** Public Inspection Copy **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2020 calendar year, or tax year beginning	and	ending			
	Check if applicab	C Name of organization			D Employer i	dentific	cation number
	Addre						
	Name	e Doing business as			41-171	L8834	
	Initial returr	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite			
	Final returr termii)-		250	612-334		
	ated Amer	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts		4,417,800.
	return	MINNEAPOLIS, MN 55401	UNDIEV		H(a) Is this a g	•	
	tion pendi	F Name and address of principal officer: ******	TARLEI		for subord		
$\overline{}$	Tav.av) ◀ (insert no.) 4947(a)(1)	or 527	H(b) Are all subor		list. See instructions
		te: WWW.ENVIRONMENTAL-INITIATIVE.ORG	(IIISEIT IIO.) 4347 (a)(1)	01 321	H(c) Group ex		
_			ssociation Other	L Year	of formation: 199		A State of legal domicile; MN
		Summary		1 =			g
	1	Briefly describe the organization's mission or mos	t significant activities: CATALY	ZE COLLA	BORATION ACRO	oss	
Governance		PERSPECTIVES, POWER, AND SYSTEMS FOR					
rna	2	Check this box if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its	net ass	sets.
ove ove	3	Number of voting members of the governing body					21
		Number of independent voting members of the go					21
es	5	Total number of individuals employed in calendar					27
Activities &	6	Total number of volunteers (estimate if necessary)					21
Aci	7 a	Total unrelated business revenue from Part VIII, co					0.
_	 В	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····	Prior Year	. / D	Current Year
	8	Contributions and grants (Part VIII, line 1h)			4,066	679.	4,400,793.
Revenue	9	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				980.	10,800.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4				,685.	6,207.
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				0.	0.
	12	Total revenue - add lines 8 through 11 (must equa			4,143	,344.	4,417,800.
	13	Grants and similar amounts paid (Part IX, column				0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,703	,662.	2,031,341.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.	0.
X	b	Total fundraising expenses (Part IX, column (D), lir					
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11c			2,229		2,959,792.
		Total expenses. Add lines 13-17 (must equal Part			3,933		4,991,133.
	19 a	Revenue less expenses. Subtract line 18 from line	12			,027.	-573,333.
Net Assets or	20	Total assets (Part X, line 16)		BE	ginning of Current 2,996		End of Year 2,102,183.
4sse	20 21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)			1,060		739,329.
Net.	22	Net assets or fund balances. Subtract line 21 from	n line 20		1,936		1,362,854.
	art II	Signature Block	1 1110 20		,	<u>, </u>	, ,
Und	der pen	alties of perjury, I declare that I have examined this return	, including accompanying schedule	s and statem	ents, and to the be	st of my	knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledg	e.	
Sig	ın	Signature of officer			Date		
He	re	GAIL CEDERBERG, BOARD TREASURER					
		Type or print name and title		Ti	Data	21 1	DTIN
		Print/Type preparer's name	Preparer's signature DANIEL PERSAUD		i	Check if	PTIN
Pai		DANIEL PERSAUD	0		self-employ	•	
	parer	Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 S 6TH STREET, SUITE	300		Firm's I	EIN 🕨	41-0746749
USE	Only	MINNEAPOLIS, MN 55402	300		Dhono	no 612	-376-4500
N/a	v tha !	RS discuss this return with the preparer shown abo	ove? See instructions		Pilone	110.012	X Yes No
		3-20 LHA For Paperwork Reduction Act Noti		ons.			Form 990 (2020)

053-1211

032002 12-23-20

4,092,232.

Other program services (Describe on Schedule O.)

474,366. including grants of \$

Form 990 (2020)

) (Revenue \$

41-1718834

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
'		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		_ ^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democre government on Fartix, column (x), into FF II Fes. Complete Scriedule I, Parts Fariu II	<u> </u>		

032003 12-23-20

41-1718834

Form 990 (2020) ENVIRONMENTAL INITIATIVE Part IV Checklist of Required Schedules (continued)

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N _C
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
	Enter the number reported in Box 3 of Form 1090. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

_	990 (2020) ENVIRONMENTAL INITIATIVE 41-17188	34	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a2.	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	_

Form **990** (2020)

15

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х 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 status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BILL LEMIEUX - 612-334-3388

Form **990** (2020)

053 - 1211

211 FIRST STREET NORTH, SUITE 250, MINNEAPOLIS, MN 55401

Form 990 (2020) ENVIRONMENTAL INITIATIVE 41-1718834 Page **7**

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

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

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

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

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

• 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.

(A) Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE HARLEY	40.00	-								
EXECUTIVE DIRECTOR				Х				154,510.	0.	1,500.
(2) AMY FREDREGILL	40.00	-								
MANAGING DIRECTOR, SUSTAINABLE GROWT						Х		140,970.	0.	1,500.
(3) ELLEN GIBSON	40.00	1								
CHIEF IMPACT OFFICER						Х		123,024.	0.	1,500.
(4) SACHA SEYMOUR-ANDERSON	40.00	1								
ADVANCEMENT OFFICER						Х		101,428.	0.	1,500.
(5) RYAN WHISNANT	40.00	1								
MANAGING DIRECTOR, MIDWEST ROW CROP						Х		116,717.	0.	1,500.
(6) STEVE QUIST	40.00	-								
FORMER CFO (LEFT MARCH 2020)				Х				27,821.	0.	733.
(7) JOEY VOSSEN	1.00	-								
BOARD CHAIR		Х		Х				0.	0.	0.
(8) MICHELLE STOCKNESS	1.00	-								
VICE CHAIR		Х		Х				0.	0.	0.
(9) CHRIS NELSON	1.00	-								
SECRETARY		Х		Х				0.	0.	0.
(10) GAIL CEDERBERG	1.00	-								
TREASURER		Х		Х				0.	0.	0.
(11) ALLISON AHCAN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) LEVI BROWN	1.00	-								
DIRECTOR		Х						0.	0.	0.
(13) ALISON BRYANT	1.00	-								
DIRECTOR		Х						0.	0.	0.
(14) ELIZA CLARK	1.00	1								
DIRECTOR		Х						0.	0.	0.
(15) DARRELL GERBER	1.00	-								
DIRECTOR		Х						0.	0.	0.
(16) KRISTIN HEUTMAKER	1.00	-								
DIRECTOR		-	_	Х	_	_		0.	0.	0.
(17) DON HICKMAN	1.00	1_								
DIRECTOR		Х		<u> </u>				0.	0.	0. Earm 990 (2020)

032007 12-23-20 Form **990** (2020)

41-1718834 Page **8**

Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	es (continued)				
(A)	(A) (B) (C) (D) (E)								(F)				
Name and title	Average	(do		Pos		າ than	one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	1	ar	nount	of
	week	-	Cer ar	ia a a	recto	or/trus	iee)	from	from related			other	
	(list any hours for	director						the organization	organizations (W-2/1099-MIS		l	pensa om th	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/*1099*14113*	0)	l	anizat	
	organizations	truste	al tru		yee	n be		(** = *** **** **** ****			ı ~	d relat	
	below	Individual trustee or	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	ibu	Insti	Officer	Key	High	Former						
(18) JAN JOANNIDES	1.00	1											
DIRECTOR		Х				_		0.		0.			0.
(19) ANITA URVINA DAVIS	1.00	4								_			
DIRECTOR		Х				├		0.		0.			0.
(20) NICK MARTIN	1.00	l								_			
DIRECTOR	1 00	Х				_		0.		0.			0.
(21) RAJ RAJAN	1.00	ł								•			•
DIRECTOR	1 00	Х				-		0.		0.			0.
(22) ERIC SANNERUD	1.00	ł								•			•
DIRECTOR	1 00	Х				-		0.		0.			0.
(23) AMY SENTER	1.00	١,,								^			0
DIRECTOR (24) HALSTON SLEETS	1 00	Х				-		0.		0.			0.
DIRECTOR	1.00	-						0.		۸			0
(25) JOE SMENTEK	1.00	Х				┢		0.		0.			0.
DIRECTOR	1.00	х						0.		0.			0.
(26) MELINDA STADE	1.00	^				\vdash		0.		٠.			
DIRECTOR	1.00	x						0.		0.			0.
4h Ouhtatal						<u> </u>		664,470.		0.		8	233.
c Total from continuation sheets to Part VII								0.		0.		- ,	0.
d Total (add lines 1b and 1c)								664,470.		0.	+		
Total number of individuals (including but not not not not not not not not not no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable				
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,000 0, 10,00,100,00				1
- Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	cey e	empl	loye	e, or	hiq	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si											3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compe	ensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.				
(A) (B)									(0				
Name and business address NONE Description of services								<u> </u>	ompe	nsatio	n		
-							\dashv						

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

	RAND NKAVALLI OR	Average hours per week (list any hours for related organizations below line) 1.00	X Individual trustee or director		(C Pos			ly)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
(27) SCOTT STIDIRECTOR (28) SAGAR SUIDIRECTOR (29) KATIE SWODIRECTOR (30) SHIELA UG	(A) Name and title RAND NKAVALLI OR	(B) Average hours per week (list any hours for related organizations below line) 1.00	X Individual trustee or director	neck	Posi all t	c) ition that	арр	ly)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
DIRECTOR (28) SAGAR SUI DIRECTOR (29) KATIE SWO DIRECTOR (30) SHIELA UG	RAND NKAVALLI OR	per week (list any hours for related organizations below line) 1.00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
DIRECTOR (28) SAGAR SUI DIRECTOR (29) KATIE SWO DIRECTOR (30) SHIELA UG	NKAVALLI OR	1.00					Ĩ	Former			organizations
(28) SAGAR SUI DIRECTOR (29) KATIE SWO DIRECTOR (30) SHIELA UO	OR								0.	0.	0.
(29) KATIE SWO DIRECTOR (30) SHIELA U		1.00	Х						0.	0.	0.
(30) SHIELA U	GARGOL KEEFE										
DIRECTOR		1.00	Х						0.	0.	0
			Х						0.	0.	0.
			1			1					

Form 990 (2020) ENVIRONMENT

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			258,712.				
ij g			250,722.				
fts, Ar							
ig ig			2 833 080				
ns, Sim		e Government grants (contributions) 1e	2,833,989.				
utio er (f All other contributions, gifts, grants, and	1 200 002				
현된		similar amounts not included above 1f	1,308,092.				
ont od (g Noncash contributions included in lines 1a-1f 1g \$		4 400 700			
<u>0 g</u>		h Total. Add lines 1a-1f		4,400,793.			
			Business Code				
e S	2	a CONFERENCES & PROJECTS	900099	10,800.	10,800.		
e Ķ		b					
S		c					
am		d					
Program Service Revenue		e					
Ā		f All other program service revenue					
		g Total. Add lines 2a-2f	>	10,800.			
	3	Investment income (including dividends, intere					
		other similar amounts)		6,207.			6,207.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	(-)				
		•					
		c Rental income or (loss) 6c					
		d Net rental income or (loss) a Gross amount from sales of (i) Securities	(ii) Other				
	′	4	(ii) Other				
		assets other than inventory 7a					
-		b Less: cost or other basis					
Jue		and sales expenses					
Ş.		c Gain or (loss)7c					
æ		d Net gain or (loss)					
her Revenue	8	a Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno	11	а					
nec	• •	-					
Miscellaneous Revenue							
Sce		d All other revenue					
Σ		e Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		4,417,800.	10,800.	0.	6,207.
	14	TOTAL TOVERIUG. OCC HISH UCHOHS		_,, , , , , , , , , , , , , , , , ,		ı	۰,20,۰

032009 12-23-20

41-1718834

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	e or note to any line in the (A)	his Part IX(B)	(C)	[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	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	183,831.	18,721.	83,985.	81,125
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	1,462,147.	1,032,410.	345,277.	84,460
8	Pension plan accruals and contributions (include	, ,	, ,	,	,
-	section 401(k) and 403(b) employer contributions)	34,654.	22,449.	10,679.	1,526
9	Other employee benefits	207,308.	131,371.	62,549.	13,388
10	Payroll taxes	143,401.	89,755.	44,499.	9,147
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,107.	5,794.	1,089.	224
С	Accounting	24,281.	19,795.	3,721.	765
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
_	column (A) amount, list line 11g expenses on Sch 0.)	377,831.	308,032.	57,898.	11,901
12	Advertising and promotion				
13	Office expenses	2,584.	1,727.	711.	146
14	Information technology	40,576.	27,346.	10,974.	2,256
15	Royalties				
16	Occupancy	113,304.	70,917.	35,160.	7,227
17	Travel	15,078.	12,041.	2,677.	360
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,769.	13,595.	4,292.	882
23	Insurance	21,368.	13,374.	6,631.	1,363
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT COSTS	2,286,056.	2,286,056.		
b	EVENT COSTS	17,685.	17,685.		
С	COMMUNICATIONS	3,328.	3,162.	138.	28
d	FEES AND DUES	2,856.	2,214.	238.	404
е	All other expenses	28,969.	15,788.	3,522.	9,659
25	Total functional expenses. Add lines 1 through 24e	4,991,133.	4,092,232.	674,040.	224,861
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)				

Form 990 (2020) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			95,800.	1	62,178
	2	Savings and temporary cash investments			1,678,322.	2	1,556,571
	3	Pledges and grants receivable, net			1,165,922.	3	429,347
	4	Accounts receivable, net			7,678.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Description of the second seco			23,038.	9	19,348
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	120,292.			
	b	Less: accumulated depreciation	. 10b	85,553.	25,514.	10c	34,73
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			2,996,274.	16	2,102,18
	17	Accounts payable and accrued expenses			436,132.	17	94,70
	18	Grants payable				18	
	19	Deferred revenue	623,955.	19	644,62		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet		21			
ູ	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
ᅙ		controlled entity or family member of any of th				22	
ਵੱ	23	Secured mortgages and notes payable to unre	elated thi			23	
	24	Unsecured notes and loans payable to unrelate	ted third i			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D		·		25	
	26	Takal Balanda a Aslal Basa 47 Nasarah OF			1,060,087.	26	739,329
		Organizations that follow FASB ASC 958, c	heck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			587,474.	27	631,600
Ba	28	Net assets with donor restrictions			1,348,713.	28	731,254
힏		Organizations that do not follow FASB ASC					
ᆲ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,936,187.	32	1,362,854
_	33	Total liabilities and net assets/fund balances			2,996,274.	33	2,102,183

Form	1990 (2020) ENVIRONMENTAL INITIATIVE	41-171883	4	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,417,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,991,	133.
3	Revenue less expenses. Subtract line 2 from line 1	3		-573,	333.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,936,	187.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1	,362,	854.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
			\Box	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	•			
	Act and OMB Circular A-133?		3a	Х	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 ((2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** ENVIRONMENTAL INITIATIVE 41-1718834 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

053-1211

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,451,561.	2,429,437.	1,864,234.	4,066,679.	4,400,793.	14,212,704.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,451,561.	2,429,437.	1,864,234.	4,066,679.	4,400,793.	14,212,704.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,666,411.
	Public support. Subtract line 5 from line 4.						12,546,293.
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,451,561.	2,429,437.	1,864,234.	4,066,679.	4,400,793.	14,212,704.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,337.	3,754.	15,299.	21,685.	6,207.	49,282.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,261,986.
12	Gross receipts from related activities,	•	,			12	204,120.
13	•	-		•			
0	organization, check this box and stop						>
	ction C. Computation of Publi					ГТ	07.07
	Public support percentage for 2020 (li					14	87.97 <u>%</u> 84.28 %
15	Public support percentage from 2019					15	
10a	33 1/3% support test - 2020. If the content have The experience supplies	-					, TT
L	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		-			or more, shook thi	
U	and stop here. The organization qual						
179	10% -facts-and-circumstances test		• • •			and line 14 is 10% o	
114	and if the organization meets the facts	_					
	meets the facts-and-circumstances te					_	. —
h	10% -facts-and-circumstances test	-	· ·		-		
,	more, and if the organization meets the	_					3/3 OI
	organization meets the facts-and-circu				-	-4:	
18	Private foundation. If the organization		-				
	ato roundationi ii ale organizatio	ala not oncor a l	30A 011 IIII0 10, 10a	., 100, 11a, 01 17D	, chook this box at	ia occ manachono	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2020

Т.,

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4.5		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401		
10b	N E71	

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

Schedule A (Form 990 or 990-EZ) 2020

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	1 age o
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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.)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

ENVIRONMENTAL INITIATIVE 41-1718834 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

ENVIRONMENTAL INITIATIVE 41-1718834

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,272,704.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,098,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$385,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 308,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$95,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ENVIRONMENTAL INITIATIVE 41-1718834

Partii	Noticasti Property (see instructions). Use duplicate copies of Part	ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	rganization		Employer identification number
ENVIRONM	ENTAL INITIATIVE		41-1718834
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t I
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Nam	e of the organization ENVIRONMENTAL INITIATIVE		Employer identification number
Pai		d Funds or Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, line		20 Of Acodumor Complete if the
	organization anowored 100 orri orni 000, i art iv, iiii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · ·	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		vised funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax 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 stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic stru	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing co	onservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	'	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ements that describes the
Dai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or	Other Similar Assets
ı u	Complete if the organization answered "Yes" on Form		Other Ohimar Addets.
	If the organization elected, as permitted under FASB ASC 956		t and balance about works
ıa	, ,	'	
	of art, historical treasures, or other similar assets held for pub		·
h	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95i		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	CAMBILION, Education, of Tesearch III It	and common public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			k A
2	If the organization received or held works of art, historical trea	asures or other similar assets for finan	
_	the following amounts required to be reported under FASB A		olal gaill, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
_	,,,		• · · · <u> </u>

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

Schedule D (Form 990) 2020

053-1211

b Assets included in Form 990, Part X

Pai	rt III Organizations Maintaining C	ollections of Art	, Historic	cal Tre	asures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the fo	ollowing that	make sigr	nificant us	e of its		_	
	collection items (check all that apply):										
а	Public exhibition	d	Loa	n or excl	nange progra	m					
b	Scholarly research	е	Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they f	urther th	e organizatio	n's exemp	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, histori	ical treas	ures, or othe	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		te if the org	ganizatior	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table	e:							
									Amount		
С	Beginning balance						1c				
d	o ,						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fo	·	•			•	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation ha	as been p	provided on F	Part XIII					
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) Prior	year	(c) Two years	s back (c	d) Three ye	ars back	(e) Four	years t	<u>ack</u>
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		/l: 1		lhald as:						
2	Provide the estimated percentage of the curr	•	%	numm (a)	neid as.						
a	Board designated or quasi-endowment Permanent endowment		_ ⁷⁰								
b		⁷⁰ %									
·	The percentages on lines 2a, 2b, and 2c sho	•									
32	Are there endowment funds not in the posse	•	tion that are	held an	d administer	ad for the	organizat	ion			
ou	hv.	solon or the organizat	tion that are	o noia an	a aarriiriistore	30 101 1110	organizat	1011	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		-110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, lin	e 11a. Se	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulated	1	(d) Book	value	
		basis (investm		basis (` '	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements				21,050.		15,0	67.		5,9	983.
d	Equipment				76,642.		66,7	20.		9,9	922.
е	Other				22,600.		3,7	66.		18,8	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part X	K. column (E	3). <i>line</i> 10	Oc.)					34,7	739.
			-		· <u> </u>			chedule	D (Form	990	2020

Part VII Investments - Other Securities.	5 000 B 1 N/ II	441.0.5.000.5.17.17.40	
Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
A) Et al. 1 al. 1	(b) Book value	(b) Welliod of Valuation. Cost of ond	or your market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of (a) Description of investment		(c) Method of valuation: Cost or end	of voor morket value
	(b) Book value	(C) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" c (a) [n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			nat reports the
organization's liability for uncertain tax positions under l		-	

Schedule D (Form 990) 2020

	dale B (1 01111 000) 2020	NVIRONMENTAL INITIATIVE		41-1718	834 Page •
Par	t XI Reconciliation of I	Revenue per Audited Financial St	atements With Revenue	e per Return.	
	Complete if the organiza	tion answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other	support per audited financial statements		1	4,417,800
2		not on Form 990, Part VIII, line 12:	1 1		
а		investments			
b	Donated services and use of fa	cilities	2b		
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.)		2d		
е					0
3	Subtract line 2e from line 1			3	4,417,800
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1:	1 1		
а	· ·		4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and	4c. (This must equal Form 990, Part I, line 12	2.)	5	4,417,800
Par		xpenses per Audited Financial S		es per Return.	
		tion answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per	audited financial statements		1	4,991,133
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of fa	cilities	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII.)		2d		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	4,991,133
4		, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not include	led on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	0
		d 4c. (This must equal Form 990, Part I, line	18.)	5	4,991,133
Par	t XIII Supplemental Info	rmation.			
		Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b. Also complete this part to provide		art V, line 4; Part X, line	e 2; Part XI,
			•		
PART	X, LINE 2:				
THE	INTERNAL REVENUE SERVIC	E HAS DETERMINED THAT EI IS EXEME	PT FROM FEDERAL		
INCO	ME TAX UNDER SECTION 50	(C)(3) OF THE INTERNAL REVENUE (CODE. EI IS		
ALSO	EXEMPT FROM STATE INCO	IE TAXES. HOWEVER, ANY UNRELATED	INCOME MAY BE		
SUBJ	ECT TO TAXATION.				
THE	ORGANIZATION FOLLOWS TH	ACCOUNTING STANDARDS FOR CONTIN	NGENCIES IN		
EVAL	JIATING JINCERTAIN TAX PO	SITIONS. THIS GUIDANCE PRESCRIBES	S RECOGNITION		
THRE	SHOLD PRINCIPLES FOR TH	E FINANCIAL STATEMENT RECOGNITION	N OF TAX		
POSI	TIONS TAKEN ON A TAX RE	URN THAT ARE NOT CERTAIN TO BE F	REALIZED. NO		
T. T A D	TITTY HAS BEEN RECOGNIZE	D BY THE ORGANIZATION FOR UNCERT	ΡΑΤΝ ΤΆΧ		

Schedule D (Form 990) 2020

POSITIONS AS OF DECEMBER 31, 2020 AND 2019.

Schedule E	O (Form 990) 2020	ENVIRONMENTAL INITIATIVE	41-1718834	Page 5
Part XIII	O (Form 990) 2020 Supplemental Infor	mation (continued)		<u> </u>
	топристення по	(continued)		
-				
-				
			<u> </u>	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

OMB No. 1545-0047

	ENVIRONMENTAL INITIATIVE	41-1718834		
Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for perso	nal use		
	Travel for companions Payments for business use of personal re-			
	Tax indemnification and gross-up payments Health or social club dues or initiation fee			
	Discretionary spending account Personal services (such as maid, chauffed	ır, chef)		
		,		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation c	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	l		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	1 4.		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie 📗		
		8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable	le (E) Total of columns (F) Compensation	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MIKE HARLEY	(i)	154,510.	0.	0.	1,500.	0.	156,010.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

ENVIRONMENTAL INITIATIVE

Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

ENVIRONMENTAL INITIATIVE	41-1/10034
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HEALTH.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
POLICY AND SYSTEMS CHANGE: ENVIRONMENTAL INITIATIVE IS A LEADER IN	
IDENTIFYING NEED FOR AND CONVENING TO ACTIVATE POLICY AND SYSTEMS	
CHANGE. THREE YEARS AGO, AFTER RECOGNIZING THE NEED TO CONFRONT THE	
ORGANIZATION'S MAINSTREAM, DOMINANT WHITE CULTURE AND APPROACH TO	
ENVIRONMENTAL WORK, THE STAFF, BOARD, AND SPONSORS LAUNCHED A JOURNEY	_
OF INTENTIONAL DISMANTLEMENT OF EXISTING FRAMES. THROUGH THE POLICY	
FORUM SERIES, THE SOURCE WATER COLLABORATIVE, AND EMERGING PARTNERSHIPS	
WITHIN COMMUNITIES MOST IMPACTED BY SYSTEMIC DISENFRANCHISEMENT,	
ENVIRONMENTAL INITIATIVE IS WORKING WITHIN ITSELF AND ACROSS DIFFERENCE	
TO FACILITATE OPENNESS TO ADDRESS ENVIRONMENTAL, ECONOMIC, AND PUBLIC	
HEALTH ISSUES BETWEEN DIVERSE STAKEHOLDERS AND WORK TOWARD SOCIAL	
EQUITY AND ENVIRONMENTAL HEALTH FOR ALL.	
EXPENSES \$ 251,810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
AGRICULTURE: THE AGRICULTURE PROGRAM AREA IS ANCHORED BY THE HEADWATERS	
AGRICULTURAL SUSTAINABILITY PARTNERSHIP, A UNIQUE COLLABORATION OF	
PARTNERS IN CENTRAL MINNESOTA ACCELERATING THE DEVELOPMENT AND	_
IMPLEMENTATION OF FARMER-LED SOLUTIONS THAT BENEFIT THE ENVIRONMENT,	_
ECONOMIC VIABILITY OF FARMERS, AND VITALITY OF RURAL COMMUNITIES.	
CONVENED BY ENVIRONMENTAL INITIATIVE, THE PARTNERSHIP OFFERS	
INNOVATIONS TO ACCELERATE CONTINUOUS IMPROVEMENTS IN OUR ENVIRONMENT,	
PARTICULARLY FOR WATER QUALITY, SOIL HEALTH, HABITAT, AND CLIMATE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020

13490610 131839 053-121009-00

Name of the organization ENVIRONMENTAL INITIATIVE	Employer identification number 41-1718834
PROTECTION.	
EXPENSES \$ 222,556. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 1:	
THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO MAKE DECISIONS AND VOTE ON	
MOTIONS ON BEHALF OF THE ENTIRE BOARD. THE EXECUTIVE COMMITTEE IS MADE UP	
OF THE BOARD'S CHAIR, VICE CHAIR, TREASURER, SECRETARY AND UP TO THREE AT	
LARGE MEMBERS; ALL EXECUTIVE COMMITTEE MEMBERS ARE VOTED INTO THEIR SEATS	
BY THE BOARD EACH FEBRUARY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE WILL FIRST REVIEW THE AUDIT FINDINGS AND 990 IN	
DETAIL, AND UPON THEIR AGREEMENT WILL RECOMMEND APPROVAL TO THE FULL BOARD	
OF DIRECTORS AT THE NEXT MEETING. THE REPORTS WILL THEN BE MADE AVAILABLE	
TO ALL BOARD MEMBERS FOR INDEPENDENT REVIEW PRIOR TO THE NEXT FULL BOARD	
MEETING, AT WHICH TIME HIGHLIGHTS AND KEY ELEMENTS OF THE AUDIT WILL BE	
SHARED. THE AUDIT WILL THEN BE THE TOPIC OF OPEN DISCUSSION FOR ALL BOARD	
MEMBERS, UNTIL A MOTION IS MADE AND SECONDED TO ACCEPT AND FINALIZE THE	
REPORT, AT WHICH TIME A VOTE WILL BE CONDUCTED AND THE RESULTS RECORDED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EI PROVIDES COPIES OF THE POLICY TO ALL INCOMING BOARD MEMBERS AND REVIEWS	
THE POLICY WITH THEM. EI ALSO MONITORS ALL SITUATIONS WHERE THERE IS A	
POSSIBILITY OF A CONFLICT OF INTEREST USING THE POLICY AS A GUIDE IF THERE	
IS A SITUATION WHICH MIGHT CONSTITUTE A CONFLICT OF INTEREST.	
AFTER DISCLOSURE OF THE RELATIONSHIP OR MATERIAL FINANCIAL INTEREST AND ALL	
MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE	

Name of the organization ENVIRONMENTAL INITIATIVE	Employer identification number 41-1718834		
INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE	_		
DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON, WHICH			
IS DOCUMENTED IN THE BOARD MINUTES. THE REMAINING BOARD OR COMMITTEE			
MEMBERS SHALL DECIDE WHETHER A CONFLICT OF INTEREST EXISTS.			
AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE			
MEETING AT WHICH THE TRANSACTION WILL BE DISCUSSED, BUT AFTER SUCH			
PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,			
AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE			
CONFLICT OF INTEREST. AN INTERESTED PERSON SHALL NOT OTHERWISE ATTEMPT TO	_		
EXERT HIS OR HER POTENTIAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT			
OR OUTSIDE THE MEETING.			
AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE			
WHETHER ENVIRONMENTAL INITIATIVE CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION			
OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD			
NOT GIVE RISE TO A CONFLICT OF INTEREST.			
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY			
ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF			
INTEREST THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE			
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN			
ENVIRONMENTAL INITIATIVE'S BEST INTEREST AND FOR ITS OWN BENEFIT AND			
WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO ENVIRONMENTAL INITIATIVE,			
AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR			
ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.			

Name of the organization ENVIRONMENTAL INITIATIVE	Employer identification number
THE BOARD OF DIRECTORS SETS THE EXECUTIVE DIRECTOR'S SALARY AND PROVIDES	
THE POSITION'S REVIEW. THIS REVIEW WAS LAST DONE IN 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
EI CURRENTLY PLACES COPIES OF THE CURRENT AUDIT ON THEIR WEBSITE AND ON	
CHARITIES REVIEW COUNCIL'S SITE. EI'S GOVERNING DOCUMENTS AND CONFLICT OF	
INTEREST POLICIES ARE AVAILABLE UPON REQUEST.	
FORM 990, PART III	
IN 2020 TWO NOTEWORTHY EVENTS OCCURRED THAT IMPACTED THE EXPEDIENCY OF	
OUR WORK: THE COVID-19 PANDEMIC AND THE CIVIL UNRESTS INCITED BY THE	
DEATH OF GEORGE FLOYD. ENVIRONMENTAL INITIATIVE REMAINED COMMITTED TO	
PLACING THE HEALTH, SAFETY, AND WELL-BEING OF PEOPLE BEFORE OTHER	
CONCERNS AND PRIORITIZED THE NEEDS OF THOSE MOST VULNERABLE AND MOST	
IMPACTED IN OUR DECISIONS. THIS RESULTED IN CLOSING THE MINNEAPOLIS	
OFFICE AS OF MID-MARCH, REQUIRING STAFF TO WORK REMOTELY FOR THE	
REMAINDER OF THE YEAR, AND CANCELLING OR SHIFTING IN-PERSON MEETINGS	
AND EVENTS TO VIRTUAL ONES. A PAYCHECK PROTECTION PROGRAM LOAN WAS	
ACQUIRED, AND FORGIVEN, FROM THE SBA, WHICH HELPED BRIDGE FINANCIAL	
SHORTCOMINGS IN THE YEAR, ALLOWING THE ORGANIZATION TO MAINTAIN OUR	
EMPLOYEES THROUGH THE CRISES. WHILE THESE INCIDENTS MAY HAVE SLOWED	
SOME OF OUR WORK IN 2020, THEY DID NOT HALT THE PROGRESS IN CREATING A	
NEW STRATEGIC PLAN AND HELPED REINFORCE OUR COMMITMENT TO OUR MISSION.	