DLN: 93493125010260 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable Environmental Health Strategy Center □ Address change 38-3791803 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 565 CONGRESS STREET No 204 ☐ Amended return ☐ Application pending (207) 699-5795 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,247,754 Name and address of principal officer H(a) Is this a group return for MICHAEL BELLIVEAU ☐Yes **☑**No subordinates? 565 CONGRESS STREET No 204 H(b) Are all subordinates PORTLAND, ME 04101 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW OURHEALTHYFUTURE ORG L Year of formation 2008 M State of legal domicile ME K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities DEFENDING PUBLIC HEALTH FROM HARM LINKED TO TOXIC CHEMICAL EXPOSURE AND CLIMATE CHANGE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 10 4 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 175 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,077,917 1,146,423 Ravenua Program service revenue (Part VIII, line 2g) . 95,200 45,026 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,684 5,560 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,797 43,467 1,222,598 1,240,476 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 20,000 55,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 684,156 789,564 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶126,736 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 254,726 260,027 958,882 1,104,591 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 263,716 135,885 Net Assets or Fund Balances Beginning of Current Year **End of Year** 601,991 724,280 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 53,233 39,637 22 Net assets or fund balances Subtract line 21 from line 20 . 548,758 684,643 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 2020-03-15 Signature of officer Sign Here MICHAEL BELLIVEAU Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01200943 Paid self-employed Firm's name ► PGM LLC Firm's EIN ► 82-4812448 Preparer Use Only Firm's address > 265 Main Street Phone no (207) 415-5714 Biddeford, ME 04005 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2	(019)					Page 2
Pa	irt III	Statement of	Program Service	Accomplis	hments		
		Check if Schedule	O contains a respor	se or note to a	any line in this Part III		🗹
1	Briefly	describe the orga	nızatıon's mıssıon				
						ALL PEOPLE ARE HEALTHY AND T	HRIVING, WITH EQUAL
ACCE	55 10	SAFE FOOD AND D	RINKING WATER, AN	ID PRODUCTS	THAT ARE TOXIC-FREE	AND CLIMATE-FRIENDLY	
	Did th	e organization und	ertake any significan	t program serv	vices during the year w	hich were not listed on	
		_					☐ Yes ☑ No
			new services on Sche				
3	Did th	e organization ceas	se conducting, or ma	ke significant i	changes in how it condi	ucts, any program	
	servic	es [?]					🗌 Yes 🗹 No
	If "Ye	s," describe these o	hanges on Schedule	0			
4	Section	on 501(c)(3) and 50	n's program service a D1(c)(4) organization if any, for each progi	is are required	to report the amount of	largest program services, as meas of grants and allocations to others,	sured by expenses the total
4a	(Code) (Expenses \$	709,994	including grants of \$	55,000) (Revenue \$	61,945)
Tu	•	ldıtıonal Data	/ (Expenses #	703,334	merading grants or \$	33,000 / (Nevende \$	01,545)
4b	(Code) (Expenses \$	170,077	including grants of \$) (Revenue \$	26,548)
	See Ad	ldıtıonal Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	nrogram services	(Describe in Schedul	<u> </u>			
Tu		nses \$	•	ding grants of	\$) (Revenue \$)
	· ·	program service		880,0	•	· · ·	·
			•	-,-			Form 990 (2019)

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🛸 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 🛸 . 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο

- permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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 Nο
- 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
- the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Yes
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes Nο
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b
 - If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a
- 14a Did the organization maintain an office, employees, or agents outside of the United States? . .
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

No

Nο

No

No

Nο

Nο

Nο

Nο

16

18

19

21

Yes

Form **990** (2019)

- business, investment, and program service activities outside the United States, or aggregate foreign investments
- 14b
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

- **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h

m 9	90 (2019)			Page
² art	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
i	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
i	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
ı	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
۱	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part \vee			Ш
			Yes	_ N

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

1c

12 0

OHII	990 (2019)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		No No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	, , , , , , , , , , , , , , , , , , , ,	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions **V** Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1h 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10h and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Yes Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes

10a Did the organization have local chapters, branches, or affiliates? . . .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Nο 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O) Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records

►EXECUTIVE DIRECTOR 565 CONGRESS STREET No 204 PORTLAND, ME 04101 (207) 699-5795

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from related from the compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual to or director Highest or entries organizations MISC) MISC) related in stituti onal below dotted organizations emplo line) compensated trustee Trustee 2 00 (1) RYAN BOULDIN Х Х 0 CHAIR 2 00 (2) PRISCILLA CAROTHERS 0 DIRECTOR 2 00 (3) CARLA DICKSTEIN Х Х 0 VICE CHAIR 2 00 (4) JULIE FRANKLIN 0 DIRECTOR 2 00 (5) MARK HYLAND Х Х 0 0 SECRETARY 2 00 (6) ANTHONY JACCARINO 0 DIRECTOR 2.00 (7) RICHARD L KILLMER 0 Χ DIRECTOR 2 00 (8) ALAIN NAHIMANA 0 DIRECTOR 2 00 (9) KRISTINE STRATTON 0 0 Х DIRECTOR 2 00 (10) KAREN TURNER Χ 0 TREASURER 50 00 (11) MIKE BELLIVEAU Х 109,575 0 25,058 PRESIDENT

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and title Reportable

Name and title	Average hours per week (list any hours for related	than o	ne bo	ox, u n of	inles ficer	and a	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b Sub-Total	 		>		
	 _				

1b Sub-Total		>					
c Total from continuation sheets to Pa	rt VII, Section	Α			▶		

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Section	A		▶			
d Total (add lines thead to)				[100 575	0	25.059

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII, Section	Α		▶[
d Total (add lines 1b and 1c)				▶	109,575	0	25,058
•							

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Section	Α		▶			
d Total (add lines 1b and 1c)				▶	109,5	75 0	25,058
			 			1100.000	

of reportable compensation from the organization > 1

Section B. Independent Contractors

compensation from the organization ▶ 0

3

1b	Sub-Total								>				
С	Total from continuation sheet	s to Pa	ırt VII,	Section	Α.				•				
d	Total (add lines 1b and 1c) .								•		109,575	0	25,058
<u> </u>	Total number of individuals (in	cludina	but no	nt limited	l to the	حم اید	tad	l ahov	(a) wh	o rece	eived more than	\$100 000	

Yes

5

(B)

Description of services

No

Nο

(C)

Compensation

Form 990 (2019)

	line 1a? If "Yes," complete Schedule J for such individual	3	No
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? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Part		Statement	of E	Pavanua						Page 9
rail	VIII				recno	onse or note to any	line in this Part VIII			П
		CHECK II SCHE	uie	O CONTAINS &	i respo	nise of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.			ı				revenue		512 - 514
इ इ		a Federated campa		· · [1a	3,286				
ran		b Membership due:		•	1 b					
غِ ق		c Fundraising even	ts .	• •	1c	7,356				
ifts ar /		d Related organiza	tions	5	1 d					
ributions, Gifts, Grants Other Similar Amounts		e Government grants	(con	tributions)	1e	70,066				
ons Sil		f All other contribution and similar amounts	ns, g	iifts, grants, included						
uti Je		above			1f	1,065,715				
를		g Noncash contribution lines 1a - 1f \$	ns in	cluded in	1 g					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines	1a-1	f		•				
<u> </u>						Business Code	1,146,423			T
	2-	CONTRACT REVENUE	S				45,026	45,026		
<u> 2</u>	20	CONTINUE REFERE	_			900099				
ne.	ь									
Program Service Revenue		<u> </u>								
<u>2</u>	c	:								
ž										
Ē	d									
ogra	e									
Ğ										
	f	All other program	serv	ice revenue						
		Total. Add lines 2				45,026	1	T	1	
	3	Investment income similar amounts) .	(Inc	luding divide	ends, ı •	nterest, and other	5,560			5,560
	4	Income from invest	men	nt of tax-exe	mpt bo	ond proceeds	•			
	5	Royalties					•			
				(ı) Rea	al	(II) Personal				
	62	Gross rents	6a							
		Less rental					\dashv			
		expenses	6b							
	С	Rental income or (loss)	6c							
		Net rental income	or	loss)			1			
				(ı) Securi	ities	(II) Other				
	7 <i>ā</i>	Gross amount					7			
		from sales of assets other	7a							
		than inventory					\dashv			
	b	Less cost or other basis and	7Ь							
		sales expenses					\dashv			
		Gain or (loss)	7с							
		d Net gain or (loss)				· · · >				
<u>ə</u>	88	Gross income from fu (not including \$	ındra	rsing events 7,356 of						
Other Revenue		contributions reported See Part IV, line 18								
٩					8a	7,278 7,278	_			
er		Less direct expen			8b	l	<u>'</u>			
ŧ	`	s receme or (105	.5) 11	om ranarais	ing ev	ents •	1			+
	9a	Gross income from See Part IV, line 19	gam	ing activities						
	_				9a		4			
		Less direct expen			9b		_			
	•	: Net income or (los	5) 11	oni ganning	activit		1			
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a		_			
		Less cost of good			10b					
	•	Net income or (los Miscellaneo			ınvent	ory ► Business Code				
	11	La _{OTHER} INCOME	us K	evenue		90009	9 43,467	43,467		
		J.HEN INCOME					1			
	ŀ						+			+
	•									
	١,						+			
	•	-								
		All other revenue		_			+			+
		Total. Add lines 1				•				
							43,467	7		
	14	2 Total revenue. S	ee Ir	เรน นติปีใช้ที่รั	• •		1,240,476	88,493		0 5,560
										Form 990 (2019)

10 Payroll taxes

e Professional fundraising services See Part IV, line 17 f Investment management fees

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

11 Fees for services (non-employees) a Management

12 Advertising and promotion . .

b Legal .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

c Accounting .

d Lobbying . . .

13 Office expenses . . **14** Information technology

20 Interest

expenses on Schedule O)

a EXTERNAL PROGRAM EXPENS

b PRINTING, POSTAGE, REFE

d SUPPLIES AND EQUIPMENT

c STAFF DEVELOPMENT

e All other expenses

5,619

226

808

281

4,726

1,607

476

1,306

9,781

10,486

798

864

936

126,736

Form 990 (2019)

2,152

4,530

339

67

15,694

629

194

312

103

1,692

111

473

1,390

402

97,784

3,796

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organizatio	ns must complete colu	ımn (A)
Check if Schedule O contains a response or note to ai	ny line in this Part IX			\square
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
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	55,000	55,000		
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	134,632	107,706	12,117	14,809
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	528,792	417,285	48,806	62,701
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	76,809	60,520	7,129	9,160

49,331

2,262

19,931

30,428

9,029

1,711

49,729

53,247

8,191

312

8,595

46,240

15,896

5,715

5,128

3,613

1,104,591

39,182

1,697

13,983

30,428

8,221

1,363

29,309

51,011

7,521

7,186

34,767

5,299

4,444

2,874

2,275

880,071

Form 990 (2019)

20

21

23

24

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

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

Page **11**

39.637

52,153

632,490

684,643

724.280

Form 990 (2019)

20 21

22

23

24

25

26

27

28

29

30

31

32

33

53.233

59,679

489.079

548,758

601.991

	Beginning of year		End of year
1 Cash-non-interest-bearing	547,038	1	674,4
2 Savings and temporary cash investments		2	
		_	25.44

Pledges and grants receivable, net . 39.054 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

25,423 14,258 entity or family member of any of these persons 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 Notes and loans receivable, net . . . 7

8 Inventories for sale or use . Prepaid expenses and deferred charges . 15,587 9

Assets 10a Land, buildings, and equipment cost or other 10a 18,134 basis Complete Part VI of Schedule D 10b 18,134 312 10c b Less accumulated depreciation

10,108 11 Investments—publicly traded securities . 11 12 Investments—other securities See Part IV, line 11 . 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets .

15 15 Other assets See Part IV, line 11 . . . 601,991 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 724,280 42,240 17 Accounts payable and accrued expenses 17 39,637 18 18 Grants payable . 19 10.993 19 Deferred revenue . .

Form	990 (2019)				Page 12
Pa	Reconcilliation 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			,240,476
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,104,591
3	Revenue less expenses Subtract line 2 from line 1	3			135,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			548,758
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			684,643
Pa	t 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

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 in Schedule O and describe any steps taken to undergo such audits

lo__

Form **990** (2019)

3b

Additional Data

Software ID:

Software Version:

EIN: 38-3791803

Name: Environmental Health Strategy Center

Form 990 (2019)

Form 990, Part III, Line 4a:

ENVIRONMENTAL HEALTH PROGRAM We worked diligently to force Maine agencies to address the growing crisis of contamination of our food and water with PFAS, toxic "forever chemicals," that do not break down in the environment or in our bodies. After making the tragic story of a Maine dairy farm ruined by PFAS contamination from the industrial and municipal sludges the state had permitted for application as a fertilizer national news, we fought for more testing and policy changes to identify other contaminated sites, support remediation, and avoid additional contamination. We won legislation to ban the use of PFAS as well as hormone disrupting phthalates from food packaging, proudly making Maine home to one of the strongest laws in the country for eliminating toxics from our food. Our national campaign to hold food manufacturers and retailers accountable delivered over 100,000 signatures to Kraft Heinz calling on them to follow the lead of other food giants in eliminating phthalates from their supply chain. The annual Retailer Report card, scoring the chemical safety policies of top merchants, was coauthored by us and continued to deliver results in encouraging more health-protective policies as average scores continue to increase. We also continued to monitor the US EPA's implementation of the 2016 chemical policy reforms, documenting agency failures and participating in public interest lawsuits to demand adherence to the law.

Form 990, Part III, Line 4b:

SUSTAINABLE ECONOMY PROGRAM In 2019, we continued to promote the manufacture of safer chemicals from renewable, sustainable, biobased material, to replace toxic chemicals derived from climate-destroying petroleum. We developed and documented the need for a renewable chemicals tax credit in Maine that would help increase our

state's competitiveness and help make us a leader in this new and growing sector. We continued to actively promote Maine's resources to leading biobased technology companies at conferences and in one on one meetings, as well as documenting the opportunities to put Maine's underutilized forest resources to work creating sustainable, low-carbon biobased chemicals and other products.

efil	e GR	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493125010260
SCI		ULE A		Public (Charity Statu			ort	OMB No 1545-0047
990I		U UI	Com	iplete if the o	rganization is a sect 4947(a)(1) nonexe			r a section	2019
Depart	ment of	f the Treasury	▶ (Go to <u>www.irs</u>	► Attach to Form .gov/Form990 for i	990 or Form 99	0-EZ.	ormation.	Open to Public Inspection
Nam	e of tl	he organiza						Employer identific	ation number
Envire	nmenta	al Health Strate	gy Center					38-3791803	
	rt I				us (All organization			See instructions.	
_	rganız —		•		it is (For lines 1 thro	•			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperati	ve hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓	section 17	O(b)(1)(A)(vi). (Complete	Part II)			init or from the genera	al public described in
8		A communi	ty trust descr	ibed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9		non-land gi	ant college o	f agrıculture S	ee instructions Enter	the name, city, a	and state of the	,	
10		from activit	ies related to income and i	ıts exempt fur unrelated busın	ctions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, a than 331/3% of its su sses acquired by the o	pport from gross
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	dexclusively for the be described in section 5 the type of supporting	i09(a)(1) or se	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e. 12f. and 12g	e purposes of one or)(3). Check the box
a		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting of nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga	
c		Type III f	unctionally i					nd functionally integra	ted with, its
d		Type III n functionally	on-function integrated	ally integrate	d. A supporting organ	Ization operated fy a distribution	in connection wi requirement and	th its supported orgar I an attentiveness requ	` '
e		Check this	box if the org	anızatıon recei	•	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations		,			
g	Provi	de the follow	ing information	on about the su	ipported organization(s)			
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota					structions for	Cat No 11285		 Schedule A (Form 9	<u> </u>

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

organization

instructions

supported organization

▶□

Schedule A (Form 990 or 990-EZ) 2019

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	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	1		
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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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	3b	
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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	sively for section 170(c)(2)(B) purposes? such use sorted organization")? If "Yes" and if you hake grants to the foreign supported and discretion despite being controlled or		
	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 12a or 12b ın Part I, answer (b) and (c) below	3b Izations was used exclusively for section 170(c)(2)(B) purposes? In put in place to ensure such use 3c and ed States ("foreign supported organization")? If "Yes" and if you 4a In deciding whether to make grants to the foreign supported exation had such control and discretion despite being controlled or ations		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
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	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7

8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4

5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2019

_				
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions) (i) Underdistributions Distributions Distributions				

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
_	From 2014		(

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 .			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

instructions)

8 Breakdown of line 7

d Excess from 2018. e Excess from 2019.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017.

\$

5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		

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

Additional Data

Software ID: Software Version:

EIN: 38-3791803

Name: Environmental Health Strategy Center

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)

Instructions)

Facts And Circumstances Test

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493125010260

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Environmental Health Strategy Center 38-3791803 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	ne instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2019

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

As Filed Data -

DLN: 93493125010260

OMB No 1545-0047

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.

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service	1990 for instructions and the latest infor	mation	١.	Ins	spection	
	me of the organization Ironmental Health Strategy Center		Ī -	oyer ident	tification	number	
Da	rt I Organizations Maintaining Donor Advis	cod Eunds or Other Similar Eunds o		791803			
- 6	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Ye	sed Funds of Other Similar Funds o s" on Form 990, Part IV, line 6.	F ACC	junts.			
	1	(a) Donor advised funds	((b) Funds a	and other a	accounts	
	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
ŀ	Aggregate value at end of year						
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		vised fu	inds are the	_	Yes 🗌 No	
,	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						
	<u>' </u>					Yes □ No	
e	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990. Part IV. line 7.					
	Purpose(s) of conservation easements held by the organ	·					
	Preservation of land for public use (e g , recreation	_	historia	ally import	ant land a	irea	
	☐ Protection of natural habitat	Preservation of a c		, ,			
	Preservation of open space		.cramea	matoric str	uccurc		
	, ,						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m or a			f the Year	
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic	c structure included in (a)	2c				
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d				
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the org	anızatıon dı	uring the		
Ļ	Number of states where property subject to conservatio	n easement is located 🕨					
;	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violat	ions,			
	and enforcement of the conservation easements it holds	5?			Yes	□ No	
•	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	onserva	tion easem	ents durin	g the year	
,	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violations, and enforcing conserv	vation e	asements o	during the	year	
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section 1	70(h)(4		Yes	□ No	
)	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the			ement, and	d	□ 140	
	the organization's accounting for conservation easemen	ts					
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.					
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the						
,	following amounts relating to these items i) Revenue included on Form 990, Part VIII, line 1			▶ \$			
(1	i)Assets included in Form 990, Part X						
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial ga		tne		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$			
b	Assets included in Form 990, Part X			> \$			

Cat No 52283D

Schedule D (Form 990) 2019

		e organization's acq	uisition accession	and other		-11	_							
_	items (ch	neck all that apply)	alsidon, accession	i, and other	records, o	cneck a	any of	the fol	llowing	that are a	significant i	use or its coi	lection	
а	☐ Pul	blic exhibition				d		Loan	or exch	ange pro	grams			
b	☐ Scl	holarly research				е		Other	r					
c	☐ Pre	eservation for future	e generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ne year, did the orga be sold to raise fur									nılar	☐ Yes	□ N	0
Part	C	scrow and Cust omplete if the org , line 21.			' on Forn	n 990	, Part	IV, lıı	ne 9, o	r reporte	ed an amou			_
	Is the org	ganization an agent on Form 990, Part)		an or other I	ntermedia	ary for	contri	bution	s or oth	er assets	not	Yes	□ N	o
b	If "Yes "	explain the arrange	ement in Part XIII	and comple	te the foll	owina	table				Δ	mount		_
c		g balance	ment mrait XIII	and comple	ite the foll	owing	table			1c		ounc		_
		during the year								1d				_
e		ions during the year	r							1e				_
f	Ending ba									1f				_
2a	_	rganization include	an amount on Fo	rm 990, Par	t X, lıne 2	1, for	escrow	or cu	stodial a	account li	abılıty?	☐ Yes	□ N	— О
b	If "Yes,"	explain the arrange	ment in Part XIII	Check here	if the exp	planati	on has	been	provide	d ın Part	XIII			
Par		ndowment Fund												
	C	omplete If the org	ganization answ	vered "Yes' (a) Curren			, Part rıor yea			ears back	(d) Three ye	arc back (a)	Four yea	rc hack
1a B	Beainnina	of year balance .		(a) curren	it year	(0)	nor yea	<u>' </u>	(c) IWO	rears back	(u) Tillee ye	dis back (e)	rour yea	13 Dack
	Contribution	•												
		ment earnings, gair	ns, and losses											
		scholarships	·											
e (enditures for facilitie												
f A	Administra	ative expenses .												
g E	nd of yea	r balance												
2	Provide t	he estimated percei	ntage of the curre	ent vear end	balance (line 1	ı. colu	mn (a))) held a	is	1	I		
а		signated or quasi-e	•	,			,	(,	,,					
b	Permane	nt endowment ►												
c	Tempora	rily restricted endov	wment ▶											
·		, entages on lines 2a,		ld equal 100)%									
3a	Are there	e endowment funds tion by	not in the posses	sion of the o	organizatio	on that	are h	eld and	d admın	istered fo	r the		Yes	No
	(i) unrela	ated organizations										3a(i)		
		ed organizations .										3a(ii)		
		on 3a(II), are the rel	-					?.				3b		
4		ın Part XIII the ınte			n's endow	ment f	unds							
Part		and, Buildings,			lon Form	a 000	Dowt	T\/ 1	no 11-	Caa	rm 000 D-	ort V long 4	Λ	
İ		omplete If the order on of property	(a) Cost or oth (investme	er basis	(b) Cost o						depreciation		ook valu	e
1a	and .													
	Buildings	Improvements												
	easenoid Guinment	ımprovements -						18.134			18.134			0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities.		11h C F 000 F	Part V. June 12
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, lı	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Par	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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 or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h		text of the footnote has be	_

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

Net unrealized gains (losses) on investments 2a 2b 8.493 b

2a

2b

2c

2d

4a

4b

Explanation

Page 4

1,256,247

15,771

1,240,476

1,240,476

1,120,362

15,771

1,104,591

1.104.591

Schedule D (Form 990) 2019

4c

5

2e

3

4c

5

8,493

7,278

2c c d 2d 7.278

2e e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Add lines **4a** and **4b**

b c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Schedule D (Form 990) 2019

Part XI

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

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

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 38-3791803

Name: Environmental Health Strategy Center

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE ORGANIZATION IS CLASSIFIED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL AND STATE INCOME TA XES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE MANAGEMENT HAS EVA LUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT, AS OF DECEMBER 31, 2019 AND 20 18, IT HAS NOT TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD E ITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION IS SUBJECT TO USE THE ORGANIZATION OF THE PROPERTY OF THE ORGANIZATION.

ipplemental Information					
Return Reference	Explanation				
Part XI, Line 2d - Other Adjustments	SPECIAL EVENTS EXPENSE				

S

upplemental Information					
Return Reference	Explanation				
Part XII, Line 2d - Other Adjustments	SPECIAL EVENTS EXPENSE				

efile GRAPHIC print - DO NOT PROCESS As Filed Date		As Filed Data -					DL	N: 93493125010260	
Note: To capture the full co	ontent of this do	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.							OMB No 1545-0047 2019 Open to Public Inspection	
Department of the Treasury Internal Revenue Service									
Name of the organization Environmental Health Strategy Ce	nter						nployer identific 3-3791803	cation number	
Part I General Informa	tion on Grants	and Assistance							
 Does the organization mainting the selection criteria used to Describe in Part IV the organization. 	o award the grants nization's procedur	or assistance? es for monitoring the use	e of grant funds in the Ur	ited States			20 Part IV line	☐ Yes ☑ No	
		can be duplicated if add		itts. Complete il tile oi	rgamzation answered Tes	OII FOITH 9:	50, Part IV, IIIIe	21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of n assistance	(h) Purpose of grant or assistance	
(1) WEST HARLEM ENVIRONMENTAL ACTION INC (WE ACT FOR ENVIRONMENTAL JUSTICE) 1854 AMSTERDAM AVE NEW YORK, NY 10031	13-3800068	501(C)(3)	55,000					Education and advocacy around chemicals in food	
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. •	1	
3 Enter total number of other	organizations listed	d in the line 1 table					▶ ̄		
For Paperwork Reduction Act Notice	see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	nedule I (Form 990) 2019	

Page **2**

Schedule I (Form 990) 2019

(3)

(4) (5) (6)

Schedule I (Form 990) 2019

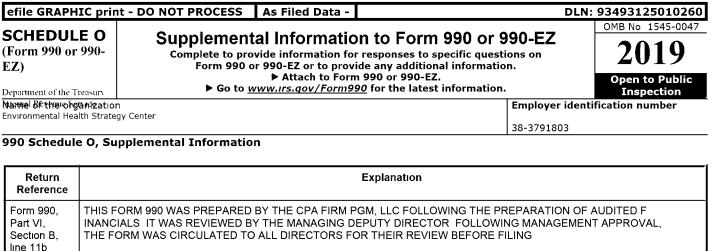
(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV Explanation

Return Reference AS PART OF ALL GRANTS IT ISSUES, THE STRATEGY CENTER INCLUDES REQUIREMENTS TO COMPLY WITH RELEVANT LEGAL AND TAX PROVISIONS AND TO REPORT TO THE STRATEGY CENTER THE OUTCOMES OF THE WORK AS WELL AS A FINANCIAL REPORT STAFF ASSIGNED TO THE PROJECT TIED TO THE GRANT ARE REQUIRED Part I, Line 2

TO REVIEW THE PROGRAMMATIC WORK AND THE DEPUTY DIRECTOR REVIEWS THE FINANCIAL STATEMENTS FOR COMPLIANCE WITH THE GRANT TERMS



Return Explanation
Reference

Form 990,	FOLLOWING ANNUAL DISCLOSURE OF ANY CONFLICTS, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE E
Part VI,	XPECTED TO MAKE ON-GOING DISCLOSURES OF ANY RELEVANT CONFLICTS THAT ARE GERMANE TO ISSUES
Section B,	UNDER CONSIDERATION BY THE BOARD THE ORGANIZATION WAS NOT AWARE OF ANY FAILURES TO COMPLY
line 12c	WITH THIS POLICY IN THE CURRENT YEAR

Return Reference	Explanation
Form 990,	THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT/CHIEF EXECU
Part VI,	TIVE OFFICER ACCORDING TO THE EXECUTIVE COMPENSATION POLICY ADOPTED BY THE DIRECTORS THE
Section B,	PRESIDENT/CHIEF EXECUTIVE OFFICER REVIEWS AND APPROVES THE COMPENSATION FOR ALL OTHER EMPL
line 15	OYEES ACCORDING TO A SALARY POLICY ADOPTED BY THE DIRECTORS BOTH OF THESE POLICIES USE AV
	AILABLE MARKET COMPARABILITY DATA AND ARE REVIEWED AND UPDATED PERIODICALLY ALL COMPENSAT
	ION JUSTIFICATION AND DECISIONS ARE DOCUMENTED IN WRITING EITHER IN MINUTES FROM DIRECTORS
	MEETINGS (FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER) OR PERSONNEL RECORDS (FOR OTHER EMPL
	OYEES)

Return Explanation

Form 990, Part VI, Section C, line 19

Return Reference
Form 990, MIKE BELLIVEAU - 565 Congrees Street, Portland, ME 04101

Part VII
Contact
Addresses
for Officers,
Directors. Etc