

EXTENDED TO NOVEMBER 15, 2022

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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>GREEN &amp; HEALTHY HOMES INITIATIVE, INC.</b>		<b>D</b> Employer identification number <b>52-1786577</b>
	Doing business as		<b>E</b> Telephone number <b>410-534-6447</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,594,712.</b>
	<b>2714 HUDSON STREET</b>		<b>H(a)</b> 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 <b>BALTIMORE, MD 21224-4716</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>RUTH ANN NORTON</b> <b>2714 HUDSON STREET, BALTIMORE, MD 21224-4716</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.GREENANDHEALTHYHOMES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b>	<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND RACIAL EQUITY THROUGH HEALTHY HOUSING.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>51</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,870,092.	7,515,209.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,725.	77,582.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197.	1,921.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,966,014.	7,594,712.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,886,982.	3,811,974.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,639,014.	2,847,789.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,525,996.	6,659,763.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	440,018.	934,949.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,928,873.	6,801,946.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,876,487.	4,814,611.
		<b>1,052,386.</b>	<b>1,987,335.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	RUTH ANN NORTON, PRESIDENT & CEO		10/6/22		
<b>Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PHILIP H. CORNBLATT		09/29/22		P00252478
<b>Preparer</b>	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
<b>Use Only</b>	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

132001 12-09-21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 \$ 1,238,683. including grants of \$ ) (Revenue \$ 17,068.)

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 \$ 1,075,815. including grants of \$ ) (Revenue \$ 14,741.)

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 \$ 187,822. including grants of \$ ) (Revenue \$ 2,327.)

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 \$ 3,017,058. including grants of \$ ) (Revenue \$ 43,446.)

4e Total program service expenses 5,519,378.

**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> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 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> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5	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> .....	6	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> .....	7	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> .....	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9	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> .....	10	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> .....	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	11b	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> .....	11c	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> .....	11d	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> .....	11e 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> .....	11f 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> .....	12a	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> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a	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> .....	14b	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> .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16	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> See instructions .....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18	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> .....	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, governance decisions, meeting documentation, and unreachable officers.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUTH ANN NORTON PRESIDENT & CEO	60.00	X		X				241,217.	0.	0.
(2) VICTOR ARTHUR CHIEF FINANCIAL OFFICER	50.00				X			165,203.	0.	3,537.
(3) MICHAEL MCKNIGHT SR. VP OF POLICY AND INNOV	50.00				X			159,000.	0.	0.
(4) GEORGE STEWART SENIOR ADVISOR & GENERAL C	50.00				X			138,685.	0.	6,097.
(5) CATHERINE KILINGER VICE PRESIDENT, CLIENT SER	50.00				X			123,871.	0.	3,629.
(6) BETH BLAUER BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(7) FRANK FARROW BOARD MEMBER	2.00	X						0.	0.	0.
(8) INEZ ROBB BOARD SECRETARY	2.00	X		X				0.	0.	0.
(9) JOY T. MOORE BOARD CHAIR	2.00	X						0.	0.	0.
(10) MICHAEL MCAFEE BOARD MEMBER	1.00	X						0.	0.	0.
(11) SALLI MARTYNIK BOARD TREASURER	2.00	X		X				0.	0.	0.
(12) DOUGLAS W. NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							827,976.	0.	13,263.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							827,976.	0.	13,263.	

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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,326,055.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,189,154.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	<b>Total.</b> Add lines 1a-1f		7,515,209.				
Program Service Revenue	2 a	<b>OTHER PROGRAM REVENUE</b>	Business Code	900099	72,882.	72,882.		
	b	<b>TECHNICAL ASSISTANCE</b>		611710	4,700.	4,700.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			77,582.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,921.		1,921.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
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							
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions			7,594,712.	77,582.	0.	1,921.	

**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 .....	3,188,562.	2,640,575.	547,987.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,771.	52,811.	10,960.	
9 Other employee benefits .....	330,538.	273,732.	56,806.	
10 Payroll taxes .....	229,103.	189,729.	39,374.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	20,138.	5,619.	14,519.	
c Accounting .....	25,000.	6,975.	18,025.	
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.)	148,190.	148,190.		
12 Advertising and promotion .....				
13 Office expenses .....	10,343.	6,343.	4,000.	
14 Information technology .....	205,052.	65,321.	139,731.	
15 Royalties .....				
16 Occupancy .....	73,083.	33,411.	39,672.	
17 Travel .....	49,753.	49,695.	58.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	49,076.	22,648.	26,428.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	55,454.	3,680.	51,774.	
23 Insurance .....	68,080.	9,498.	58,582.	
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 <b>PROGRAM EXPENSES</b>	1,926,302.	1,916,261.	10,041.	
b <b>CONTRACT PROFF SERV.</b>	144,168.	40,224.	103,944.	
c <b>EQUIPMENT RENTAL &amp; EXPE</b>	25,831.	22,617.	3,214.	
d <b>DUES AND REGISTRATIONS</b>	18,771.	13,936.	4,835.	
e All other expenses .....	28,548.	18,113.	10,435.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,659,763.</b>	<b>5,519,378.</b>	<b>1,140,385.</b>	<b>0.</b>
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 .....	2,670,073.	2 4,404,766.
	3	Pledges and grants receivable, net .....	717,095.	3 1,646,168.
	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 .....	148,441.	9 152,506.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,147,626.	
	b	Less: accumulated depreciation .....	10b 1,054,710.	10c 92,916.
	11	Investments - publicly traded securities .....	250,000.	11 501,521.
	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 4,069.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,928,873.	16 6,801,946.	
Liabilities	17	Accounts payable and accrued expenses .....	218,585.	17 352,184.
	18	Grants payable .....		18
	19	Deferred revenue .....	2,508,761.	19 3,395,302.
	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 .....	149,141.	23 925,867.
	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 .....	0.	25 141,258.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	2,876,487.	26 4,814,611.
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 .....	1,052,386.	27 1,015,746.
	28	Net assets with donor restrictions .....		28 971,589.
	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	<b>Total net assets or fund balances</b> .....	1,052,386.	32 1,987,335.	
33	<b>Total liabilities and net assets/fund balances</b> .....	3,928,873.	33 6,801,946.	

**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	7,594,712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,659,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	934,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,052,386.
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	1,987,335.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b 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	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>GREEN &amp; HEALTHY HOMES INITIATIVE, INC.</b>	Employer identification number <b>52-1786577</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6917100.	7650253.	7926291.	5870092.	7515209.	35878945.
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 <b>Total.</b> Add lines 1 through 3 .....	6917100.	7650253.	7926291.	5870092.	7515209.	35878945.
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) .....						10927917.
6 <b>Public support.</b> Subtract line 5 from line 4.						24951028.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	6917100.	7650253.	7926291.	5870092.	7515209.	35878945.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	303.	327.	629.	197.	1,921.	3,377.
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 <b>Total support.</b> Add lines 7 through 10						35882322.
12 Gross receipts from related activities, etc. (see instructions) .....					12	431,736.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	69.54	%
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	67.26	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
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>		
3a		
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>		
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Lined area for supplemental information.

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

2021 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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**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?  **3b**

**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.	415,584.	65,317.
d Equipment .....		666,725.	639,126.	27,599.
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				92,916.

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ESCROW LIABILITY LONG TERM</b>	<b>141,258.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

**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, 2021. 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 2018, 2019 AND 2020.





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021





**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**  
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) 2021

132211 11-11-21

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 GHHI MODEL. THIS STRATEGY REPLACES SILOED HOUSING INTERVENTION PROGRAMS

Name of the organization

GREEN &amp; HEALTHY HOMES INITIATIVE, INC.

Employer identification number

52-1786577

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 AND 2022 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 THE 2011 HUD NATIONAL PARTNERSHIP AWARD. GHHI SERVES AS A TECHNICAL

Name of the organization

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ADVISOR TO AGENCIES SUCH AS THE NATIONAL LEAGUE OF CITIES, HUD, CDC, NEHA, COIN, AND NUMEROUS CITIES, STATES, HEALTHCARE AGENCIES AND FOUNDATIONS.

GHHI IS A NATIONAL LEADER IN CLIMATE AND HEALTH FUNDING STRATEGIES TO ADVANCE HEALTHY HOUSING AND HAS CONDUCTED RESEARCH AND PUBLISHED NUMEROUS PEER REVIEWED PUBLICATIONS ON TOPICS SUCH AS 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 OUTCOMES THROUGH EQUITABLE ENERGY RELATED INVESTMENTS.

GHHI'S MAIN FOCUS IS ON SCALING THE IMPLEMENTATION OF A WHOLE-HOUSE APPROACH TO HEALTHY HOUSING FOR CITIES, COUNTIES, AND STATES ACROSS THE NATION THROUGH EVIDENCED-BASED PRACTICES AND WELL-VETTED DATA AND INTERVENTION SYSTEMS THAT ALIGN, BRAID AND COORDINATE RESOURCES FROM THE PUBLIC AND PRIVATE SECTORS. THIS IS EFFECTUATED THROUGH FEDERAL STATE AND LOCAL POLICY DEVELOPMENT AND STATE AND LOCAL STRATEGIC SERVICES AND TECHNICAL ASSISTANCE ACROSS THE UNITED STATES. THE BEDROCK OF THE ORGANIZATION'S POLICY AND TECHNICAL ASSISTANCE WORK STEMS FROM ITS EVIDENCED-BASED PLACE-BASED SERVICES IN BALTIMORE, MARYLAND, JACKSON, MISSISSIPPI, MEMPHIS, TENNESSEE, DETROIT, MICHIGAN, TRENTON, NEW JERSEY AND PROVIDENCE, RHODE ISLAND.

IN 2021, BUILDING ON ITS VAST EXPERIENCE IN DIRECT SERVICES AND ECONOMIC ANALYSIS, GHHI EXPANDED ITS WORK TO CAPTURE CLIMATE PROTECTION MEASURES AS A CRITICAL ELEMENT OF HEALTHY HOUSING BY ADDING DECARBONIZATION AND ELECTRIFICATION TO ITS HEALTHY HOUSING DELIVERY



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MODEL.

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 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.

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## ADDITIONAL HIGHLIGHTS FROM 2021

GHHI LAUNCHED THE NATION'S ONLY HOSPITAL SUPPORTED LEAD AND HEALTHY HOUSING PROGRAM FOR THE UNIVERSITY OF PENNSYLVANIA'S LGHEALTH VIA A \$50 MILLION INVESTMENT IN LANCASTER COUNTY, PA. FOR WHICH GHHI ASSUMED THE MANAGEMENT OF THE HEALTHY HOUSING INTERVENTION PROGRAM.

GHHI LED THE FINAL DEVELOPMENT ON THE NATION'S FIRST OUTCOMES-BASED FINANCING ARRANGEMENT WITH A MEDICAID HEALTH PLAN (AFFINITY BY MOLINA) AS THE END PAYER. THE \$4.75 MILLION PROJECT, THE NEW YORK HEALTHY HOMES COLLABORATIVE, WILL PROVIDE COMPREHENSIVE HOME-BASED ASTHMA SERVICES INCLUDING HOME REPAIRS TO 850 HIGH RISK MEMBERS OF AFFINITY BY MOLINA'S MEDICAID PLAN.

GHHI AND THE PROMEDICA NATIONAL SOCIAL DETERMINANTS OF HEALTH INSTITUTE LAUNCHED A GROUNDBREAKING PARTNERSHIP IN 2021 TO IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES BY ENHANCING THE SAFETY AND ENERGY EFFICIENCY OF 7,000 LOW INCOME HOMES IN THE CITIES OF BALTIMORE, CHICAGO, CLEVELAND, DETROIT, PHILADELPHIA, PITTSBURGH AND TOLEDO. THIS TRANSFORMATIVE INITIATIVE REPRESENTS THE INAUGURAL INVESTMENT OF \$100 MILLION OF THE PROMEDICA IMPACT FUND TO TRANSFORM HOW HEALTHCARE IS DEFINED, DELIVERED AND FUNDED BY DEMONSTRATING THE CONNECTION BETWEEN SOCIAL NEEDS INTERVENTIONS, HEALTH AND HEALTHCARE COST.

GHHI WAS ALSO AWARDED THREE FEDERAL GRANTS FOR HEALTHY HOUSING FROM THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND TWO ENVIRONMENTAL JUSTICE GRANTS FROM THE ENVIRONMENTAL PROTECTION AGENCY.

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FURTHER, THE CEO OF GHHI JOINED THE DISTRICT OF COLUMBIA'S NATIONAL LEADERSHIP IN PUBLIC HEALTH PROGRAM TO HELP ADVANCE A HEALTHY HOUSING PLAN FOR THE NATION'S CAPITAL AND JOINED ADVISORY BOARD POSITIONS FOR THE CDC AND EPA RELATED TO CHILD HEALTH AND LEAD POISONING PREVENTION, IN ADDITION TO ASSUMING THE CHAIR OF THE MARYLAND LEAD POISONING PREVENTION COMMISSION.

ALSO, IN 2021 GHHI HELPED TO LEAD THE EXPANSION OF THE HOUSING UPGRADES TO BENEFIT SENIORS PROGRAM IN BALTIMORE EXPANSION TO \$10 MILLION AS A NATIONAL BEST PRACTICE EXAMPLE OF ENSURING HEALTHY HOUSING FOR SENIORS TO SUPPORT HEALTH, QUALITY OF LIFE AND INTERGENERATIONAL WEALTH TRANSFER. IN 2021, GHHI EXPANDED ITS WORK ACROSS THE NATION ON DECARBONIZATION AND ELECTRIFICATION AS A PATH TO INCREASE INVESTMENTS IN HEALTHY HOUSING IN THE US PUBLISHING LEADING WITH EQUITY AND JUSTICE IN THE CLEAN ENERGY TRANSITION (NORTON, LEIS, KLINGER AND GOLDMANN) AND ESTABLISHED A NATIONAL CLIMATE, ENERGY AND EQUITY OFFICE.

ESTABLISHED THE FIRST STATE LEVEL WHOLE-HOUSE DEMONSTRATION PROJECT THROUGH THE NEW JERSEY BOARD OF PUBLIC UTILITIES TO ALIGN WITH OUR STATE LEVEL WORK TO ERADICATE LEAD IN HOUSING AND WATER IN THE STATE OF NEW JERSEY.

DATA, EVALUATION AND RESEARCH

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,

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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.

IN 2021, GHHI ALSO JOINED THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH AS A PARTNER IN A HUD HEALTHY HOMES TECHNICAL STUDY ON INJURY PREVENTION.

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 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

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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 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:

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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.

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

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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 \$ 3,017,058. INCLUDING GRANTS OF \$ 0. REVENUE \$ 43,446.

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

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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.

FORM 990, PART VI, LINE 15A

REVIEWED AND APPROVED BY PRESIDENT & CEO.







**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.

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		X
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)		X
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses		X
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	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)				



