990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: The Stewardship Network Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 56-2471470 Name change E Telephone number 416 Longshore Drive ZIP code Initial return City or town State (734) 996-3190 MΙ 48105 Ann Arbor Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Gross receipts 1.857.429 Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No Lisa Brush 416 Longshore Drive, Ann Arbor, MI 48105 H(b) Are all subordinates included? Yes If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: www.stewardshipnetwork.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: M State of legal domicile: 2004 MI Part I Briefly describe the organization's mission or most significant activities: The Stewardship Network's mission is to Activities & Governance connect, equip, and mobilize people and organizations to care for land and water in their communities. See Schedule O for additional information. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 7 Total number of individuals employed in calendar year 2021 (Part V, line 2a). 5 8 6 Total number of volunteers (estimate if necessary) . . . 3,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 453,837 Contributions and grants (Part VIII, line 1h). . . 1,728,776 Program service revenue (Part VIII, line 2g) 9 145,530 116,522 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 344 1,227 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 329 10.904 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 600.040 12 1,857,429 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 350,236 407,159 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 221,667 342,752 17 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 571,903 749,911 Revenue less expenses. Subtract line 18 from line 12. 19 28.137 1.107.518 **Beginning of Current Year** End of Year Balances Total assets (Part X, line 16). 247,351 1,311,228 20 21 Total liabilities (Part X, line 26) 141,374 96,112 22 Net assets or fund balances. Subtract line 21 from line 20 105.977 1,215,116 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Lisa Brush CEO & Founder Type or print name and title Print/Type preparer's name Preparer's signature Check Paid James H Bennett, CPA James H Bennett, CPA 11/10/2022 self-employed P00447547 **Preparer** ▶ Bennett & Associates CPAs PLLC Firm's EIN ► 27-3488128 Firm's name **Use Only**

X Yes

Phone no.

(734) 622-8015

Firm's address ▶ 100 Huronview Blvd, Ann Arbor, MI 48103

Form 990 (2021) The Stewardship Network 56-2471470 Page 2 Statement of Program Service Accomplishments Part III Х Briefly describe the organization's mission: To connect, equip, and mobilize people and organizations to care for land and water in their communities. Did the organization undertake any significant program services during the year which were not listed on If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 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.) (Expenses \$ 457,110 including grants of \$ (Code: EQUIP: Member Communities Program TSN Member Communities engage in training and on-the-ground conservation action, as well as gatherings and safely hosted 50 trainings and workshops, both virtually and in-person with

volunteer and professional development. In 2021, The Stewardship Network refined and delivered a suite of support services to Member Communities. TSN adapted to restrictions on in-person adequate safety measures, for its diverse and continually growing supporter base. (Code:) (Expenses \$ 175,172 including grants of \$) (Revenue \$ 22,020) CONNECT: Learning & Engagement Program As TSN's flagship program, the CONNECT: Learning & Engagement Program delivered a suite of campaigns, including: 2021 Annual Conference, 2021 Spring Challenge, Monthly Webcasts, and the 2021 Nature Photography Competition. The 2021 Stewardship Network Conference, held in January, connected, educated, and inspired over 220 natural areas stewards from across North America. Presenters and participants came from a wide array of backgrounds, including private landowners, tribal members, government agency representatives, professional land managers, researchers, students, and more. This interdisciplinary conference continued its superb track record as one of the premier natural areas restoration conferences in the region, while involving an even greater diversity of presenters and participants than in previous years. Subject matter included advancements in ecological research, new tools and technologies, and collaborative processes. Continued on Schedule O. 44,136 including grants of \$ ______) (Revenue \$ (Code:) (Expenses \$ MOBILIZE: Collaborative Stewardship Services TSN collaborated on several important collaborative stewardship projects with partners in 5 states. This included: Collaborating Well Capacity Support, California Landscape Stewardship Network Capacity Support, USFS CWMA - Duluth CISMA's Scale up Impact on Invasives, Great Lakes Islands Alliance Capacity Support, Muskegon River Watershed Assembly Strategic Planning, Northwest Illinois Stewardship Cooperative Strategic Planning, Great Lakes CWMA Survey, Strategy, and Support, and USFS CWMA Huron Arbor's Washtenaw County Stiltgrass Working Group.

676,418

0)(Revenue \$

Other program services (Describe on Schedule O.)

(Expenses \$

Total program service expenses

0 including grants of \$

		56-2471470	Р	age 3
Part	IV Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		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		Х
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? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III .</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If)		
_	"Yes," complete Schedule D, Part I	* <u>6</u>		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
O	complete 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 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, 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		Χ
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII.</i>	<u>11b</u>		Х
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		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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>			
h	Schedule D, Parts XI and XII	<u>12a</u>	1	Х
J	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
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	45		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
	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			_
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
10	Part VIII, lines 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?	· · · 10		<u> </u>
	If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H			Х

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . 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.

20b

Par	Checklist of Required Schedules (continued)		_	
22			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
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		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
٨	to defease any tax-exempt bonds?	24c 24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Ĥ
	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		Χ
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		V
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	 		
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		.,	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	1

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Part	Statements Regarding Other IRS Filings and Tax Compliance (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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		_
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		Х
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
h	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			
_				

Sect	ion 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			
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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	code.		
40-	Did the construction have been been been been a fellipted.	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	420	~	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	^	
C	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
. 5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	icy,		
	and financial 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	•		
	Lisa Brush (734) 996-3190			
	416 Longshore Drive, Ann Arbor, MI 48105			

Form 990 (2021)	The Stewardship Networ	66-2471470 See See See See See See See See See Se	Page 7

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	y related organiz	ation	con	npe	nsat	ed an	ус	urrent officer, di	rector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirecto	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lisa Brush	50.00									
CEO & Founder	0.00			Х				105,000	0	3,150
(2) Scott Dierks	1.00	1								
Treasurer	0.00	X		Х				0	0	0
(3) Mark Shepard	0.50									
Board Member	0.00	Χ						0	0	0
(4) Dino Signore	1.00									
Secretary	0.00	Х		Χ				0	0	0
(5) Chris Theriot	2.00									
Chair Chair	0.00			Χ				0	0	0
(6) Francisco Ollervides	0.50	1								0
Board Member	0.00							0	0	0
(7) Shawn Johnson Board Member	0.50 0.00	1						0		0
(8) Melanie Herron	0.50							0	0	0
Board Member	0.00	1						0	0	0
(9)	0.00							0	0	0
-19/										
(10)										
(11)										
(12)										
(13)										
(14)										

Põ	Section A. Officers, Directors, 110	istees, Key ⊑m	pioye	es,	and	וח ג	gnes	C	ompensated ⊑m	pioyees (<i>CHUITION</i>	uea)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than or Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportat compensa from relat organizations 1099-MIS 1099-NE	ition ted s (W-2/ SC/	com fi orgar	(F) ated amount of other opensation rom the nization and organizations
(15)							Ω			4			
(16)										\rightarrow			
(17)										<u> </u>			
(18)													
(20)													
(21)													
(22)			*										
(23)													
(24)													
(25)		. (
	Outhered							_	105.000				2.450
1b c	Subtotal						· ·	>	105,000 0		0		3,150 C
<u>d</u>	Total (add lines 1b and 1c)						recei	ved	105,000 I more than \$100	000 of	0		3,150
	reportable compensation from the organization			100 V	C) V	VIIO	10001	vca	Thore than \$100	,000 01			1
3	Did the organization list any former officer, dire	ector, trustee, ke	y em	ploy	ee,	or h	nighes	st co	ompensated		ſ		Yes No
	employee on line 1a? If "Yes," complete Sched							-				3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations great								•	7			
	individual											4	Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			-			_				5	X
Sec	tion B. Independent Contractors	es, complete st	neut	iie J	101	Suc	ii pei	301	1			3	^
1	Complete this table for your five highest compe												
	compensation from the organization. Report co (A)	mpensation for t	ne ca	alen	uar	yea	r end	ing	(B)	organizat	ionst	ax yea (C)	
	Name and business add	ress							Description of serv	vices	С	ompen	
										+			C
													C
													C
2	Total number of independent contractors (include	ding but not limit	ted to	tho	se I	iste	d abo	ve)	who received				C
_	more than \$100,000 of compensation from the	-			1			0					

D () /////	011 15
Part VIII	Statement of Revenue
I all VIII	Statement of Revenue

		Check if Schedule O contains a respon	se or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (0	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
G. Jou	С	Fundraising events	1c	0				
fts, · Ar	d	Related organizations	1d	0				
Gi ilar	е	Government grants (contributions)	1e	209,816				
ns, Sim	f	All other contributions, gifts, grants, and		·				
utio er (similar amounts not included above	1f	1,518,960		4		
ribi Oth	g	Noncash contributions included in						
Contributions, Gifts, and Other Similar Ar		lines 1a–1f	1g	\$ 924				
a C	h	Total. Add lines 1a–1f			1,728,776			
				Business Code				
ice	2a	Annual conference		900099	22,020	22,020		
er.	b	Program service fees		900099	94,502	94,502		
Program Service Revenue	С				0			
am	d				0			
ogr R	е				0			
P	f	All other program service revenue			0			
	g	Total. Add lines 2a–2f			116,522			
	3	Investment income (including dividends, in						
		other similar amounts)			1,227			1,227
	4	Income from investment of tax-exempt bor	na pro	oceeds	0			
	5	Royalties	 al	(ii) Personal	0			
	6a	Gross rents 6a		(ii) i Giochia	*			
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Secur		(ii) Other	Ţ.			
		sales of assets						
		other than inventory 7a	0	0				
ne	b	Less: cost or other basis						
Revenue		and sales expenses 7b	0					
3e∖	С	Gain or (loss) 7c	0	0				
_	d	Net gain or (loss)	<u> </u>		0			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 0						
		of contributions reported on line 1c).		0				
	h	See Part IV, line 18	8a 8b	0				
	b	Net income or (loss) from fundraising ever		Ü	0			
	C	Gross income from gaming activities.			0			
	Ju	See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	C	Net income or (loss) from gaming activities			0			
	10a							
			10a	0				
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	y		0			
Sr				Business Code				
eot	11a				0			
ellaneo evenue	b				0			
scell Rev	C			<u> </u>	0			
Miscellaneous Revenue	d	All other revenue			10,904	10,904		
		Total. Add lines 11a–11d		<u> ▶</u>	10,904 1.857.429	127.426	0	1.227
	14	LOTAL revenue, See Instructions		▶	1 85/ 429	12/426	. ()	1 727

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 response or note	to any line in this Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	108,150	97,334	5,408	5,408
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	249,966	220,280	14,843	14,843
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,797	5,985	406	406
9	Other employee benefits	14,323	14,039	142	142
10	Payroll taxes	27,923	24,761	1,581	1,581
11	Fees for services (nonemployees):	*			
а	Management	0			
b	Legal	172	172		
С	Accounting	18,400		18,400	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	177,867	177,311	556	
12	Advertising and promotion	0			
13	Office expenses	6,595	4,135	2,049	411
14	Information technology	64,178	61,658		2,520
15	Royalties	0			
16	Occupancy	0			
17	Travel	13,614	13,247	367	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	37,394	37,394		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,713	7,771	971	971
23	Insurance	3,639	1,336	2,303	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а		0			
b		0			
С		0			
d		0			
е	All other expenses	11,180			
25	Total functional expenses. Add lines 1 through 24e	749,911	676,418	47,211	26,282
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**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	49,273
	2	Savings and temporary cash investments	156,526	2	1,190,860
	3	Pledges and grants receivable, net	0	3	20,936
	4	Accounts receivable, net	42,816	4	10,697
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS(8	Inventories for sale or use	0	8	
₹	9	Prepaid expenses and deferred charges	9,778	9	9,323
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	24,283	14	14,570
	15	Other assets. See Part IV, line 11	13,948		15,569
	16	Total accets. Add lines 1 through 15 (must equal line 22)	247,351	16	1,311,228
	17	Total assets. Add lines 1 through 15 (must equal line 33)	36,990	17	75,997
	18	Grants payable	0	18	13,991
	19	Deferred revenue	104,384	19	20,115
				20	20,113
	20	Tax-exempt bond liabilities	0		
(D	21	Escrow or custodial account liability. Complete Part IV of Schedule D	U	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	141,374	26	96,112
es		Organizations that follow FASB ASC 958, check here ► X			
2		and complete lines 27, 28, 32, and 33.			
<u>ala</u>	27	Net assets without donor restrictions	91,829	27	225,855
B	28	Net assets with donor restrictions	14,148	28	989,261
Ĕ		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
SS	31	Retained earnings, endowment, accumulated income, or other funds	0		
Net Assets or Fund Balances	32	Total net assets or fund balances	105,977	32	1,215,116
Š	33	Total liabilities and net assets/fund balances	247,351		1,311,228
			,001		.,,==0

6 Donated services and use of facilities	Part	Reconciliation of Net Assets			
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI			
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)		1,857	7,429
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 Net unrealized gains (losses) on investments. 6 Donated services and use of facilities. 7 Investment expenses. 7 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash 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: X Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 3 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?	2	Total expenses (must equal Part IX, column (A), line 25)		749	9,911
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1		1,107	7,518
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		105	5,977
6 Donated services and use of facilities	5	Net unrealized gains (losses) on investments		1	1,621
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2b 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 3a X	6				
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Time Time Time Time Time Time Time Time	7	Investment expenses			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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?	8	Prior period adjustments			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain on Schedule O)			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
Check if Schedule O contains a response or note to any line in this Part XII. Check if Schedule O contains a response or note to any line in this Part XII.				1,215	5,116
1 Accounting method used to prepare the Form 990:	Part				
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII			Ш
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?				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? X As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		If the organization changed its method of accounting from a prior year or checked "Other," explain on			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis		Schedule O.			
reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
X Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? X		X Separate basis Consolidated basis Both consolidated and separate basis			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? X	b	Were the organization's financial statements audited by an independent accountant?	2b		Х
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Separate basis Consolidated basis Both consolidated and separate basis			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	•				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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?	·		20	X	
Schedule O. 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?					
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?					
the Single Audit Act and OMB Circular A-133?	3a				
			3a		Х
p if yes, did the ordanization undergo the required audit or audits? It the organization did not undergo the	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ť
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	~		3b		

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

 $Complete \ if \ the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ charitable \ trust.$

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

The	Stev	wardship Network					56-24	71470	
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundat	,		-		•		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii) . (Atta	ach Schedule E (Form	990).)		A		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .								
4		A medical research organizatio	n operated in conjui	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii), Er	iter the	
		hospital's name, city, and state	-	'					
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	unit or from the gene	ral public	;
8		A community trust described in		•	II.)				
9		An agricultural research organi				d in coniur	nction with a land-gra	ant collec	ie
	ш	or university or a non-land-gran							, -
4.0		university:							
10	Ш	An organization that normally receipts from activities related t							SS
		support from gross investment acquired by the organization af	income and unrelate	ed business taxable in	come (les	s section !	511 tax) from busine		
11		An organization organized and				,			
12		An organization organized and	•	· / /	•		. , . ,	he purpo	ses
		of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See sectio	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(s	s) the power to regu	larly appoint or elect a					
	ı	organization. You must con	•						
b		Type II. A supporting organization(s). You must organization(s).	e supporting organi	zation vested in the sa					d
С		Type III functionally integra			n connect	ion with. a	and functionally intec	rated wit	h.
		its supported organization(s						,	,
d		Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att		
	ĺ	requirement (see instruction		•					
е		Check this box if the organize functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported	organizations						0
q		Provide the following information							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		mount of
				(described on lines 1–10 above (see instructions))	-	ir governing ment?	support (see instructions)		upport (see ructions)
				//			,		
					Yes	No			
(A)									
(B)									
` ,									
(C)									
(D)									
/E\									
(E)									
Tota	I						0		0

Scriedule A (Fo	The Stewardship Network	30-247 1470
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organiz	ation failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please con	nplete Part III.)
Section A	Public Support	

Sec	ction A. Public Support	o to quality art		stod Bolow, plot	acc complete i	art III.)	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	512,895	426,966	273,421	453,837	1,728,776	3,395,895
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	512,895	426,966	273,421	453,837	1,728,776	3,395,895
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f))			EC2 470
6	``						563,178 2,832,717
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support						2,032,717
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	512,895	426,966		453,837	1,728,776	3,395,895
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	312,000	420,300	210,421	400,007	1,720,770	3,093,093
	similar sources	129	129	50	344	1,227	1,879
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					0
11	Total support. Add lines 7 through 10						3,397,774
12	Gross receipts from related activities, etc. (see					12	787,607
13	First 5 years. If the Form 990 is for the organ organization, check this box and stop here				a section 501(c)(3)		▶
	ction C. Computation of Public Sup			(f))		44	02.270/
15	Public support percentage for 2021 (line 6, co Public support percentage from 2020 Schedul	` '	•			14	83.37% 86.54%
	33 1/3% support test—2021. If the organiza and stop here. The organization qualifies as	tion did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	▶ X
b	33 1/3% support test—2020. If the organization dualifies						. .
17a	10%-facts-and-circumstances test—2021. 10% or more, and if the organization meets the Part VI how the organization meets the facts-a organization.	ne facts-and-circur and-circumstance	mstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here . Explain in publicly supported	i	▶□
b	10%-facts-and-circumstances test—2020. 15 is 10% or more, and if the organization me in Part VI how the organization meets the fact organization.	ets the facts-and- ts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	- ▶ <u></u>
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				/)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						•
800	tine 6.)						0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	(1) Total
	Gross income from interest, dividends,	0	0	0	0	0	
ıva		•					
	payments received on securities loans, rents, royalties, and income from similar sources						0
h	Unrelated business taxable income (less	^(
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						<u> </u>
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		,
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2021 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15	0.00%
	Public support percentage from 2020 Sched					16	0.00%
	tion D. Computation of Investmer					T T	
17	Investment income percentage for 2021 (line		-			17	0.00%
18	Investment income percentage from 2020 Sc					18	0.00%
19a	33 1/3% support tests—2021. If the organi						. —
L	not more than 33 1/3%, check this box and s	-			-		▶ 🔼
D	33 1/3% support tests—2020. If the organi line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	_	=				
	ato roundation. Il the organization did i	IOL OLIOOK & DOX OIL	i - , i ∪ a, ∪ i l ð	~, on ook und box o	111311 UUUUI 13		

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
2-		
3с		
4a		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
σIJ		
9с		
10a		
10b		

Part	Supporting Organizations (continued)			
44	Here the consequence of the control		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	NI -
4	Did the ergenization provide to each of its supported erganizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0 4'	supported organizations played in this regard.	3		
_	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tion	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nstruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	ZIJ		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi		. , ,	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c.		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	inte	egrated Type III supporting	
instructions).			·

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		.6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	Т	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021	<u> </u>		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017 0			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2021 distributable amount			0
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2021 from			
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2021 distributable amount	2		0
<u>c</u>	Tremainder: Cabrider in the Taland Taland Time.	0		
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions			0
7	Excess distributions carryover to 2022. Add lines 3j	_		
	and 4c.	0		
8	Breakdown of line 1. Excess from 2017 0			
<u>a</u>				
	Excess from 2018			
d	Excess from 2020			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	intes 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	• (0

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

Open to Public

Inspection

Internal Revenue Service Name of the organization Employer identification number The Stewardship Network Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Co	ollections of Ar	t, Histoi	rical Tre	asures, or	Other S	Similar Asset	t s (contii	nued)	
3	Using the organization's acquisition, acc	ession, and other	records,	check any	of the follow	ing that r	make significan	t use of it	s	
	collection items (check all that apply):			•						
а	Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization XIII.	's collections and	explain h	ow they fu	irther the org	anizatior	n's exempt purp	ose in Pa	ırt	
5	During the year, did the organization sol	icit or receive don	ations of a	art, historio	cal treasures	, or othe	r similar ়			
	assets to be sold to raise funds rather th	an to be maintain	ed as part	of the org	ganization's c	collection	?	Ye	s	No
Part	IV Escrow and Custodial Arrang	jements.								
	Complete if the organization an	swered "Yes" o	n Form 9	990, Part	IV, line 9, o	or repor	ted an amour	nt on For	m	
	990, Part X, line 21.						7),			
1a	Is the organization an agent, trustee, cu	stodian or other in	termediar	y for contr	ibutions or o	ther asse	ets not		_	
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part	XIII and complete	the follow	wing table	:)			
_	Designing halance					10		Amount		
C d	Beginning balance					1c				0
e	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount				ow or custodi	_	ınt liahility?		s X	No
b	If "Yes," explain the arrangement in Part				4		-			140
Part		AIII. Officer field	ii tile expi	anauomina	as been provi	ided on i	art XIII	· · · ·		
rarı	Complete if the organization an	swered "Ves" o	n Form (000 Part	IV line 10					
	Complete if the organization an	(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	13,948	(4)	0	(6)	0	(4)	0	u. , ou. o	0
b	Contributions	10,010		12,000				1		
C	Net investment earnings, gains,			12,000						
	and losses	1,621		1,948						
d	Grants or scholarships			,						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	15,569		13,948		0		0		0
2	Provide the estimated percentage of the	current year end	balance (line 1g, co	lumn (a)) hel	ld as:				
а	Board designated or quasi-endowment	100)%							
b	Permanent endowment	%								
С		6								
	The percentages on lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the po	ossession of the o	rganizatio	n that are	held and adi	ministere	ed for the	ſ	.,	
	organization by:							0 - (1)	Yes	No
	(i) Unrelated organizations							3a(i)		X
L	(ii) Related organizations							3a(ii)		Х
b 1			•					3b		
Part	Describe in Part XIII the intended uses of Land, Buildings, and Equipm		o CHUUWI	neni lunus	o.					
rarı	Complete if the organization an		n Form (000 Part	IV/ line 11s	See F	Form 000 Pai	t X line	10	
	Description of property	(a) Cost or ot			or other basis		Accumulated		ook value	
	Description of property	(a) Cost of oth		. ,	other)	` '	epreciation	(u) D	on value	,
1a	Land		0	· ·	0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) mo	ust equal Form 99	0, Part X ,	column (E	B), line 10c.)		•	_		0

Part VII	Investments—Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 9	190 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	luation:
(1) Financia	al derivatives	0	2222.2.2.2.2.2.3.2.	
	held equity interests	0		
(D)				
(E)				
(C)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	• 0		
Part VIII			Part IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	luation:
(1)			Cost or end-of-year m	iainet value
(2)				
(3)				
(4)		• •		
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	. 0		
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11d. See Form 9	90. Part X. line 15.
	(a) Desci			(b) Book value
(1)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	X			
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	line 15.)		(
Part X	Other Liabilities. Complete if the organization answered	•	Part IV line 11e or 11f See I	Form 990 Part X
	line 25.			
1.		otion of liability		(b) Book value
· ,	al income taxes			(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) l	line 25.)		(
2. Liability fo	or uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the c	rganization's financial statements the	at reports the
organization	's liability for uncertain tax positions under FASB A	SC 740. Check here if the	text of the footnote has been provid	ed in Part XIII .

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T 4 T	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a	Net unrealized gains (losses) on investments		
b			
C C	Recoveries of prior year grants		
d	Add lines 2a through 2d	1 20	^
e	Subtract line 2e from line 1	2e 3	0
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Neturn.	
1	Total expenses and losses per audited financial statements	1 1	—
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIII.)		
e	Other losses	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
Part \	V Line 4 The Stewardship Network's endowment consists of a fund established to		
- uit	V Elilo 1 1110 Glowardship Hothorico oridownioni ostiologo of a faira obtablionog to		
provid	de future funding for programs and general operations.		

Schedule D (Fo		The Stewardship Network	56-2471470	Page 5
Part XIII	Supplem	ental Information (continued)		
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		. (/)		

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Inspection Employer identification number 56-2471470 The Stewardship Network

Form 990, Part I, Line 1 Continued: 2021 Successes: The Stewardship Network (TSN) carries
forward its mission and impact as part of an updated program service offering and continued
collaborative ecological stewardship work. This work brings together like-purposed people and
work across jurisdictional and property boundaries. TSN's Member Communities continued and
expanded work on natural area restoration and stewardship, with complementing learning and
engagement programs. TSN inspires local citizens to care for land and water in their community
and supports regional coordinating leadership through our Member Community Program. This
program offers operational support, leadership trainings, and peer-to-peer learning
opportunities.
Form 990, Part III, Line 4b Continued: The 2021 Stewardship Network Spring Challenge (formerly
the Garlic Mustard Challenge and the Spring Invasive Species Challenge), despite complications
imposed by the Covid-19 pandemic, logged successful engagement and connected participants from
across the United States and Canada to care for natural areas in a collaborative conservation
campaign. At the end of the 2021 Challenge, 807 individuals removed 25,510 pounds of invasive
species, improving the ecological health of important landscapes. Furthermore, the 2021
Challenge marks an impressive economic impact: volunteers reported 3,733 hours of donated time
in the field, creating an enormous benefit to local governments, organizations, and private
landowners. The 2021 value of volunteer, which is updated annually by the Independent Sector,
was \$28.54 per hour, providing a benchmark for the Challenge's 100,000+ volunteer economic
impact. Ultimately, the 2021 Challenge connected ecological stewards across the United States
and Canada, elevated enthusiasm for caring for natural areas, and also provided a snapshot of
the immense impact that seemingly little actions can make when many people pull together for
the health and preservation of natural areas. The Stewardship Network's monthly webcasts
continued to grow in popularity in 2021, attended by natural areas professionals, researchers,
students, volunteers, and landowners from around the world. In 2021, attendees were able to
engage with presenters and new information in real time. Presentations included a range of

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

The Stewardship Network	56-2471470
The Stewardship Network	30-247 1470
topics including invasive species control, natural resource legislation changes, and best	
practices for natural areas management. Webcast recordings and additional information are	
available to the public on The Stewardship Network website. The 2021 Nature Photography	
Competition (NPC) pulled together a stunning variety of nature photographs from around the	
world. Logging 1850 entries from 6 continents, the 2021 NPC engaged and inspired supporters to	
observe, document, and photograph the natural world. The winning submission came from Poland	
and the results can be viewed online: https://www.stewardshipnetwork.org/npc/.	
Form 990, Part VI, Section B, Line 11b: The Stewardship Network's 990 initial draft is)
reviewed for accuracy by our CEO and Finance Director. Any CEO approved proposed changes a	ire
made to our accountant. After the suggested changes have been incorporated, it is reviewed by	
the Chair of the Finance Committee who is a member of our Board of Directors. After approval	
by the Chair of the Finance Committee, the 990 is presented to the Board.	
Form 990, Part VI, Section B, Line 12c: The Stewardship Network board members and employees	3
annually sign the written conflict of interest policy and are required to disclose interests	
that could give rise of conflicts. We regularly and consistently monitor and enforce	
compliance with this policy through an annual review and discussion at board meetings and	
through the annual review of the policy and signing of the Conflict of Interest Policy	
certificate.	
Form 990, Part VI, Section B, Line 15a: The Stewardship Network has researched and benchmark	ked
compensation for the CEO against compensation studies by Guidestar, Association for Nature	
Center Administrators, and Nonprofit Enterprise At Work.	
Form 990, Part VI, Section B, Line 15b: The Stewardship Network will research and benchmark	
compensation for other officers and key employees against compensation studies by Guidestar,	
Association for Nature Center Administrators, and Nonprofit Enterprise At Work when the	
organization determines that officers are to be paid or services are retained of an employee	
that meets the IRS definition of key employee.	
Form 990, Part VI, Section C, Line 19: The Stewardship Network makes its governing documents	
and conflict of interest policy available upon request. Financial statements are available to	

Schedule O (Form 990) 2021	Pag	_{je} 3
Name of the organization	Employer identification number	
The Stewardship Network	56-2471470	
he public on our website.		
5 000 B 10/1: 44 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Form 990, Part IX, Line 11g: Contractual services for various program services \$177,676;		
Payroll service fees \$191		
	•	