization include wit	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0									
3a X X Yes, in the organization have unrelated business gross income of \$1,000 or more during the year? 3b X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
b If Yes, *has it flied a Form 990 T for this year? #* Yeb* to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)? 4a X b If Yes, *ineter the name of the foreign country } 5b Ease instructions for fliing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c Did bid the stable party notify the organization file Form 888617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, *Idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution on party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, *Idd the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contribution and party for goods and services provided to the payor? 7 The Commission that may receive deductible contribution and party for goods and services provided to the payor? 7 The Section Structure and the section 170(c). 8 If Yes, *Indicate the number of Forms 2822 flied during the year 10 If the organization received an ocntribution of payor they were the year of the organization flee from 2822? 11 If Yes, *Indicate the number of Forms 2822 flied during the year 12 If If the organization received an ocntribution of payor they are payor they are payor they ar		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax whether transaction? 5a Was the organization aparty to a prohibited tax whether transaction? 5b Was the organization have profit to expanization that it was or is a party to a prohibited tax whether transaction? 5c Clare in the second organization and the organization the form 88617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stat any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on ontributions under section 170(c). a bid the organization stat any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible of the value of the goods or services provided? 7a Double the organization statement on only the donor of the value of the goods or services provided? 7b If "Yes," inclinate the number of Forms 8282 filed during the year 1c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8283 as required? 7c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization exceeded a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
the interval of the contributions are part of the contributions and partity for goods and services provided to the payor? by If "Yes," relate the relate of the contributions of the contributions? by If "Yes," to line 5a or 5b, did the organization file form 8886-17? contributions that were not tax deductible as charitable contributions? by If "Yes," to line 5a or 5b, did the organization file form 8886-17? contributions that were not tax deductible as charitable contributions? by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. contributions under section 170(c). by If "Yes," did the organization notify the donor of the value of the goods or services provided? conclude the conganization notify the donor of the value of the goods or services provided? by If Yes," indicate the number of Forms 8282 filed during the year. conclude the organization organization received a contribution of unity eyear. conclude the organization received as contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the part of contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and the sponsoring organization have excess business holdings at any time during the year? solicit the organization have excess business holdings at any time during the year? solicit the sponsoring organization make any taxable distributions under section 4966? by Contributions included on part Vill, line 12, for public use of club faciliti	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes' to line Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization state in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7b If "Yes," include the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c To If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund the organization file is a Form 1098 C? 8 Sponsoring	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X						
If "Yes," complete Form 4720, Schedule O.					v						
	16		16		A						
		If "Yes," complete Form 4720, Schedule O.	Eore	000	(2010)						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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 participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 916-217-1109			
	1822 21ST STREET, NO. 200, SACRAMENTO, CA 95811			

932006 01-20-20

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

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week		cer ar	io a o	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(** = . ********************************		and related
	below	ridual	Institutional trustee	-e	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) DAVID STITZHAL	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) TIM GONCHEROFF	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PATTY GARBARINO	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) CONSTANCE HORNING	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PAUL GAO	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRIS RIPLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BOB GEDART	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) JORDAN FENGEL	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) BEVERLY HANSTROM	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) HEIDI SANBORN	26.00									_
EXECUTIVE DIRECTOR	6.00			Х				0.	164,028.	0.
				_						
		_		_			_			
		ļ								
										- 000

Pai	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	nployees, and Highest Compensated Employees (continued)											
	(A) Name and title	(A) (B)				ition more erson lirecto	on ore than con is both ector/trust		(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MI	on d ns	comports organic	(F) timate nount o other pensar om the anizati d relate nizatio	of tion e ion ed
С	Subtotal Total from continuation sheets to Part VI	II, Section A						▶	0.	164,0	0.			0.
d 	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization												Yes	No.
3 4 5	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors	euch individual um of reportab 0,000? If "Yes, accrue compe	le co " <i>co</i> nsat	omp mple	ensa ete S from	atior S <i>che</i> any	n and edule unr	d ot e <i>J t</i> elat	her compensation from for such individual	the organization		3 4 5	Х	X
1	Complete this table for your five highest conthe organization. Report compensation for (A) Name and business	ear		ng v					year.	(C) Compensation			า	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mite	d to	tho (se li:	stec	d above) who received n	nore than			200 (6	

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					STEW	ARDSHIP	ACTION COU	NCIL	47-4237	748 Page 9
Pa	rt V	III								
			Check if Schedule O co	ontains a	a response	or note to any lir	ne in this Part VIII			<u></u>
								(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue		from tax under
										sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
gra our		b	Membership dues		1b					
S, (С	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d					
ini		е	Government grants (contrib	butions)	1e					
흔		f	All other contributions, gifts, g	rants, and	i I					
ള			similar amounts not included a	above	1f	284,242.				
할		g	Noncash contributions included in li	ines 1a-1f	1g \$	1,800.				
<u>8</u>		h	Total. Add lines 1a-1f				284,242.			
						Business Code				
9	2	а	MEDICATION BI	N PRO	OGRAM	813312	33,026.	33,026.		
ē Ž		b	WEBINAR FEES			813312	6,075.	6,075.		
Sc		С								
ev ev		d								
Program Service Revenue		е								
ه ا		f	All other program service re	evenue .						
		g	Total. Add lines 2a-2f				39,101.			
	3		Investment income (includi							4.0
			other similar amounts)				42.			42.
	4		Income from investment of							
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			' · · · · · · · · · · · · · · · · · · ·	6b						
			` ' L	6с		<u> </u>				
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) 8	Securities	(ii) Other				
			· • •	7a						
		b	Less: cost or other basis							
evenue				7b						
eve			. ,	7c		L				
ž.			Net gain or (loss)			<u> </u>				
Other	8	а	Gross income from fundraising							
0			including \$		_					
			contributions reported on I							
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from for		_	P				
	9	а	Gross income from gaming							
		L	Part IV, line 19							
			Less: direct expenses Net income or (loss) from g							
			Gross sales of inventory, le							
	10	а	and allowances		I					
		h	Less: cost of goods sold							
			Net income or (loss) from s			·				
$\overline{}$			TACE HICOTHE OF (1099) HOLLS	aico UI II	iveritory	Business Code				
snc	11	2								
ne		a b								
Miscellaneous Revenue		C								
<u> </u>			All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				323,385.	39,101.	0.	42.

932009 01-20-20

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		10-010		
7	Other salaries and wages	177,511.	137,369.	27,306.	12,836
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,947.	5,408.	1,116.	423
10	Payroll taxes	14,099.	11,100.	2,055.	944
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,466.		4,466.	
С	Accounting	17,538.		17,538.	
d	Lobbying	47,600.	47,600.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	22,142.	21,900.	127.	115
12	Advertising and promotion				
13	Office expenses	11,236.	4,563.	6,269.	404
14	Information technology	8,059.	4,248.	3,214.	597
15	Royalties				
16	Occupancy	7,821.	6,064.	1,229.	528
17	Travel	6,335.	5,527.	574.	234
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,385.	40.	1,195.	150
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	OUTREACH AND MISC	10,864.	9,737.	1,073.	54
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	336,003.	253,556.	66,162.	16,285
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)				

Part X | Balance Sheet

Par	τλ	Balance Sheet						
		Check if Schedule O contains a response or	r note to	o any	e in this Part X		<u></u>	
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				42,878	. 1	27,609
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any currer						
		trustee, key employee, creator or founder, su	ubstan	tial c	ributor, or 35%			
		controlled entity or family member of any of	these p	erso			5	
	6	Loans and other receivables from other disq	qualified	l per	s (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	sec	1 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net					7	
433613	8	Inventories for sale or use					8	
ξ	9	Prepaid expenses and deferred charges				592	9	C
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	1	0a				
	b	Less: accumulated depreciation	1	0b			10c	;
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, li	ine 11 _.				12	
	13	Investments - program-related. See Part IV, I	line 11				13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must e	equal li	ne 3		43,470		
	17	Accounts payable and accrued expenses				26,525	17	23,282
	18	Grants payable		18				
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple	ete Par	t IV d	chedule D		21	
ß	22	Loans and other payables to any current or	former	offic	director,			
Liabilities		trustee, key employee, creator or founder, su						
<u> </u>		controlled entity or family member of any of	these p	erso			22	
•	23	Secured mortgages and notes payable to ur					23	
	24	Unsecured notes and loans payable to unrel					24	
	25	Other liabilities (including federal income tax						
		parties, and other liabilities not included on li	lines 17	-24).	omplete Part X			
		of Schedule D				26 525	25	
_	26	Total liabilities. Add lines 17 through 25				26,525	26	23,282
က္က		Organizations that follow FASB ASC 958,	check	here	► [X]			
≝		and complete lines 27, 28, 32, and 33.				1.045		4 205
<u> </u>	27	Net assets without donor restrictions				16,945	_	+
3	28	Net assets with donor restrictions					28	
5		Organizations that do not follow FASB AS	SC 958,	che	here 🕨 📖			
-		and complete lines 29 through 33.						
<u> </u>	29	Capital stock or trust principal, or current fur					29	+
100	30	Paid-in or capital surplus, or land, building, o					30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulate				16 045	31	4 225
ž	32	Total net assets or fund balances				16,945		
	33	Total liabilities and net assets/fund balances	3			43,470	33	27,609

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				85.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				03.		
3	Revenue less expenses. Subtract line 2 from line 1	3				18.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		16	5,9	45.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
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		4,327				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
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	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	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	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?							
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
					000			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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2019

OMB No. 1545-0047

NATIONAL STEWARDSHIP ACTION COUNCIL

Employer identification number

47-4237748

Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 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. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

NATIONAL STEWARDSHIP ACTION COUNCIL

47-4237748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$34,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$ <u>25,575.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$	Person X Payroll

Name of organization Employer identification number

NATIONAL STEWARDSHIP ACTION COUNCIL

47-4237748

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$ 30,000.	Person X Payroll
(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.)

Name of organization Employer identification number

NATIONAL STEWARDSHIP ACTION COUNCIL

47-4237748

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

Name of organization **Employer identification number** 47-4237748 NATIONAL STEWARDSHIP ACTION COUNCIL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	(see separate instructions), then	tions: Complete Dort III				
	Section 501(c)(4), (5), or (6) organiza e of organization	tions. Complete Part III.		l E	mployer identification n	umber
	•	L STEWARDSHIP ACT	TION COUNCIL		47-4237748	
Pa		ganization is exempt unde				
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures			> \$	
Pa	rt I-B Complete if the ord	ganization is exempt unde	er section 501(c)(3).		
1	Enter the amount of any excise tax	· · · · · · · · · · · · · · · · · · ·		•	▶\$	
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955		\$	
	If the organization incurred a section					No
4a	Was a correction made?				Yes	☐ No
b	If "Yes," describe in Part IV.					
Pa	rt I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 5	601(c)(3).	
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2. Enter here an 1120-POL for this year? mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL, I) of all section 527 poly from the filing organiz separate political orga	litical organizations to ation's funds. Also ent anization, such as a se	Yes which the filing organization or the amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions receive	ed and ectly arate tion.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

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Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 NATIONAL STEWARDSHIP ACTION COUNCIL 47-423774 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se			
				Yes	No	
	Were substantially all (90% or more) dues received nondeductible by members?				X	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 50			<u></u>	X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	: III-A, lin	-	
1	Dues, assessments and similar amounts from members		1	284	1,242.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).			1	070	
	Current year			40	3,979.	
	Carryover from last year			10	3,979.	
C	Total		2c		1,242.	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	204	1,444.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the excee					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?		4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4 5	-235	,263.	
Par			3		,,203.	
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part I	I-A, lines 1	and 2 (see		
		Schedu	ile C (Form	990 or 990)-EZ) 2019	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

NATIONAL STEWARDSHIP ACTION COUNCIL

Employer identification number 47-4237748

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HEIDI SANBORN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	152,610.	0.	11,418.	0.	0.	164,028.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(11)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD REVEIWS THE PERFORMANCE OF AND APPROVES THE RATE OF PAY FOR THE
EXECUTIVE DIRECTOR YEARLY.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL STEWARDSHIP ACTION COUNCIL

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

Employer identification number 47-4237748

PRODUCER RESPONSIBILITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUSTAINABLE BUSINESS COUNCIL AND GLOBAL PRODUCT STEWARDSHIP COUNCIL. WE WORKED WITH ENTITIES IN MN, NY AND IL ON CARPET AND/OR PHARMACEUTICAL STEWARDSHIP LEGISLATION AND WROTE ARTICLES PUBLISHED IN SUCH PUBLICATIONS AS CALMATTERS, AND WAS QUOTED IN ARTICLES ON THE SUBJECT AREA IN TIME MAGAZINE, POLITICO, THE GUARDIAN, ABC NEWS, AND MORE. ADDITION WE CONTINUE TO SHARE EPR INFORMATION VIA NEWSLETTERS, WEBSITE, SOCIAL MEDIA AND PRESENTATIONS, AND DO FREQUENT PRESS INTERVIEWS ON THE SUBJECT OF PRODUCER RESPONSIBILTIY FOR THEIR PRODUCT WASTE MANAGEMENT. WE CONTINUE ALL THE LEGISLATIVE CAMPAIGNS AND PROGRAM CAMPAIGNS TO EXPAND NATIONALLY AND CONTINUE TO ATTEMPT TO END THE FLUSH LIST DIRECTION FROM THE FDA WHICH UNDERMINES OUR MEDICATION BIN PROGRAM AND CLEAN WATER EFFORTS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVEIWED BY THE BOARD BEFORE FILING FORM 990, PART VI, SECTION B, LINE 12C:

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

UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) (2019)

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD AND A

DISCLOSURE FORM IS COMPLETED BY EACH BOARD MEMBER AND KEY EMPLOYEE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL STEWARDSHIP ACTION COUNCIL

Employer identification number 47-4237748

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			ome End	(e) End-of-year assets		(f) Direct controlling entity		
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it	had one o	r more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectior 501(c)(3))		(f) Direct controlling entity		Section 512(b)(13 controlled entity?	
CALIFORNIA PRODUCT STEWARDSHIP COUNCIL - 77-0695467, 1822 21ST STREET, STE 200, SACRAMENTO, CA 95811	CHARITABLE EDUCATION ORGANIZATION	CALIFORNIA	501(C)(3)	7	7(//			Yes	No X
	_								

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity				itions?	amount in box	partner?		wnership	
		country)		sections 512-514)		833013	Yes No		amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contra enti	tion b)(13) rolled :ity?
		country)		or tracty		400010		Yes	No
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									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one	or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1 g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х	
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X		
Sharing of paid employees with related organization(s)								
						х		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete t	his line, including covered	relationships and transaction thresholds.				
		b) action (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
1) (CALIFORNIA PRODUCT STEWARDSHIP COUNCIL P	1	103,536.	MOU				
2)								
2)								
3)								
4)								
5)								
٥,								
<u>6)</u>		27		Calcadida F) /Fa:::	000	1 2012	
3216	63 09-10-19	4 /		Schedule F	ı (Fori	11 990	<i>2</i> 019	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	liliconie	assets	Yes	No	(FOIII 1065)	Yes N	0	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

	his form, visit www.irs.gov/e-file-providers/e-file-for-chan		,	details of	tile electron	THO .				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpo	rations required to file an income tax return other than F e Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Ss, and trust	:s				
Type or print	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
-	NATIONAL STEWARDSHIP ACTIO		47-4237748							
File by the due date for filing your return. See instructions	1822 21ST STREET, NO. 200									
	SACRAMENTO, CA 95811									
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1				
Applicat	ion	Return	Application			Return				
Is For			Is For	Code						
Form 990 or Form 990-EZ			Form 990-T (corporation)	07						
Form 990-BL			Form 1041-A	08						
Form 990-PF			Form 4720 (other than individual) Form 5227	10						
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11						
	O-T (trust other than above)	05 06	Form 8870	12						
Telep	ooks are in the care of ▶ 1822 21ST STRE: hone No. ▶ 916-217-1109 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. inited States, check this boxemption Number (GEN) I	f this is fo	r the whole	group, check this				
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the org	anization's	s return for:	the exem		ation return for				
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069		l .	•						
_	timated tax payments made. Include any prior year overp		3b	\$	0.					
	lance due. Subtract line 3b from line 3a. Include your pa	•		٠	_	0.				
	ing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 453-EO a	snd Form 88					
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form	8868 (Rev. 1-2020)				

Form 8868 (Rev. 1-2020)