

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREEN & HEALTHY HOMES INITIATIVE, INC.		D Employer identification number 52-1786577
	Doing business as		E Telephone number 410-534-6447
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,966,014.
	2714 HUDSON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21224-4716		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: RUTH ANN NORTON 2714 HUDSON STREET, BALTIMORE, MD 21224-471		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.GREENANDHEALTHYHOMES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1992
			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND RACIAL EQUITY THROUGH HEALTHY HOUSING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,926,291.	Current Year 5,870,092.
	9 Program service revenue (Part VIII, line 2g)	124,721.	95,725.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	679.	197.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,051,691.	5,966,014.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,346,789.	3,886,982.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,625,761.	1,639,014.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,972,550.	5,525,996.	
19 Revenue less expenses. Subtract line 18 from line 12	79,141.	440,018.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,088,891.	End of Year 3,928,873.
	21 Total liabilities (Part X, line 26)	1,476,523.	2,876,487.
	22 Net assets or fund balances. Subtract line 21 from line 20	612,368.	1,052,386.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	RUTH ANN NORTON, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PHILIP H. CORNBLATT		10/25/21		P00252478
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
	Firm's address ▶ 500 EAST PRATT STREET, 4TH FLOOR BALTIMORE, MD 21202			Phone no. 410-783-4900	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE GREEN & HEALTHY HOMES INITIATIVE'S WORK IS COMMITTED TO DEVELOPING PROGRAMS, POLICIES AND RESOURCES TO ELIMINATE HOME-BASED ENVIRONMENTAL HEALTH HAZARDS AND CREATE HEALTHY, SAFE, AND ENERGY EFFICIENT HOMES FOR ALL FAMILIES. CONTINUED ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,455,791. including grants of \$) (Revenue \$ 30,908.) MARYLAND DIRECT SERVICES PROGRAM: THE MARYLAND PROGRAMS DEPARTMENT PROVIDES OUTREACH AND TRAINING, RESIDENT EDUCATION, CASE MANAGEMENT, TENANT'S RIGHTS AND LEGAL ASSISTANCE, HOUSING RELOCATION ASSISTANCE, HOUSING INSPECTIONS, AND HOUSING INTERVENTIONS IN LOW INCOME HOMES IN MARYLAND INCLUDING LEAD HAZARD, ASTHMA TRIGGER AND HOUSEHOLD INJURY RISK REMEDIATION, AGING IN PLACE MODIFICATIONS AND WEATHERIZATION INTERVENTIONS. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 1,015,242. including grants of \$) (Revenue \$ 21,555.) CLIENT SERVICES AND NATIONAL TECHNICAL ASSISTANCE: THE CLIENT SERVICES DEPARTMENT PROVIDES DIRECT SERVICES AND UPSTREAM TECHNICAL ASSISTANCE TO SUPPORT COORDINATED, HOLISTIC HOUSING, HEALTH AND ENERGY EFFICIENCY INTERVENTIONS FOR FAMILIES AND OLDER ADULTS. OUR TEAM WORKS TO IMPLEMENT THE GHHI MODEL OF ALIGNED HEALTHY HOMES AND RESIDENTIAL ENERGY EFFICIENCY SERVICES IN CITIES AND STATES AROUND THE COUNTRY, WITH PROGRAMS IN MISSISSIPPI, RHODE ISLAND AND TENNESSEE BASED ON OUR FLAGSHIP MARYLAND PROGRAM AND STAFFED BY GHHI PERSONNEL. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 579,990. including grants of \$) (Revenue \$ 12,314.) POLICY AND INNOVATION: THE POLICY & INNOVATION DEPARTMENT WORKS TO ADVANCE POLICIES AND MODELS TO SUPPORT SUSTAINABLE RESOURCES FOR HEALTHY HOUSING, INCLUDING LOOKING AT NEW FUNDING PATHWAYS, PARTNERSHIPS WITH SECTORS SUCH AS HEALTHCARE, AND MAKING THE BUSINESS CASE FOR INVESTING IN HEALTHY HOUSING AND BUILDING UP LOCAL CAPACITY. IN 2020, THE DEPARTMENT CONCLUDED ITS MULTI-YEAR NATIONAL INITIATIVE FOR ASTHMA REIMBURSEMENT THAT WAS SUPPORTED BY THE EPA. GHHI PROVIDED TECHNICAL ASSISTANCE TO 21 ASTHMA PROJECTS AROUND THE COUNTRY, CONDUCTING DATA ANALYSIS AND DESIGNING PARTNERSHIPS BETWEEN HOUSING AND HEALTHCARE THAT CAN RESULT IN SUSTAINABLE HEALTHCARE FUNDED PREVENTIVE PROGRAMS. CONTINUED ON SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,457,663. including grants of \$) (Revenue \$ 30,948.)

4e Total program service expenses 4,508,686.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] 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, 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
RUTH ANN NORTON - 410-534-6447
2714 HUDSON STREET, BALTIMORE, MD 21224

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUTH ANN NORTON PRESIDENT & CEO	60.00	X		X				231,167.	0.	0.
(2) VICTOR ARTHUR CHIEF FINANCIAL OFFICER	50.00					X		153,625.	0.	0.
(3) MICHAEL MCKNIGHT SR. VP OF POLICY AND INNOVATION	50.00					X		147,563.	0.	0.
(4) GEORGE STEWART SENIOR ADVISOR & GENERAL COUNCIL	50.00					X		132,793.	0.	0.
(5) CATHERINE KILINGER VICE PRESIDENT, CLIENT SERVICES	50.00					X		115,354.	0.	0.
(6) BETH BLAUER BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(7) FRANCES GONZALEZ FORMER BOARD TREASURER	2.00	X		X				0.	0.	0.
(8) FRANK FARROW BOARD MEMBER	1.00	X						0.	0.	0.
(9) INEZ ROBB BOARD SECRETARY	2.00	X		X				0.	0.	0.
(10) JOY T. MOORE BOARD CHAIR	2.00	X						0.	0.	0.
(11) MICHAEL MCAFEE BOARD MEMBER	1.00	X						0.	0.	0.
(12) SALLI MARTYNYIAK BOARD TREASURER	2.00	X		X				0.	0.	0.
(13) DOUGLAS W. NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) KENNETH JONES BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							780,502.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							780,502.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	750.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,704,245.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,165,097.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f				5,870,092.		
Program Service Revenue	2 a	OTHER PROGRAM REVENUE	Business Code	900099	93,174.	93,174.	
	b	TECHNICAL ASSISTANCE		611710	2,551.	2,551.	
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f				95,725.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		197.			197.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
d Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				5,966,014.	95,725.	0.	197.

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 Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,304,618.	2,936,406.	368,212.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,541.	25,361.	3,180.	
9 Other employee benefits	314,976.	279,880.	35,096.	
10 Payroll taxes	238,847.	212,234.	26,613.	
11 Fees for services (nonemployees):				
a Management				
b Legal	37,256.	9,904.	27,352.	
c Accounting	25,000.	6,646.	18,354.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	220,977.	153,534.	67,443.	
12 Advertising and promotion	750.		750.	
13 Office expenses	13,465.	9,719.	3,746.	
14 Information technology	197,740.	139,134.	58,606.	
15 Royalties				
16 Occupancy	121,291.	83,078.	38,213.	
17 Travel	64,998.	42,416.	22,582.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	63,555.	27,531.	36,024.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,439.	1,549.	83,890.	
23 Insurance	63,463.	15,763.	47,700.	
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.)				
a PROGRAM EXPENSES	488,371.	484,818.	3,553.	
b CONTRACT PERSONAL SERV.	213,834.	56,847.	156,987.	
c EQUIPMENT RENTAL & EXPE	18,620.	13,236.	5,384.	
d CONTRIBUTIONS	8,827.	2,520.	6,307.	
e All other expenses	15,428.	8,110.	7,318.	
25 Total functional expenses. Add lines 1 through 24e	5,525,996.	4,508,686.	1,017,310.	0.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	555,537.	2	2,670,073.
	3 Pledges and grants receivable, net	1,178,851.	3	717,095.
	4 Accounts receivable, net		4	
	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		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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	149,254.	9	148,441.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,130,745.		
	b Less: accumulated depreciation	10b 999,256.	193,474.	10c 131,489.
	11 Investments - publicly traded securities		11	250,000.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,775.	15	11,775.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,088,891.	16	3,928,873.	
Liabilities	17 Accounts payable and accrued expenses	605,681.	17	218,585.
	18 Grants payable		18	
	19 Deferred revenue	870,842.	19	2,508,761.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	149,141.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,476,523.	26	2,876,487.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	612,368.	27	1,052,386.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	612,368.	32	1,052,386.
33 Total liabilities and net assets/fund balances	2,088,891.	33	3,928,873.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,966,014.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,525,996.
3	Revenue less expenses. Subtract line 2 from line 1	3	440,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	612,368.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,052,386.

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 in Schedule O.
- 2a 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:
 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
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5717853.	6917100.	7650253.	7926291.	5870092.	34081589.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5717853.	6917100.	7650253.	7926291.	5870092.	34081589.
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)						11157738.
6 Public support. Subtract line 5 from line 4.						22923851.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5717853.	6917100.	7650253.	7926291.	5870092.	34081589.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	660.	303.	327.	629.	197.	2,116.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						34083705.
12 Gross receipts from related activities, etc. (see instructions)					12	369,756.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	67.26 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	69.24 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described in 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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GREEN & HEALTHY HOMES INITIATIVE, INC.** Employer identification number **52-1786577**

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	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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.

1a 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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, 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:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		480,901.	375,035.	105,866.
d Equipment		649,844.	624,221.	25,623.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				131,489.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

GHHI HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2020. DUE TO ITS TAX-EXEMPT STATUS, GHHI IS NOT SUBJECT TO INCOME TAXES. GHHI IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE ORGANIZATION HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE.

OPEN TAX YEARS SUBJECT TO IRS AUDIT ARE 2017, 2018 AND 2019.

Part XIII Supplemental Information *(continued)*

GHHS IS IDENTIFIED AS A TAXABLE C-CORPORATION FOR FEDERAL INCOME TAX PURPOSES. GHHS IS SUBJECT TO FEDERAL AND STATE INCOME TAXES BUT THE MINIMAL OPERATING ACTIVITY DURING 2019 RESULTED IN NO TAX LIABILITY OR DEFERRED TAX ASSET FOR THE YEAR ENDED DECEMBER 31, 2020.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **GREEN & HEALTHY HOMES INITIATIVE, INC.**
 Employer identification number: **52-1786577**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUTH ANN NORTON PRESIDENT & CEO	(i)	231,167.	0.	0.	0.	0.	231,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VICTOR ARTHUR CHIEF FINANCIAL OFFICER	(i)	153,625.	0.	0.	0.	0.	153,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GREEN & HEALTHY HOMES INITIATIVE, INC.

Employer identification number

52-1786577

FORM 990, PART III, LINE 1

THE GREEN & HEALTHY HOMES INITIATIVE'S (GHHI) IS DEDICATED TO ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND THE ADVANCEMENT OF RACIAL AND HEALTH EQUITY THROUGH THE CREATION OF HEALTHY, SAFE AND ENERGY EFFICIENT HOMES. BY DELIVERING A STANDARD OF EXCELLENCE IN ITS WORK, GHHI AIMS TO ERADICATE THE NEGATIVE HEALTH IMPACTS OF UNHEALTHY HOUSING AND UNJUST POLICIES FOR CHILDREN, SENIORS AND FAMILIES TO ENSURE BETTER HEALTH, ECONOMIC AND SOCIAL OUTCOMES FOR LOW-INCOME COMMUNITIES OF COLOR. GHHI'S SERVICES ARE DIRECTED TO PREDOMINANTLY LOW INCOME BLACK AND BROWN COMMUNITIES WITH AN EMPHASIS ON SERVING VULNERABLE CHILDREN, FAMILIES AND OLDER ADULTS WHO RESIDE IN UNHEALTHY HOUSING CONDITIONS. GHHI DEVELOPED AND ADOPTED A SUBSTANTIAL RACIAL EQUITY PLAN IN 2020 THAT GHHI IS UTILIZING TO DRIVE THE ORGANIZATION'S CONTINUED COMMITMENT TO IMPLEMENTING RACIAL EQUITY THROUGH ALL ITS PROGRAMS, SERVICES, PRACTICES AND OPERATIONS AT THE LOCAL DIRECT SERVICE AND NATIONAL TECHNICAL ASSISTANCE LEVEL.

HISTORY AND RESULTS

GHHI'S LEAD POISONING PREVENTION SERVICES AND PUBLIC POLICY WORK IN MARYLAND HAS ACHIEVED A 99% DECLINE IN STATEWIDE CHILDHOOD LEAD POISONING RESULTING IN A \$44.5 BILLION RETURN ON INVESTMENT. GHHI'S LEADERSHIP NATIONALLY IN ADVANCING LEAD POISONING PREVENTION AND HEALTHY HOMES HAS INCLUDED AMONG OTHER ACHIEVEMENTS: AUTHORED AND ASSISTED IMPLEMENTATION OF STRATEGIC ACTION PLANS TO ELIMINATE CHILDHOOD LEAD POISONING RESULTING IN SIGNIFICANT INVESTMENTS OF NEW

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization GREEN & HEALTHY HOMES INITIATIVE, INC.	Employer identification number 52-1786577
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RESOURCES, POLICY CHANGES AND SIGNIFICANT PREVENTION RESULTS (I.E. STATES OF MARYLAND AND NEW JERSEY, CITY OF ST. LOUIS); DIRECTLY HELPED RAISE \$600 MILLION FOR LEAD POISONING PREVENTION EFFORTS ACROSS THE US INCLUDING INVESTMENTS FROM HOSPITAL COMMUNITY BENEFIT PROGRAMS, MEDICAID/CHIP FUNDS, PHILANTHROPIC INVESTMENT AND FEDERAL AND STATE GRANTS; AND LED EFFORTS THROUGH OUR NATIONAL CALLS TO ACTION AND NATIONAL LEAD SUMMIT AND EDUCATION TO KEY STAKEHOLDERS TO SUBSTANTIALLY INCREASE FUNDING FOR LEAD POISONING PREVENTION AND REMEDIATION FOR CDC AND HUD. GHHI HAS COORDINATED GREATER INTEGRATION OF HEALTHY HOMES AND SAFETY EFFORTS WITH WEATHERIZATION PROGRAMS IN PARTNERSHIP WITH THE DEPARTMENT OF ENERGY AND THE HOME PERFORMANCE FIELD AND HAS LEAD THE NATIONAL MOVEMENT TO INCORPORATE HEALTH, HOUSING AND ENERGY INTO A WHOLE HOUSE STRATEGY INCLUDING ITS MODEL BEING ADOPTED IN THE CORE HUD NOFA IN 2011 TO SUPPORT THE INTEGRATION OF LEAD HAZARD REDUCTION, HOUSING REHABILITATION AND WEATHERIZATION RESOURCES.

KNOWN FOR ITS INNOVATIVE SOLUTIONS, THE GHHI MODEL WAS LAUNCHED IN 2009 TO MORE EFFECTIVELY AND EFFICIENTLY INTEGRATE HOUSING INTERVENTIONS AND BUILD NEW AVENUES FOR FUNDING WHAT WORKS -- AT SCALE. GHHI PROVIDES TECHNICAL ASSISTANCE IN BEST PRACTICES TO IMPLEMENT PROGRAMS AND POLICIES ACROSS THE COUNTRY THAT SUPPORT HEALTHY, SAFE, AND ENERGY EFFICIENT HOUSING; ADVANCE RACIAL AND HEALTH EQUITY; UNLOCK INNOVATIVE INVESTMENT IN HEALTHY HOUSING, INCLUDING THROUGH HEALTHCARE; AND ADDRESS SOCIAL DETERMINANTS OF HEALTH. GHHI BUILDS UPON LESSONS LEARNED FROM OUR COMPREHENSIVE, ROBUST HEALTHY HOMES AND ENERGY EFFICIENCY DIRECT SERVICE DELIVERY PROGRAMS SERVING MARYLAND, RHODE ISLAND, MEMPHIS/SHELBY COUNTY AND JACKSON, MISSISSIPPI IN ORDER TO DEVELOP A NATIONAL NETWORK OF OVER 75 COMMUNITIES IN 40 STATES IMPLEMENTING THE

Name of the organization GREEN & HEALTHY HOMES INITIATIVE, INC.	Employer identification number 52-1786577
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GHHI MODEL. THIS STRATEGY REPLACES SILOED HOUSING INTERVENTION PROGRAMS WITH AN INTEGRATED, SINGLE STREAM INTAKE, ASSESSMENT AND INTERVENTION MODEL TO COMPREHENSIVELY COMBINE HEALTHY HOMES, LEAD HAZARD REDUCTION AND ENERGY EFFICIENCY RESOURCES. GHHI PROVIDES TECHNICAL ASSISTANCE AND BEST PRACTICES TO LOCAL PARTNERS TO ALIGN, BRAID AND COORDINATE FUNDING RESOURCES TO DELIVER HOUSING REMEDIATION SERVICES IN LOW-INCOME COMMUNITIES ACROSS THE US. GHHI'S MODEL HAS BEEN ENDORSED BY THE FEDERAL INTERAGENCY WORK GROUP ON HEALTHY HOUSING AND ITS PRINCIPLES HAVE BEEN INCORPORATED INTO FEDERAL NOTICES OF FUNDS AVAILABILITY AND LOCAL AND STATE AGENCY PROGRAMS.

GHHI PROVIDES STRATEGIC TECHNICAL ASSISTANCE IN HEALTHY HOMES AND ENERGY EFFICIENCY POLICY AND PRACTICE AT THE FEDERAL, STATE AND LOCAL LEVELS, INCLUDING SERVICE DELIVERY PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION, POLICIES THAT INCREASE PRIVATE INVESTMENT AND ADVANCE EQUITY THROUGH ENFORCEMENT, COORDINATION OF HEALTHY HOMES INTERVENTIONS WITH RESIDENTIAL ENERGY EFFICIENCY PROGRAMS AND RESOURCES, AND SUSTAINABLE SOURCES OF FUNDING FOR HEALTHY HOUSING. GHHI SERVES AS A TECHNICAL ADVISOR TO NUMEROUS CITIES AND COUNTIES ACROSS THE COUNTRY ON: PLANNING THEIR HUD LEAD HAZARD CONTROL PROGRAMS, PROGRAM DESIGN, DEVELOPMENT OF PROGRAMMATIC PROTOCOLS AND PRODUCTION MODELS, OUTREACH SERVICES DELIVERY AND THE INTEGRATION OF LEAD FUNDING WITH HEALTHY HOMES, WEATHERIZATION AND HOUSING REHABILITATION. GHHI'S PROGRAM DESIGNS AND EXPERTISE IN HEALTHY HOMES AND LEAD POISONING PREVENTION POLICY DEVELOPMENT HAVE BEEN NATIONALLY RECOGNIZED. GHHI IS THE RECIPIENT OF THE 2018 HUD SECRETARY'S AWARD FOR HEALTHY HOMES, THE 2018 ACEEE HEALTH AND ENERGY LINKED PROGRAMS (HELP) AWARD, THE 2015 EPA NATIONAL ENVIRONMENTAL LEADERSHIP AWARD IN ASTHMA MANAGEMENT AWARD AND

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THE 2011 HUD NATIONAL PARTNERSHIP AWARD. GHHI SERVES AS A TECHNICAL ADVISOR TO AGENCIES SUCH AS THE NATIONAL LEAGUE OF CITIES, HUD, CDC, NEHA, COIN, AND THE ANNIE E. CASEY FOUNDATION.

GHHI IS A NATIONAL LEADER IN HEALTHY HOUSING FINANCING STRATEGIES AND HAS CONDUCTED RESEARCH AND PUBLISHED NUMEROUS PAPERS ON: THE BUSINESS CASE FOR HEALTHY HOMES INTERVENTIONS SERVICES FOR ASTHMA PATIENTS, PAYMENT MODELS BY WHICH HEALTHCARE INVESTMENT CAN SUPPORT EVIDENCED-BASED PREVENTIVE HOME SERVICES, AND CREATING GREATER HEALTH AND ENERGY EQUITY. GHHI CONDUCTS FEASIBILITY RESEARCH, INCLUDING WITH MEDICAID AND HEALTH INSURER DATA, AND ADVISES STATES ON HOW TO DEVELOP CROSS-SECTOR INTERVENTION MODELS WHERE EXISTING HOUSING AND ENERGY SERVICES ARE SUPPLEMENTED WITH SUSTAINABLE, MEDICAID FUNDED RESIDENT EDUCATION AND PREVENTIVE INTERVENTION SERVICES. GHHI ALSO PROVIDES GUIDANCE TO COMMUNITIES ON WAYS IN WHICH HOUSING IMPROVEMENTS CAN BE INCORPORATED INTO BROADER PUBLIC HEALTH STRATEGIES. GHHI IS AT THE FOREFRONT NATIONALLY IN THE DEVELOPMENT OF ACTUARIAL ANALYSIS FOR INNOVATIVE MEDICAID/HEALTHCARE INVESTMENTS IN HEALTHY HOMES (ASTHMA, LEAD, HOUSEHOLD INJURY) RESIDENT EDUCATION AND HAZARD REDUCTION INTERVENTIONS. THAT EVIDENCE BASE HAS SUPPORTED THE CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) AND A NUMBER OF STATES GHHI HAS WORKED WITH SUCH AS MARYLAND IN THEIR GROUNDBREAKING APPROVAL OF POLICY CHANGES THAT ALLOW PUBLIC MEDICAID/CHIP FUNDS TO BE USED FOR LEAD REMEDIATION AND OTHER HEALTHY HOMES SERVICES - RESULTING IN MILLIONS OF DOLLARS IN NEW HEALTHCARE INVESTMENTS IN HEALTHY HOUSING. GHHI ASSISTS HEALTHCARE AGENCIES AND ORGANIZATIONS ACROSS THE US IN DEVELOPING INNOVATIVE HEALTHCARE FUNDING FOR HEALTHY HOUSING THROUGH MEDICAID, OUTCOME-BASED FINANCING, AND VALUE-BASED PURCHASING. THESE MECHANISMS

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SECURE PUBLIC AND PRIVATE INVESTMENTS IN PREVENTION SERVICES AND HOUSING INTERVENTIONS FOR VULNERABLE CHILDREN, FAMILIES, AND SENIORS. GHHI'S HEALTHCARE FINANCING WORK SUPPORTS ITS POLICY GOAL OF BUILDING THE BUSINESS CASE FOR CMS AND STATE MEDICAID OFFICES TO CONTINUE TO CHANGE PUBLIC POLICIES SO THAT THERE IS A NEW STRUCTURE TO SEAMLESSLY SUPPORT HEALTHY HOMES INTERVENTIONS AT SCALE FOR ALL PATIENTS WHO COULD BENEFIT FROM THESE SERVICES.

DIRECT SERVICES PROGRAMS

IN 2020, GHHI RESPONDED SWIFTLY TO THE COVID-19 PANDEMIC BY DEVELOPING BROAD VIRTUAL SERVICES FOR HOUSING ASSESSMENT AND RESIDENT EDUCATION. OUT OF THIS WORK, GHHI CREATED A VIRTUAL HEALTHY HOUSING TOOLKIT IN ORDER TO MAINTAIN ITS DIRECT SERVICES FOR FAMILIES DURING THE PANDEMIC. GHHI TRAINED 142 JURISDICTIONS NATIONALLY ON THE TOOLKIT'S VIRTUAL PLATFORMS TO HELP LOCAL JURISDICTIONS IN CONTINUING TO SERVE FAMILIES IN NEED AND THE VIRTUAL TOOLKIT WAS ADOPTED BY FOUR STATEWIDE ASTHMA PROGRAMS. GHHI DEMONSTRATED ITS RESILIENCY AND COMMITMENT TO SERVING VULNERABLE COMMUNITIES BY MAINTAINING DIRECT SERVICES DURING THE PANDEMIC IN MARYLAND, RHODE ISLAND, MISSISSIPPI AND TENNESSEE AND EXPANDED WORK BEYOND HOME REPAIR TO INCLUDE EMERGENCY FOOD, COVID PREVENTION SUPPLIES AND SAFETY SUPPLY DELIVERIES AND EMERGENCY COOLING SERVICES. BY THE FALL OF 2020, GHHI RESUMED IN-HOME HOUSING ASSESSMENTS, RESIDENT EDUCATION, ENVIRONMENTAL HEALTH REMEDIATION (LEAD HAZARD CONTROL, ASTHMA TRIGGER REDUCTION, INJURY PREVENTION) AND ENERGY EFFICIENCY INTERVENTIONS AND TRAININGS SERVICES, SERVING OVER 5,600 FAMILIES IN TOTAL IN 2020 IN ADDITION TO ITS PUBLIC POLICY ADVOCACY WORK.

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NATIONAL WORK

ACROSS THE ORGANIZATION'S PROGRAMS IN 2020, GHHI PROVIDED ONLINE AND IN-PERSON TRAINING VIA WEBINARS, PANEL DISCUSSIONS, TECHNICAL TRAININGS AND ITS ANNUAL EXECUTIVE LEADERSHIP INSTITUTE FOR 26,500 INDIVIDUALS.

GHHI PROVIDED TECHNICAL ASSISTANCE TO OVER 200 CITIES, COUNTIES, STATES

AND NON-PROFIT ORGANIZATIONS IN 2020, INCLUDING HELPING HEALTHY HOMES

PROGRAMS NAVIGATE DELIVERING SERVICES DURING THE PANDEMIC, ADJUSTING

MODELS TO BE DELIVERED VIRTUALLY, AND GUIDING JURISDICTIONS ON HOW TO

CAPITALIZE ON NEW FUNDING STREAMS FOR HOUSING INTERVENTIONS SUCH AS

CARES ACT FUNDS. GHHI WORKED WITH SEVERAL PROGRAMS FOCUSING ON ASTHMA

AND AGING IN PLACE SERVICES AND ASSISTED THEM IN BUILDING PARTNERSHIPS

WITH HEALTHCARE ENTITIES FOR LONG TERM SUSTAINABILITY. GHHI REMAINED A

LEADER IN THE FIELD THROUGH ITS PUBLICATIONS INCLUDING: CO-AUTHORING A

PAPER ON HEALTH JUSTICE STRATEGIES TO ERADICATE LEAD POISONING: AN

URGENT CALL TO ACTION TO SAFEGUARD FUTURE GENERATIONS; RELEASING A LEAD

POISONING PREVENTION CALCULATOR PAPER THAT ALLOWS JURISDICTIONS AROUND

THE COUNTRY TO DETERMINE THE ECONOMIC VALUE IN TERMS OF EARNINGS

POTENTIAL, PUBLIC HEALTH, EDUCATION, CRIME, AND TAX REVENUES FOR LEAD

POISONING PREVENTION ACTIVITIES; AND PRODUCED A KEY PAPER THAT PROVIDED

STATE MEDICAID PROGRAMS WITH POLICY EXAMPLES AND JUSTIFICATIONS FOR

THEIR COVERAGE OF LEAD POISONING PREVENTION AND SCREENING SERVICES.

GHHI'S APPROACH OF HOLISTIC HOUSING SERVICES USING A COMPREHENSIVE

PLATFORM WAS CITED IN THE HUD NOTICE OF FUNDS OPPORTUNITY AS THE MODEL

FOR A NEWLY CREATED GRANT PROGRAM BY HUD IN 2020, THE \$5 MILLION

HEALTHY HOMES AND WEATHERIZATION COOPERATION DEMONSTRATION GRANT

PROGRAM THAT FOSTERS CROSS SECTOR INTEGRATION. GHHI WORKED WITH THE

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STATE OF MICHIGAN TO DESIGN A GROUNDBREAKING LEAD FUND WHICH WILL PROVIDE LOW-INTEREST LOANS AND GRANTS FOR PROPERTY OWNERS TO USE TO MITIGATE LEAD HAZARDS. THE FUND WILL SERVE AS A LOAN LOSS RESERVE, ALLOWING PRIVATE LENDERS TO SCALE LEAD REMEDIATION EFFORTS IN THE STATE.

DATA AND EVALUATION

GHHI'S EVALUATION TEAM CONDUCTS DATA COLLECTION AND EVALUATION OF CLIENT DATA FOR ITS DIRECT SERVICE PROGRAMS TO MEASURE LOCAL IMPACT ON HEALTH, SOCIAL AND ECONOMIC OUTCOMES. GHHI OPERATES A DATA PLATFORM, EFFORTS TO OUTCOMES (ETO), THAT TRACKS DATA ON DEMOGRAPHICS, SERVICE DELIVERY, COSTS, AND OUTCOMES LOCALLY. GHHI PROVIDES EVALUATION AND DATA MANAGEMENT SERVICES DEVELOPMENT TO SITES AROUND THE COUNTRY, INCLUDING WORK WITH HEALTH PLANS AND STATE MEDICAID PROGRAMS TO ANALYZE CLAIMS DATA. THROUGH ENHANCED DATA METRICS AND EVALUATION SYSTEMS, GHHI'S DATA AND EVALUATION TEAM HELPS STAKEHOLDERS BUILD THE BUSINESS CASE FOR INNOVATIVE, SUSTAINABLE INVESTMENTS IN HEALTHY HOUSING AND WEATHERIZATION SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WHILE OTHER ORGANIZATIONS WERE UNABLE TO PERFORM SERVICES DUE TO COVID-19 RESTRICTIONS DURING 2020, GHHI'S MARYLAND PROGRAMS SUCCESSFULLY NAVIGATED THE COVID LOCKDOWN TO PROVIDE SERVICES TO 7,520 PERSONS THROUGH TRAINING AND OUTREACH EVENTS, CLIENT RESIDENT EDUCATION AND HOUSING INTERVENTIONS USING ITS INTEGRATED, COMPREHENSIVE MODEL TO PREVENT LEAD POISONING, ASTHMA EPISODES, TRIP AND FALLS AND OTHER

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HOUSEHOLD INJURIES, AND ENERGY LOSS. AS FAMILIES SHELTERED IN THEIR HOMES FOR LONGER PERIODS OF TIME DURING THE PANDEMIC AND EXPERIENCED REDUCTIONS IN INCOME, GHHI IDENTIFIED THAT FAMILIES AND OLDER ADULT CLIENTS IN BALTIMORE CITY NOT ONLY LACKED THE RESOURCES TO PROTECT THEIR FAMILIES FROM HOME-BASED ENVIRONMENT HEALTH HAZARDS, BUT THEY ALSO NEEDED IMMEDIATE ASSISTANCE WITH FOOD, SAFETY AND PREVENTIVE COVID SUPPLIES DELIVERY IN ORDER TO STAY SAFE IN THEIR HOMES DURING THE COVID-19 CRISIS. AS A RESULT, GHHI RESPONDED BY PIVOTING ITS SERVICES IN BALTIMORE CITY DURING THE EARLY MONTHS OF THE COVID-19 OUTBREAK IN 2020 TO SERVE OUR MOST VULNERABLE COMMUNITIES BY DELIVERING 9,145 DAILY MEALS TO CHILDREN IN PARTNERSHIP WITH BALTIMORE CITY DHCD, DELIVERING FOOD AND COVID SUPPLIES BOXES TO FAMILIES, INSTALLING HEALTHY HOMES SAFETY KITS TO PREVENT INJURY AND DELIVERING AIR CONDITIONERS TO SENIORS.

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

THE ORGANIZATION PROVIDES TECHNICAL ASSISTANCE TO STATES AND LOCAL JURISDICTIONS SEEKING TO DESIGN, IMPLEMENT AND EVALUATE INTERVENTIONS IN OCCUPIED HOUSING, GROW INVESTMENT IN HEALTHY HOMES AND ENERGY EFFICIENCY AND PUT INTO PLACE HEALTH-PROTECTIVE HOUSING POLICIES. GHHI WORKS AT THE STATE LEVEL IN CONNECTICUT, NEW JERSEY, NEW YORK, PENNSYLVANIA AND ELSEWHERE TO CREATE COORDINATED HOUSING INTERVENTION PROGRAMS AT SCALE THAT ARE SUSTAINABLY SUPPORTED BY CROSS-SECTOR INVESTMENTS AND EFFECTIVE HOUSING REGULATION. GHHI DESIGNS AND IMPLEMENTS NATIONALLY-INNOVATIVE PILOT PROJECTS IN PARTNERSHIP WITH HEALTHCARE, PUBLIC UTILITY COMMISSIONS AND STATE AND LOCAL GOVERNMENT.

A HALLMARK OF THE WORK IN 2020 WAS THE DEVELOPMENT OF THE PROGRAM

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DESIGN FOR A MULTI-MILLION HOSPITAL COMMUNITY BENEFIT INVESTMENT FOR LEAD HAZARD REMEDIATION FOR A PENNSYLVANIA-BASED NONPROFIT HEALTH SYSTEM THAT WILL DRAMATICALLY REDUCE LEAD POISONING AND ADVANCE SECTOR ALIGNMENT BETWEEN CLIMATE, ENERGY EFFICIENCY AND HEALTHY HOUSING IN AT RISK COMMUNITIES.

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

GHHI PRODUCED A POLICY PAPER THAT PROVIDED STATE MEDICAID PROGRAMS WITH POLICY EXAMPLES AND JUSTIFICATIONS FOR THEIR COVERAGE OF LEAD POISONING PREVENTION AND SCREENING SERVICES WITH MEDICAID FUNDS. GHHI'S APPROACH OF HOLISTIC HOUSING SERVICES USING A COMPREHENSIVE PLATFORM WAS CITED IN THE HUD NOTICE OF FUNDS OPPORTUNITY AS THE MODEL FOR A NEWLY CREATED GRANT PROGRAM BY HUD IN 2020, THE \$5 MILLION HEALTHY HOMES AND WEATHERIZATION COOPERATION DEMONSTRATION GRANT PROGRAM THAT FOSTERS CROSS SECTOR INTEGRATION. GHHI WORKED WITH THE STATE OF MICHIGAN TO DESIGN A GROUNDBREAKING MICHIGAN LEAD FUND WHICH IS DESIGNED TO PROVIDE LOW-INTEREST LOANS AND GRANTS FOR PROPERTY OWNERS TO USE TO MITIGATE LEAD HAZARDS. THE FUND WILL SERVE AS A LOAN LOSS RESERVE, ALLOWING PRIVATE LENDERS TO SCALE LEAD REMEDIATION EFFORTS IN THE STATE. THE DEPARTMENT ALSO PRODUCED PUBLICATIONS ON MODEL AGING IN PLACE PROGRAMS AND A LEAD POISONING PREVENTION RISK CALCULATOR THAT ANALYZES THE RETURN ON INVESTMENT OF LEAD HAZARD CONTROL ACTIVITIES TO HELP MAKE THE BUSINESS CASE FOR LOCAL LEAD PREVENTION INVESTMENTS. THE DEPARTMENT ALSO LED THE ORGANIZATION-WIDE DEVELOPMENT OF A VIRTUAL HEALTHY HOMES TOOLKIT FOR DELIVERING HEALTHY HOMES ASSESSMENTS VIRTUALLY, IN LIGHT OF THE PANDEMIC. THIS TOOLKIT WAS ADOPTED INTO USE BY 3 STATES AND GHHI SERVED AS A TRAINING RESOURCE BY CONDUCTING TRAININGS ON THE VIRTUAL PLATFORM FOR 142 AGENCIES NATIONALLY.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DATA AND EVALUATION: THE MISSION OF THE DATA, EVALUATION & LEARNING DEPARTMENT IS TO FOSTER A CULTURE THAT PROMOTES THE USE OF DATA TO LEARN, ITERATE AND IMPROVE PROGRAMMING AND SERVICES ACROSS ALL FACETS OF GHHI AND THE BROADER HEALTHY HOMES COMMUNITY. THE DEPARTMENT SEEKS TO UPHOLD THIS MISSION BY CURATING THOUGHTFUL ENGAGEMENTS WITH STAKEHOLDERS AROUND THE IMPORTANCE OF DATA IN OUR LARGER EFFORT TO CREATE HEALTHIER HOMES, AND ULTIMATELY HEALTHIER FAMILIES. THE DATA & EVALUATION TEAM HAS WORKED WITH PROJECTS AND ORGANIZATIONS ACROSS THE COUNTRY TO DESIGN EVALUATION PLANS AND BUILD CUSTOM DATA MANAGEMENT SYSTEMS TO ENSURE THE EFFICACY OF PROGRAMMING AND SERVICES. ACCESS TO REAL TIME DATA ON ACTIVITIES, OUTPUTS AND OUTCOMES HAS ALLOWED PROJECTS AND ORGANIZATIONS TO OPERATE WITH MORE EFFICIENCY WHILE ALSO CREATING PATHWAYS TO LEARN AND PIVOT ON PROGRAMMATIC APPROACH; THUS, CREATING INCREASED OPPORTUNITIES FOR SUCCESSFUL OUTCOMES AND LASTING IMPACT. EXPENSES \$ 176,277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,743.

SPECIAL INITIATIVES: THIS AREA OF GHHI'S PRACTICE INCUBATES AND DEVELOPS HIGH LEVEL, CROSS SECTOR AND SYSTEMS CHANGE PROGRAMS FOCUSED ON ALIGNING GOVERNMENT, PHILANTHROPIC, HEALTHCARE, FINANCIAL AND PRIVATE SECTOR FUNDING TO DELIVER IMPACTFUL RESULTS AND BEST PRACTICE SOLUTIONS FOR LOW INCOME COMMUNITIES. INCLUDED IN THIS WORK IS ADVISORY SERVICES FOR GOVERNORS AND MAYORS, DEVELOPING NEW HEALTHCARE INVESTMENT MODELS AND LEADING INITIATIVES TO ADDRESS THE HOUSING CONDITION AND CLIMATE CRISIS IN THE UNITED STATES. SPECIAL INITIATIVE FUNDING ALSO PROMOTES SCALABLE WORK TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND RACIAL EQUITY THROUGH HEALTHY HOUSING.

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EXPENSES \$ 1,281,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,205.

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

ANNUAL AUDIT IS REVIEWED BY THE FINANCE COMMITTEE AND THEN APPROVED AND ADOPTED BY THE BOARD OF DIRECTORS. FORM 990 IS PREPARED BASED ON THE AUDIT REPORT AND REVIEWED BY THE PRESIDENT & CEO PRIOR TO FILING.

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

ALL BOARD MEMBERS, EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO ANNUALLY COMPLETE CONFLICT OF INTEREST FORMS. ALL EMPLOYEES COMPLETE A CONFLICT OF INTEREST FORM PRIOR TO HIRING.

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

STAFF SALARIES ARE APPROVED BY THE PRESIDENT & CEO BASED ON SIMILAR POSITIONS ACROSS THE MARYLAND NONPROFIT SECTOR. THE PRESIDENT & CEO'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.

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

GHHI'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE AND OTHER WEBSITES. THEY ARE ALSO ON FILE WITH THE MARYLAND SECRETARY OF STATE AND THE MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS. THE PUBLIC MAY ALSO RECEIVE THESE DOCUMENTS UPON REQUEST.

FORM 990, PART XII, LINE 2C

GHHI'S PRESIDENT & CEO, TREASURER, AND FINANCE COMMITTEE OVERSEE THE AUDIT AND SELECTION OF INDEPENDENT AUDITORS.

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FORM 990, PART VI, LINE 15A

REVIEWED AND APPROVED BY PRESIDENT & CEO.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **GREEN & HEALTHY HOMES INITIATIVE, INC.** Employer identification number **52-1786577**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GREEN & HEALTHY HOMES INITIATIVE, INC.	Taxpayer identification number (TIN) 52-1786577
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2714 HUDSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21224-4716	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RUTH ANN NORTON

- The books are in the care of ▶ **2714 HUDSON STREET - BALTIMORE, MD 21224**
Telephone No. ▶ **410-534-6447** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.