Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022$ and en	nding J	UN 30, 2023	
B	Check if applicab	C Name of organization	_	D Employer identific	ation number
	Addre	NATIONAL STEWARDSHIP ACTION COUNCIL			
	Name			47-42377	48
	Initial return Final return	PO BOX 498	oom/suite	E Telephone number 916-217-1	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	550,971.
	Amen	W SACRAHENIO, CA 95091		H(a) Is this a group re	
	Applion tion pendi	<sup>ra-</sup> F Name and address of principal officer: HEIDI SANBORN SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
1	Tax-ex	empt status: 501(c)(3) 🛛 501(c)( 4 ) (insert no.) 4947(a)(1) or [	527	lf "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year o	f formation: 2015 N	I State of legal domicile: CA
Pa	art I	Summary	-		
è	1	Briefly describe the organization's mission or most significant activities: TO ADV	VANCE	A CIRCULAR	ECONOMY.
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or disposed			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			10
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4
viti	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		388,871.	466,837.
nue	9	Program service revenue (Part VIII, line 2g)		42,628.	84,107.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64.	27.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		431,563.	550,971.
	13	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		320,555.	349,749.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 18,455	5.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		344,114.	187,687.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		664,669.	537,436.
	19	Revenue less expenses. Subtract line 18 from line 12		-233,106.	13,535.
s or ces			Beç	jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		38,146.	55,350.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		30,737.	34,405.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		7,409.	20,945.
D		Signatura Plack			

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
Here	HEIDI SANBORN, EKECUTIVE DIRECTOR	
	Type or print name and tite	V
	Print/Type preparer's name Prenar r's ionat fre	Check X PTIN
Paid		self-employed
Preparer	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. 916. 712. 4319
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2022)

Par	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 ADVOCATE FOR A CIRCULAR & EQUITABLE ECONOMY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
_	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?
4	If "Yes," describe these changes on Schedule O. 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 \$ 418,644 · _ including grants of \$) (Revenue \$ 84,10
	NSAC LED THESE MAJOR CAMPAIGNS:
	1.HOSTING A "WALK THE HALLS" EVENT IN WASHINGTON DC TO PROMOTE THE
	NATIONAL BOTTLE BILL/RECYCLING REFUND.
	2. PASSING LAWS BANNING THE SALE OF MERCURY-CONTAINING LIGHTING IN FI STATES.
	3. SPONSORING ASSEMBLY BILL 863 (AGUIAR-CURRY & DODD)IN CALIFORNIA
	WHICH WOULD REFORM THE STATE'S EXISTING CARPET STEWARDSHIP PROGRAM.
	4. SUPPORTING THE BI-PARTISAN INTRODUCTION OF S.1350 (MERKLEY) AND
	H.R.2964 (MCCLAIN) WASTEWATER INFRASTRUCTURE POLLUTION PREVENTION AND
	ENVIRONMENTAL SAFETY (WIPPES) ACTS IN CONGRESS.
	5. SUPPORTING AND PROVIDING EXPERT TESTIMONY FOR THE FOLLIWNG IN
	CALIFORNIA:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     418,644.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22200	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	2022)

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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
270	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			v
~7	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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>	25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	If "Yes," complete Schedule R, Part V, line 2	36		
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 0</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
23200	(gambing) winnings to prize winners?			(2022)
202002	4	1 0111		(-022)

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022)	NATIONAL	STEWARDSHIP	ACTION	COUNCIL
Statements F	Regarding Othe	er IRS Filings and	Tax Compli	iance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
Ň	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11				
a h	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		л
17	If "Yes," complete Form 4720, Schedule O.			
.,	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	.,		
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Form 990 (2022)

Part V

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Form 990	(2022)
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# NATIONAL STEWARDSHIP ACTION COUNCIL

X

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					
Sec	tion A. Governing Body and Management					_
					Yes	L
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	0		
	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.					1
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			I
	officer, director, trustee, or key employee?			2		I
3	Did the organization delegate control over management duties customarily performed by or under the					t
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		1
	Did the organization become aware during the year of a significant diversion of the organization's as			5		t
6	Did the organization have members or stockholders?			6		t
				0		t
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •				I
	more members of the governing body?			7a		╉
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					I
	persons other than the governing body?			7b		+
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	•		37	1
	The governing body?			8a	X	4
b	Each committee with authority to act on behalf of the governing body?			8b	Х	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			_
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	1
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	0			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	Ĩ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					t
	on Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	x	t
				14		ł
	Did the organization have a written document retention and destruction policy?			14		$\frac{1}{2}$
5	Did the process for determining compensation of the following persons include a review and approv		idependent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	ł
	The organization's CEO, Executive Director, or top management official			15a	Х	┦
b	Other officers or key employees of the organization			15b		ł
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			1
	taxable entity during the year?			16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed CA					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990	D-T (section 501(c)(	3)s only	) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			,		
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
			,	nd fina	ncial	
	Describe on Schedule Q whether (and if so, how) the organization made its governing documents, or	CONTRACT				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tay year	onflict	or interest policy, a			
9	statements available to the public during the tax year.					
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be					
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - $916-217-1109$					
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - 916-217-1109 PO BOX 498, W SACRAMENTO, CA 95691				000	
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - $916-217-1109$				990	(

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 the instructions for definition of "key employee."

List and the organization's current key employees, in any, dee instructions of deministry 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)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	10 a 0 1	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee.	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		yolqr	t con /ee	_	1099-INEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) HEIDI SANBORN	40.00				×	1 0				
EXECUTIVE DIRECTOR		1		x				140,585.	0.	0.
(2) DAVID STITZHAL	3.00									
PRESIDENT		X		X				0.	Ο.	Ο.
(3) TIM GONCHEROFF	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) PATTY GARBARINO	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) CONSTANCE HORNING	2.00									
SECRETARY		Х		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) MAIA CORBITT	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) BEVERLY HANSTROM	1.00									-
DIRECTOR		X						0.	0.	0.
(10) JOE NEUGEBAUER	1.00									
DIRECTYOT		X						0.	0.	0.
(11) RUBI RAJBANSHI	1.00								0	•
DIRECTOR		X						0.	0.	0.
		┣──								
						-				
		1								
						-				
		1								
020007 10 12 02	I	L	L	L	L	L	I	1		Form <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

	990 (2022	2)	NATIONAL	STEWARI	JSI	115	' A	IC.J	<u>'1</u> (	)N	COUNCIL	47-42	237	/48	Pa	age <b>8</b>
Par	t VII Sec	tion A. Officers	, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghe	st C	compensated Employe	es (continued)				
		(A) Name and title	2	<b>(B)</b> Average hours per week	box offic	not ch , unles cer and	neck r ss per	ition more rson i	than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate iount other	
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	oensa om the anizat d relat nizatie	e ion ed
					-											
с	Total from	m continuation	sheets to Part VI	I, Section A							140,585. 0. 140,585.		0.0.0.			0.0.
	Total num		· •								eceived more than \$100	),000 of reportabl	-			1
3		0		,							phest compensated emp	,	[	3	Yes	No X
	For any in and relate	ndividual listed or ed organizations	n line 1a, is the su greater than \$150	ım of reportab ),000? <i>If</i> "Yes,	le co " <i>co</i>	ompe <i>mpl</i> e	ensa ete S	ation Sche	anc anc	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		x
	rendered		ion? If "Yes," com					-			ed organization or indiv			5		X
1	-	-	-	-	-						that received more than In the organization's tax		ipensa	ation fr	rom	
(A) (B) Name and business address NONE Description of services Co						(C omper	s) Isatio	n								
										-						
2			lent contractors (i n from the organi		iot lii	miteo	d to	thos (		stec	d above) who received n	nore than				

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Form 990 (20	22)	NATIONAL	STEWARDSHIP	ACTION	COUNCIL
Part VIII	Statement	of Revenue			

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1e					
Contributior and Other S		g	All other contributions, gifts, grants, and similar amounts not included above If Noncash contributions included in lines 1a-1f Ig \$ Total. Add lines 1a-1f	466,837.	466,837.			
-				Business Code				
<b>л</b>	2	~	HOUSEHOLD HAZARDOUS WA	813312	84,107.	84,107.		
j	_			013312	04,107.	04,10/.		
ue n		b						
e e e		С						
₹ev		d						
Program Service Revenue		е						
۵		f	All other program service revenue					
		g	Total. Add lines 2a-2f		84,107.			
	3		Investment income (including dividends, intere					
			other similar amounts)		27.			27.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	Ŭ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Othor				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
ther Revenue			and sales expenses 7b					
Ne l		С	Gain or (loss)					
å		d	Net gain or (loss)					
her			Gross income from fundraising events (not					
₹∣			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		þ	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	5	4	Part IV, line 19					
		h	Less: direct expenses					
			· · · · · · · · · · · · · · · · · · ·					
	10	a	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b	1				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
eor	11	а		ļ				
ent		b						
e cel		с						
Miscellaneous Revenue		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		550,971.	84,107.	0.	27.
23200	9 12	- 13-						Form <b>990</b> (2022)

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Part IX Statement of Functional Expenses

NATIONAL STEWARDSHIP ACTION COUNCIL

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

Dono	Check if Schedule O contains a response t include amounts reported on lines 6b,	(A)	(B)	(C)	<u>(</u> D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	140 505	100 000		
	rustees, and key employees	140,585.	107,262.	26,366.	6,957
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	163,013.	124,374.	30,572.	8,067
	Other salaries and wages	103,013.	124,374.	30,372.	0,007
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,035.	4,175.	1,652.	208
		16,215.	12,100.	3,588.	527
	Other employee benefits	23,901.	18,814.	4,439.	648
	Payroll taxes Fees for services (nonemployees):	25,501.	10,0140	4,455.	040
	Vanagement				
		12,147.	11,697.	450.	
	Accounting	19,155.		19,155.	
	_obbying	56,800.	56,800.		
	Professional fundraising services. See Part IV, line 17	,			
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	31,415.	31,415.		
	Advertising and promotion				
	Office expenses	11,590.	8,508.	2,804.	278
	nformation technology	9,067.	5,422.	3,057.	588
	Royalties				
	Dccupancy				
<b>7</b> 7	Fravel	11,817.	8,626.	2,009.	1,182
<b>8</b> F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
9 (	Conferences, conventions, and meetings	295.		295.	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	E 0E0		E 0E0	
		5,950.		5,950.	
a	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
a	amount, list line 24e expenses on Schedule 0.)				
a (	OUTREACH	29,451.	29,451.		
b _					
c _					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	537,436.	418,644.	100,337.	18,455
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

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NATIONAL STEWARDSHIP ACTION COUNCIL Part X Balance Sheet

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

				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		13,299.	1	8,025.
	2	Savings and temporary cash investments		20,200	2	0,0101
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,847.	4	47,325.
	5	Loans and other receivables from any current or				,
	ľ	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disgualit				
	ľ	under section 4958(f)(1)), and persons described	1 (		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			-	
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		38,146.	16	55,350.
	17	Accounts payable and accrued expenses		30,737.	17	34,405.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
abi		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		30,737.	26	34,405.
(0		Organizations that follow FASB ASC 958, che	ck here X			
ice;		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		7,409.	27	20,945.
Ä	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 9	58, check here			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
tΑ	31	Retained earnings, endowment, accumulated in			31	
Ne	32	Total net assets or fund balances		7,409.	32	20,945.
	33	Total liabilities and net assets/fund balances		38,146.	33	55,350.

Form **990** (2022)

Form	990 (2022) NATIONAL STEWARDSHIP ACTION COUNCIL	47-4237	748	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	550		
2	Total expenses (must equal Part IX, column (A), line 25)	2	537		
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	, 4	09.
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	20	, 9	44.
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	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		

Form **990** (2022)

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Name of the organization

Organization type (check

# **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

37748

NATIONAL	STEWARDSHIP	ACTION	COUNCIL	47-42
ck one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 4) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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), 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 for an *exclusively* religious is received *nonexclusively* religious.

**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.

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Schedule	R	(Form	990)	(2022)

Name of organization

NATIONAL STEWARDSHIP ACTION COUNCIL

Employer identification number

47-4237748

1         N/A         \$ 61,000.         Person X           (a)         Name, address, and ZIP + 4         Total contributions         Type of contributions           2         N/A         5 7,500.         (b)           (a)         Name, address, and ZIP + 4         Total contributions         Person X           2         N/A         5 7,500.         (c)         (d)           3         N/A         5 7,500.         Person X         Person X           3         N/A         5 ,000.         Person X         Person X           3         N/A         5 ,000.         Person X         Person X           4         N/A         5 ,000.         Person X         Person X           4         N/A         5 ,000.         Person X         Person X           5         N/A         5 ,000.         Person X         Person X           6         N/A         5 ,000.         Person X         Person X           6         N/A         5 ,000.         Person X         Person X           7         S ,000.         Nonceah C         Complete Part II for nonceah contributions         Person X           6         N/A         S ,000.         Person X         Person X	Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
a     s     61,000.     Payoli (Complete Part II for increash contributions)       (a)     Name, address, and ZIP + 4     Total contributions     Type of contributions)       2     N/A     person     X       (a)     Name, address, and ZIP + 4     Total contributions)     Person     X       (a)     Name, address, and ZIP + 4     Total contributions)     Person     X       (a)     N/A     person     X     Y     Person     X       (b)     (c)     (c)     (d)     Noncash (Complete Part IIf On increash contributions)     Type of contributions     Person     X       3     N/A				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       2     N/A     \$	1	<u>N/A</u>	\$61,000.	Payroll
a       Payroll       Payroll       Noncash       Complete Part II for noncash contribution         (a)       Name, address, and ZIP + 4       (c)       (c)       (d)         3       N/A				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       3     N/A     \$	2	N/A	\$7,500.	Payroll
a       s       5,000.       Payroll Noncash (Complete Part II for noncash contributions)         (a)       (b)       (c)       (d)         4       N/A       s       10,000.         (a)       (b)       (c)       (d)         (a)       N/A       person       X         (a)       (b)       (c)       (d)       Person       X         (a)       (b)       (c)       (d)       Noncash       Person       X         (a)       (b)       (c)       (c)       (d)       Person       X         (a)       (b)       (c)       (c)       (d)       Type of contributions         5       N/A       for address, and ZIP + 4       Total contributions       Person       X         (a)       N/A       s       10,000.       Person       X         (a)       N/A       s       10,000.       Person       X         (a)       (b)       (c)       (c)       (d)       Noncash         (a)       (b)       (c)       (c)       (d)       Noncash         (b)       No.       Name, address, and ZIP + 4       Total contributions       Person       X				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       4     N/A	3	N/A	\$5,000.	Payroll
4       N/A       \$ 10,000.       Person X         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contributions         5       N/A       \$ 10,000.       Person X       Person X         (a)       (b)       (c)       (d)       Type of contributions         5       N/A       \$ 10,000.       Person X         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person X         (a)       (b)       (c)       (d)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person X         6       N/A       \$ 5,000.       Person X       Person X         (Complete Part II for noncash       \$ 2,000.       Complete Part II for noncash       Person X				(d) Type of contribution
No.       Name, address, and ZIP + 4       Total contributions       Type of contributions         5       N/A       Person       X	4		\$10,000.	Person X Payroll
Image: second				(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       6     N/A     Person X	5	N/A	\$10,000.	Payroll
\$5,000.     Payroll       Noncash     (Complete Part II for				(d) Type of contribution
223452 11-15-22 Schedule B (Form 990		5-22		Payroll

2022.05000 NATIONAL STEWARDSHIP ACTION NSAC\_\_\_\_1

Schedule B	(Form	990)	(2022)
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NATIONAL STEWARDSHIP ACTION COUNCIL

Name of organization

2022.05000 NATIONAL STEWARDSHIP ACTION NSAC\_\_\_1

47 - 4237748

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$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
8	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$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
11	<u>N/A</u>	\$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
12	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	5-22 15		Schedule B (Form 990) (2022)

13	N/A	
		\$
(a)	(b)	
No.	Name, address, and ZIP + 4	
14	N/A	
		\$
		"-
(a)	(b)	
No.	Name, address, and ZIP + 4	
15	N/A	
		\$
		"-
(a)	(b)	
No.	Name, address, and ZIP + 4	
16	N/A	
		1

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

(b)

Name, address, and ZIP + 4

# NATIONAL STEWARDSHIP ACTION COUNCIL

(c) (d) Type of contribution **Total contributions** X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (d) (c) **Total contributions** Type of contribution X Person Payroll 36,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution Х Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X N/A Person Payroll 7,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 18 N/A X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 16 2022.05000 NATIONAL STEWARDSHIP ACTION NSAC 1

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

X

47 - 4237748

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(c)

**Total contributions** 

5,000.

NATIO	NAL	STEWARDSHIP	ACTION	COUNCIL
Part I	Co	ntributors (see instru	ctions). Use d	uplicate copies

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
19	<u>N/A</u>	\$10,500.	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				
		\$	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.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
223452 11-1	<sup>5-22</sup> <b>1 7</b>		Schedule B (Form 990) (2022)				

Name of organization

Employer identification number

47-4237748

2022.05000 NATIONAL STEWARDSHIP ACTION NSAC\_\_\_1

15091031 142256 NSAC

Name of organization

Employer identification number

NATIONAL STEWARDSHIP ACTION COUNCIL

47 - 4237748

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 223453 11-15-22 Schedule B (Form 990) (2022) 18

15091031 142256 NSAC

2022.05000 NATIONAL STEWARDSHIP ACTION NSAC\_\_\_1

Schedule	B (Form 990) (2022)			Page <b>4</b>			
	organization			Employer identification number			
ΝΑΤΤΟ	NAL STEWARDSHIP ACTION	COUNCIL		47-4237748			
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	ions to organizations described in s through (e) and the following line en charitable, etc., contributions of <b>\$1,000 or</b>	try For organizations	) that total more than \$1,000 for the year			
(a) No. from				evintion of how sift is hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
		(e) Transfer of git	 ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee			
223454 11-1	5-22	19		Schedule B (Form 990) (2022)			

15091031 142256 NSAC 2022.05000 NATIONAL STEWARDSHIP ACTION NSAC 1

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047			
(Form 990)						2022			
	For Organizations Exempt From Income Tax Under section 501(c) and section 527								
Department of the Treasury Internal Revenue Service         Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.         Op           Go to www.irs.gov/Form990 for instructions and the latest information.         Internal Revenue Service         Inte									
Internal Revenue Service									
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	baign Act	livities), then			
	-	plete Parts I-A and B. Do not co 01(c)(3)) organizations: Complete	-	Do not complete Pa	rt LB				
<ul> <li>Section 501(c) (other</li> <li>Section 527 organiz</li> </ul>			Faits IA and C below	. Do not complete Pa	IT PD.				
•	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ. Part VI. li	ine 47 (Lobbving Act	ivities). tl	hen			
-		nave filed Form 5768 (election u							
		nave NOT filed Form 5768 (elect	( ))	•					
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Forn	n 990-EZ	, Part V, line 35c (Proxy			
Tax) (See separate inst	tructions), then								
	), or (6) organizat	ions: Complete Part III.							
Name of organization						r identification number			
Dort I A Compl		L STEWARDSHIP AC anization is exempt und				<u>47-4237748</u>			
Part I-A Compl	ete il the org	anization is exempt und		or is a section 5					
<ol> <li>Drovido o docorieti</li> </ol>	on of the exercit	ation's direct and indirect politic	al compaign activition i	in Dort IV					
		ation's direct and indirect politic			¢				
		ures gn activities							
	political campai				···· <u> </u>				
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)	(3).					
1 Enter the amount of	f any excise tax	incurred by the organization unc	ler section 4955		\$				
		incurred by organization manage							
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes No			
4a Was a correction m	nade?					Yes No			
b If "Yes," describe in					<b>FO4</b> (-)(	0)			
-		anization is exempt und		-					
		by the filing organization for se			\$				
		zation's funds contributed to ot	-		\$				
		. Add lines 1 and 2. Enter here a			• <u> </u>				
	-				\$				
		1120-POL for this year?				Yes No			
		nployer identification number (El				ne filing organization			
		tion listed, enter the amount pai							
	•	omptly and directly delivered to			eparate s	segregated fund or a			
political action com	mittee (PAC). If	additional space is needed, prov	ide information in Part	IV.					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political			
				filing organizatio funds. If none, ente		promptly and directly			
					(	delivered to a separate			
						political organization. If none, enter -0			
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form §	990 or 990-E∠.		Sche	edule C (Form 990) 2022			

232041 11-08-22

Schedule C (Form 990) 2022 NA	TIONAL ST	EWARDSHIP A	ACTION COUNC	IL 47-4	1237748 Page 2
Part II-A Complete if the organ	ization is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check if the filing organization	•	<b>e</b>	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share o	, 0	1 ,			
B Check if the filing organization	checked box A a	nd "limited control" pr	ovisions apply.		
Limits o (The term "expenditu	n Lobbying Expe res" means amo		.)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	ce public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th					
			1		
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exe			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exe	, ,		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero o					•
reporting section 4911 tax for this yea	r?	ý <b>U</b>			Yes No
		eraging Period Under			
(Some organizations that	made a section {		have to complete all	of the five columns I	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					ulo C (Eorm 990) 2022

Schedule C (Form 990) 2022

232042 11-08-22

# NATIONAL STEWARDSHIP ACTION COUNCIL

# 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(I	(b)	
of the	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?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
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					
d	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	on 501(c)	(5), or s	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Par		ie 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		<b>2</b> a			
b	Carryover from last year		<b>2</b> b			
С	Total		<b>2c</b>			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditures next year?					
	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Prov	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	list): Part II-	-A. lines 1	and 2 (See		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SCI	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	22	)
	-	Compensated Employees		20	<b>_</b> _	-
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
		NATIONAL STEWARDSHIP ACTION COUNCIL	47-4	23774	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	X Form 990 of o		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 re					
а	Receive a severand	e payment or change-of-control payment?		4a		Х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				Х
с	Participate in or rec	eive 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	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b		ation?		<b>5</b> b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					v
a	The organization?			<u>6a</u>		X X
b		ation?		6b		
_		or 6b, describe in Part III.	_			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		x
~		nes 5 and 6? If "Yes," describe in Part III		7		
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to a				x
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		- 23
9		id the organization also follow the rebuttable presumption procedure described in		9		
		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 ule J (Forr	n 000	1 2022
LUA	TO FAPERWORK R		Sched		11 990	, 2022

## 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-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

## 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 J (Form 990) 2022

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.



47-4237748

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A. ASSEMBLY BILL 622 (ALLEN) WHICH WOULD ELIMINATE AN UNNECESSARY

MANDATE REQUIRING LICENSED CANNABIS CULTIVATORS TO AFFIX A SINGLE-USE

NATIONAL STEWARDSHIP ACTION COUNCIL

PLASTIC TAG TO EACH CANNABIS PLANT.

B. SENATE BILL 676 (ALLEN) WHICH WOULD ALLOW A CITY/COUNTY TO

ENACT OR ENFORCE ANY REGULATION THAT PROHIBITS THE INSTALLATION OF

SYNTHETIC GRASS OR ARTIFICAL TURF.

C. ASSEMBLY BILL 1059 (FRIEDMAN) WHICH PROHIBITS JUVENILE

PRODUCTS, MATTRESSES, OR UPHOLSTERED FURNITURE THAT CONTAINS TEXTILE

FIBERGLASS, AND RESTRICTS THE USE OF FLAME-RETARDANT CHEMICALS IN ADULT

MATTRESSES.

6. REPRESENTING NSAC AND PROVIDING TECHNICAL EXPERTISE VIA

PARTICIPATION ON: CALIFORNIA'S STATEWIDE COMMISSION ON RECYCLING

MARKETS AND CURBSIDE RECYCLING, SOLID WASTE ASSOCIATION OF NORTH

AMERICA ADVISORY BOARD (SWANNA), CALIFORNIA GREEN BOND MARKET

DEVELOPMENT COMMITTEE, MATTRESS RECYCLING ORGANIZATION ADVISORY

COMMITTEE, AND THE NORTH AMERICAN HAZARDOUS MATERIALS MANAGEMENT

ASSOCIATION (NAHMMA).

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

THE FORM 990 IS REVEIWED BY THE BOARD

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

Name of the organization NATIONAL ST	EWARDSHIP ACTION	COUNCIL	Employer identification number 47-4237748
FORM 990, PART VI, SECTIO	N B, LINE 15A:		
THE BOARD REVIEWS THE PER		APPROVES THE RA	TE OF PAY FOR THE
EXECUTIVE DIRECTOR ANNUAL	LY. VARIOUS PUBL	IC SALARY STUDI	ES AND FORMS 990S
ARE USED TO OBTAIN COMPAR	ABILITY AMOUNTS.		
FORM 990, PART VI, SECTIO	N C, LINE 19:		
FORM 990 IS POSTED ON OUR	WEBSITE. ALL OT	HER DOCUMENTS A	RE AVAILABLE UPON
REQUEST.			
232212 10-28-22	27	1	Schedule O (Form 990) 2
)91031 142256 NSAC			IIP ACTION NSAC