

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: WOMEN FOR A HEALTHY ENVIRONMENT. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 7371 THOMAS BLVD. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: PITTSBURGH, PA 15208

D Employer identification number: 47-2651553. E Telephone number: (412) 404-2872. G Gross receipts \$ 781,544

F Name and address of principal officer: MICHELLE NACCARATI-CHAPKI, 7371 THOMAS BLVD, PITTSBURGH, PA 15208

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.WOMENFORAHEALTHYENVIRONMENT.ORG

K Form of organization: Corporation

L Year of formation: 2014. M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7a. Governance metrics, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer MICHELLE NACCARATI-CHAPKIS EXECUTIVE DIRECTOR, Date 2024-05-07

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-05-07, Firm's name HERBEIN COMPANY INC, Firm's address 707 GRANT ST SUITE 2900, PITTSBURGH, PA 15219

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WOMEN FOR A HEALTHY ENVIRONMENT USES A SCIENTIFIC APPROACH TO ACHIEVE EQUITABLE LIVES FREE OF ENVIRONMENTAL HAZARDS THROUGH ADVOCACY AND COMMUNITY-BASED PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 571,897 including grants of \$) (Revenue \$ 100)

HEALTHY HOMES: THE ENVIRONMENTAL PROTECTION AGENCY (EPA) REPORTS AMERICANS SPEND ABOUT 90% OF THEIR TIME INDOORS. A SIGNIFICANT AMOUNT OF THAT TIME IS SPENT IN OUR HOMES, SO THESE PLACES SHOULD BE AS HEALTHY AS POSSIBLE. WOMEN FOR A HEALTHY ENVIRONMENT (WHE) EDUCATES COMMUNITY MEMBERS ABOUT THE MANY POTENTIAL ENVIRONMENTAL RISK FACTORS IN AND AROUND THE HOME (SUCH AS LEAD, RADON, MOLD, POOR AIR QUALITY, PESTICIDE EXPOSURE, AND THE ARRAY OF HAZARDS FOUND IN CONSUMER PRODUCTS) THAT IMPACT PUBLIC HEALTH. AS PART OF OUR OUTREACH, PROGRAMMING AND TECHNICAL ASSISTANCE, STAFF PROVIDE INFORMATION ON REDUCING EXPOSURE TO ENVIRONMENTAL HARMS. SEE ADDITIONAL INFORMATION ON SCHEDULE O.CHILDREN ARE OUR MOST VULNERABLE POPULATION. POUND FOR POUND CHILDREN BREATHE MORE AIR, DRINK MORE WATER AND CONSUME MORE FOOD THAN ADULTS. THEREFORE, WHE OFFERS SOLUTIONS FOR CREATING A HEALTHY AND SAFE HOME ENVIRONMENT FOR FAMILIES, WITH AN EMPHASIS ON WORKING IN ENVIRONMENTAL JUSTICE COMMUNITIES. THIS PROGRAMMING ENGAGES FAMILIES VISITING SOCIAL SERVICE AND HEALTH CARE AGENCIES WITH TOOLS, INFORMATION AND RESOURCES THAT FOCUS ON CREATING A GREEN AND HEALTHY HOME ENVIRONMENT. THE WORKSHOPS AND ONLINE MATERIALS EDUCATE PARTICIPANTS ON POTENTIAL ENVIRONMENTAL HAZARDS IN THE HOME AND PROVIDE SOLUTIONS FOR CHANGE LIKE UTILIZING SAFER CLEANING METHODS AND PRODUCTS, PROVIDING WATER AND AIR FILTERS, AND CONNECTING FAMILIES TO LEGAL AID AND OTHER SOCIAL SERVICES. WHE'S HEALTHY HOMES PROGRAM EDUCATED OVER 3,000 INDIVIDUALS DURING THIS FISCAL YEAR, INCLUDING ATTENDING OVER 80 COMMUNITY PROGRAMS. NEIGHBORHOOD-BASED WORK WAS DELIVERED IN ALLEGHENY COUNTY'S ENVIRONMENTAL JUSTICE COMMUNITIES BY WHE'S COMMUNITY HEALTH WORKERS. THIS INCLUDED CONDUCTING 55 HEALTHY HOME ASSESSMENTS. STAFF ALSO DISTRIBUTED OVER 370 HEALTHY HOME PACKETS THAT INCLUDED RADON TESTS AND WEATHERIZATION KITS. WHE STAFF PROVIDED ASSISTANCE TO FAMILIES WHO HAD CONCERNS ABOUT LEAD EXPOSURE IN THE HOME, SOME WITH CHILDREN DIAGNOSED WITH ELEVATED BLOOD LEAD LEVELS. LASTLY, DURING THE LAST YEAR, WHE STAFF WAS A COLLABORATOR WITH THE UNIVERSITY OF PITTSBURGH WATER COLLABORATORY AND THE PITTSBURGH STUDY, AS WELL AS THE PITTSBURGH WATER AND SEWER AUTHORITY'S COMMUNITY LEAD RESPONSE ADVISORY COMMITTEE AND THE PA ASTHMA PARTNERSHIP AND PA DEPARTMENT OF HEALTHY ENVIRONMENTAL HEALTH ADVISORY COMMITTEE.

4b (Code:) (Expenses \$ 117,760 including grants of \$) (Revenue \$ 14,901)

HEALTHY SCHOOLS: HEALTHY SCHOOLS PA WORKS CLOSELY WITH THE SCHOOL COMMUNITY, INCLUDING ADMINISTRATORS, STAFF (SCHOOL NURSES, FACILITY DIRECTORS, FOOD SERVICE DIRECTORS), TEACHERS AND PARENTS, TO IDENTIFY AND REMEDIATE ENVIRONMENTAL RISKS IN SCHOOLS ACROSS SOUTHWESTERN PA. WE PROVIDE INFORMATION, SUPPORT, AND HANDS-ON EXPERTISE SO THAT CHILDREN CAN THRIVE AND LEARN IN HEALTHY, TOXIC-FREE SETTINGS. WHETHER A SCHOOL DISTRICT IS RENOVATING A SCHOOL, BUILDING A NEW FACILITY, OR MAINTAINING EXISTING BUILDINGS, MANY ENVIRONMENTAL FACTORS CONTRIBUTE TO NEGATIVE HEALTH IMPACTS.SEE ADDITIONAL INFORMATION ON SCHEDULE O.CURRICULUM: WOMEN FOR A HEALTHY ENVIRONMENT'S (WHE) HEALTHY SCHOOLS PA PROGRAM ENGAGES MEMBERS OF THE SCHOOL COMMUNITY TO BUILD AN ADVOCACY NETWORK FOR GREEN AND HEALTHY SCHOOLS, ADVANCE SOCIAL AND POLICY CHANGE IN SCHOOL SYSTEMS, CREATE COLLABORATIONS THAT ADDRESS ENVIRONMENTAL HEALTH RISKS, AND FOSTER HEALTHY PLACES FOR CHILDREN TO LEARN AND GROW. THE LESSONS FOCUS ON AIR QUALITY (INDOOR AND AMBIENT), WATER QUALITY, FOOD AND THE ENVIRONMENT, AND CHEMISTRY IN CONSUMER PRODUCTS. THIS FISCAL YEAR, WHE STAFF EDUCATED OVER 350 STUDENTS THROUGH COMMUNITY SERVICE DAYS, WORKSHOPS, AND CAMPS.TECHNICAL ASSISTANCE: THE 1000 HOURS A YEAR INITIATIVE SUPPORTS SCHOOLS AND EARLY LEARNING CENTERS THAT WISH TO TEST AND REMEDIATE FOR LEAD (PB) AND RADON, TWO KNOWN, YET PREVENTABLE, ENVIRONMENTAL HAZARDS IN LEARNING ENVIRONMENTS. STAFF ENGAGED TESTING CONSULTANTS AND ASSISTED WITH THE ANALYSIS OF TESTING RESULTS, AS WELL AS DEVELOPMENT OF REMEDIATION PLANS WHEN NECESSARY FOR FIFTEEN SCHOOL DISTRICTS IN WESTERN PA DURING FISCAL YEAR 23. IN ADDITION, WHE PROVIDED TECHNICAL ASSISTANCE TO SIX SCHOOL DISTRICTS IN SOUTHWESTERN PA RELATED TO OTHER ENVIRONMENTAL HEALTH CONCERNS SUCH AS CLEANING PRODUCT USAGE, INDOOR AIR QUALITY, AND PEST MANAGEMENT.TRAINING AND RECOGNITION: HEALTHY SCHOOLS PA OFFERS TRAINING OPPORTUNITIES FOR SCHOOL COMMUNITY MEMBERS. TO THAT END, WHE HELD ITS SIXTH HEALTHY SCHOOLS PA SUMMIT REACHING EDUCATORS AND NONPROFITS ACROSS THE COUNTRY VIA VIRTUAL PROGRAMMING. FIVE SCHOOLS AND ONE SCHOOL DISTRICT WERE RECOGNIZED ON WHE'S HEALTHY SCHOOL RECOGNITION PROGRAM AND WHE'S STAFF WORKED WITH THREE SCHOOL DISTRICTS TO IMPLEMENT EPA'S SCHOOL AIR FLAG PROGRAM, FOCUSED ON EDUCATING THE SCHOOL COMMUNITY ON DAILY AIR QUALITY READINGS IN THEIR NEIGHBORHOODS.

4c (Code:) (Expenses \$ 181,929 including grants of \$ 116,374) (Revenue \$)

HEALTHY EARLY LEARNING: THE AMERICAN ACADEMY OF PEDIATRICS' COUNCIL ON ENVIRONMENTAL HEALTH HAS STATED THAT "THOSE WHO CARE FOR CHILDREN (CHILDCARE STAFF, PARENTS OR GUARDIANS, PHYSICIANS, SCHOOLS) SHOULD MAKE EVERY EFFORT TO MINIMIZE THE NEGATIVE HEALTH AND DEVELOPMENTAL EFFECTS OF TOXIN EXPOSURE. DURING INFANCY, CHILDREN OFTEN EXPLORE THEIR ENVIRONMENT ON THE FLOOR, EXPOSING THEMSELVES TO POTENTIALLY HARMFUL POLLUTANTS BROUGHT INDOORS FROM OUTSIDE, CLEANING PRODUCTS USED ON FLOOR SURFACES, AND PESTICIDES USED ON OUTDOOR GROUNDS. SEE ADDITIONAL INFORMATION ON SCHEDULE O.THROUGH STAGES OF DEVELOPMENT, INFANTS AND TODDLERS FREQUENTLY PLACE OBJECTS IN THEIR MOUTHS FURTHER INCREASING EXPOSURES. THEY HAVE HIGHER RESPIRATORY AND METABOLIC RATES, AS WELL AS AN IMMATURE BLOOD/BRAIN BARRIER AND IMMUNE SYSTEM. CAREGIVERS MUST TAKE PRECAUTION, BECOME INFORMED ABOUT ENVIRONMENTAL HAZARDS, AND MAKE EFFORTS TO REDUCE OR ELIMINATE CERTAIN TOXINS IN THEIR ENVIRONMENTS." THROUGH WHE'S HEALTHY EARLY LEARNING PROGRAM STAFF PROVIDES TECHNICAL ASSISTANCE FOCUSED ON CREATING A HEALTHY ENVIRONMENT FOR THE YOUNGEST POPULATION, INFANTS AND CHILDREN. THROUGH A COMBINATION OF MINI-GRANTS, EDUCATIONAL PROGRAMS AND TECHNICAL ASSISTANCE, WHE STAFF CERTIFY EARLY LEARNING CENTERS AS ECO-HEALTHY. THIS IS A PROGRAM CREATED BY THE CHILDREN'S ENVIRONMENTAL HEALTH NETWORK'S ECO-HEALTHY CHILD CARE (EHC) PROGRAM. THIS PROGRAM PARTNERS WITH CHILDCARE PROFESSIONALS TO ELIMINATE OR REDUCE ENVIRONMENTAL HEALTH HAZARDS FOUND WITHIN OR AROUND CHILDCARE FACILITIES. WHE STAFF UTILIZES THE ECO- HEALTHY CHILD CARE CHECKLIST TO WORK WITH CENTERS TO ADOPT HEALTHIER, GREENER PRACTICES IN THEIR FACILITIES. DURING FISCAL YEAR 23, STAFF CERTIFIED 50 CENTERS AS ECO-HEALTHY IN PHILADELPHIA. STAFF HELD ENVIRONMENTAL HEALTH WEBINARS FOR PHILADELPHIA PROVIDERS, REACHING OVER 190 INDIVIDUALS. WHE STAFF WORKS WITH CENTERS TO MINIMIZE AND MITIGATE ENVIRONMENTAL RISKS, WHICH BOTH CHILDREN AND EMPLOYEES MAY COME INTO CONTACT WITH DAILY. THROUGH THE HEALTHY EARLY LEARNING PROGRAM, CENTERS HAVE ACQUIRED GREEN CLEANING PRODUCTS, PURCHASED FILTERED WATER STATIONS, AND ADDRESSED INDOOR AIR QUALITY ISSUES. IN ADDITION, THIS FISCAL YEAR, WHE LAUNCHED THE PA HEALTHY CHILDCARE PARTNERSHIP, BRINGING TOGETHER GOVERNMENT AGENCIES SUCH AS THE OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING (OCDEL) WITH EARLY LEARNING PROVIDERS TO ADDRESS ENVIRONMENTAL HEALTH CONCERNS IN THE CHILDCARE SETTING.LASTLY, THIS PROGRAM PROVIDES FUNDS AND TECHNICAL EXPERTISE TO CENTERS FOR LEAD AND RADON TESTING, AS WELL AS REMEDIATION. TWENTY CENTERS WERE SUPPORTED THROUGH THE 1000 HOURS A YEAR PROGRAM AND RECEIVED LEAD AND RADON TESTING, AS WELL AS LEAD ABATEMENT AND RADON MITIGATION SYSTEMS WHEN NECESSARY, CREATING A HEALTHY LEARNING ENVIRONMENT. WHE ALSO LAUNCHED A LENDING LIBRARY TO LOAN COMMERCIAL HEPA VACUUM AND MOPPING SYSTEMS TO EARLY LEARNING CENTERS WHO WISHED TO CONDUCT DEEP CLEANING TO ADDRESS LEAD HAZARDS. THIS ENSURES HUNDREDS OF STUDENTS AND STAFF ARE PROTECTED FROM THESE HAZARDS.

(Code:) (Expenses \$ 297,135 including grants of \$) (Revenue \$)

COALITION BUILDING INITIATIVES AND ADVOCACY:GET THE LEAD (PB) OUT, PITTSBURGH CAMPAIGN AND LEAD SAFE ALLEGHENY COALITION: DURING EARLY 2018, WHE STAFF CONVENED A GROUP OF NONPROFITS AND ACADEMIC RESEARCHERS INTERESTED IN FOCUSING ON LEAD EXPOSURE, INCLUDING STRATEGIES THAT ADDRESS PRIMARY PREVENTION AND EARLY INTERVENTION. THIS LED TO THE CREATION OF A COUNTYWIDE COALITION, INCLUDING PARTICIPATION FROM GOVERNMENT AGENCIES AND MEDICARE PROVIDERS TO NONPROFITS, THAT HAVE A COMMON GOAL OF DEVELOPING STRATEGIES AND RESOURCES TO REDUCE THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS. IN FISCAL YEAR 23, THE COALITION WORKED WITHIN ALLEGHENY COUNTY TO PROVIDE LEADERSHIP AND ADVOCACY THAT ADVANCES STRATEGIC INITIATIVES AND FOSTERS COLLABORATION AMONG THE COMMUNITY BY FOCUSING ON PRIMARY PREVENTION AND ULTIMATELY CREATING A LEAD SAFE ENVIRONMENT. THE COALITION ADVOCATES TO ENSURE WE MAINTAIN PUBLIC VIGILANCE UNTIL WE HAVE ACHIEVED OUR OVERALL GOAL OF PROTECTING CHILDREN BY ELIMINATING HARMFUL EXPOSURE TO LEAD IN ALL SOURCES. WHE STAFF PRESENTED ON THE COALITION'S WORK AT NATIONAL AND REGIONAL CONFERENCES. DURING THIS FISCAL YEAR, WHE SUPPORTED THE TRAINING OF NEARLY 300 GENERAL CONTRACTORS IN THE CITY OF PITTSBURGH TO BECOME TRAINED AND CERTIFIED IN THE EPA'S RENOVATION, REPAIR AND PAINTING (RRP) PROGRAM. EPA REQUIRES THAT RRP PROJECTS THAT DISTURB LEAD-BASED PAINT IN HOMES, CHILDCARE FACILITIES AND PRESCHOOLS BUILT BEFORE 1978 BE PERFORMED BY LEAD-SAFE CERTIFIED CONTRACTORS. A LARGE EMPHASIS OF THE CAMPAIGN WAS CONSISTENT ONLINE COMMUNICATION, INCREASING NEW USERS TO THE WEBSITE BY 99%. THE LEAD SAFE ALLEGHENY COALITION HOSTED A LIFE WITHOUT LEAD SUMMIT THAT EDUCATED INDIVIDUALS ABOUT THE IMPORTANCE OF LEAD PREVENTION AND CHILDHOOD LEAD SCREENING. A SCREENING OF "HIDING IN THE WALLS", CHRONICLING THE LEAD EXPOSURE AND POISONING IN BALTIMORE, MARYLAND WAS HOSTED BY WHE. THE FILMMAKER, ANGEL WILSON PROVIDED A KEYNOTE ADDRESS OPENING THE CONFERENCE, ABOUT LEAD EXPOSURE. THE CONFERENCE BOASTED 150 UNIQUE VIEWERS, 300 TOTAL VIEWERS FROM ACROSS THE COUNTRY. WHE STAFF PROVIDED LEAD EDUCATION VIA COMMUNITY WORKSHOPS AND PARTICIPATED IN OUTREACH EVENTS - IN PERSON AND VIRTUALLY - TO RAISE AWARENESS ABOUT LEAD PREVENTION AND CONNECTED FAMILIES TO LOCAL RESOURCES. WORKSHOPS WERE DELIVERED TO OVER A DOZEN AGENCIES AND NONPROFITS INCLUDING FAMILY SERVICE PROVIDERS, LOCAL COMMUNITY GROUPS, AND AFFORDABLE HOUSING LANDLORDS. WHE IS THE CONVENOR OF THE RADON IN PA SCHOOLS WORKGROUP, A PARTNERSHIP AMONG SCHOOL PERSONNEL, HEALTHCARE PROVIDERS, RADON PROFESSIONALS AND COMMUNITY MEMBERS AFFECTED BY CANCER. THIS WORKGROUP CONTINUES TO MEET TO RAISE THE PUBLIC'S AWARENESS OF RADON EXPOSURE IN THE LEARNING ENVIRONMENT AND CONDUCT EDUCATIONAL MEETINGS WITH GOVERNMENT REPRESENTATIVES AND ELECTED OFFICIALS. WHE CONTINUES TO BE THE "GO-TO" SOURCE FOR INFORMATION FOR RELIABLE SCIENTIFIC INFORMATION ON ENVIRONMENTAL HAZARDS THAT IMPACT PUBLIC HEALTH. ITS STAFF MEMBERS WERE FEATURED IN OVER TWO DOZEN LOCAL MEDIA SOURCES. THE ORGANIZATION FREQUENTLY RECEIVES PROGRAMMING REQUESTS AND GENERAL INQUIRIES FROM THE PUBLIC.

4d Other program services (Describe in Schedule O.) (Expenses \$ 297,135 including grants of \$) (Revenue \$)

4e Total program service expenses 1,168,721

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form content with questions 2a through 17, including sub-questions and input fields for 'Yes', 'No', and numerical values.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed PA 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 7371 THOMAS BLVD PITTSBURGH, PA 15208 (412) 404-2872

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) ANN M MCGUINN CHAIR	1.00	X		X			0	0	0
(2) GINA PFERDEHIRT VICE CHAIR THRU MARCH 2023	1.00	X		X			0	0	0
(3) DR TRACEY CONTI BOARD MEMBER, VICE CHAIR AS OF APRIL 2023	1.00	X		X			0	0	0
(4) DEBORAH ROHE SECRETARY THRU DEC 2022	1.00	X		X			0	0	0
(5) SETH WILMORE TREASURER THRU JUNE 2023	1.00	X		X			0	0	0
(6) DR TRACEY REED ARMANT BOARD MEMBER	1.00	X					0	0	0
(7) LAVERNE BAKER HOTEPI BOARD MEMBER	1.00	X					0	0	0
(8) KATHLEEN JONES GOLDMAN BOARD MEMBER	1.00	X					0	0	0
(9) RAJESH RAMAN BOARD MEMBER	1.00	X					0	0	0
(10) PATRICIA SALAPA BOARD MEMBER	1.00	X					0	0	0
(11) DONNA EVANS SEBASTIAN BOARD MEMBER	1.00	X					0	0	0
(12) DR MARGARET SLOTA BOARD MEMBER	1.00	X					0	0	0
(13) MICHELLE NACCARATI-CHAPKIS EXECUTIVE DIRECTOR	40.00			X			118,724	0	3,531

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						118,724	0	3,531	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLENDER 126 LEXINGTON AVENUE PITTSBURGH, PA 15215	MARKETING	102,276

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	222,922	
f All other contributions, gifts, grants, and similar amounts not included above		1f	541,280	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f			764,202	

Program Service Revenue		Business Code			
			(A)	(B)	(C)
2a HEALTHY SCHOOLS	900099	14,901	14,901		
b HEALTHY HOMES	900099	100	100		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f.		15,001			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		384		384	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a 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					

Other Revenue Misc Amt	11a MISCELLANEOUS INCOME	Business Code			
		900099	1,957	1,957	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		1,957		
12 Total revenue. See instructions		781,544	16,958	0	384

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	116,374	116,374		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,255	86,801	25,260	10,194
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	508,573	451,227		57,346
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,728	21,618	215	2,895
10 Payroll taxes	51,009	43,546	1,982	5,481
11 Fees for services (non-employees):				
a Management				
b Legal	5,168	4,770	68	330
c Accounting	47,087	43,461	618	3,008
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	236,347	218,144	3,104	15,099
12 Advertising and promotion	33,137	30,585	435	2,117
13 Office expenses	31,422	29,672	349	1,401
14 Information technology	23,158	21,375	304	1,479
15 Royalties				
16 Occupancy	33,443	29,207	1,292	2,944
17 Travel	12,268	12,077	43	148
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	10,671	9,115	346	1,210
23 Insurance	6,853	5,854	222	777
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	44,150	43,315	10	825
b MISCELLANEOUS EXPENSES	1,844	1,580	59	205
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,308,487	1,168,721	34,307	105,459
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,083,731	1	1,172,691
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	180,283	3	125,179
	4 Accounts receivable, net	606,647	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,384	9	5,486
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,773		
	b Less: accumulated depreciation	10b 45,111	17,879	10c 23,662
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,086	15	2,086
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,892,010	16	1,329,104	
Liabilities	17 Accounts payable and accrued expenses	115,889	17	79,926
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	115,889	26	79,926
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	332,745	27	252,637
	28 Net assets with donor restrictions	1,443,376	28	996,541
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,776,121	32	1,249,178
33 Total liabilities and net assets/fund balances	1,892,010	33	1,329,104	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	781,544
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,308,487
3	Revenue less expenses. Subtract line 2 from line 1	3	-526,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,776,121
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,249,178

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number
47-2651553

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	563,839	1,259,871	703,094	2,006,992	764,202	5,297,998
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	563,839	1,259,871	703,094	2,006,992	764,202	5,297,998
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) . . .						2,634,419
6 Public support. Subtract line 5 from line 4.						2,663,579

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	563,839	1,259,871	703,094	2,006,992	764,202	5,297,998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	437	445	315	198	384	1,779
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.) . .	2,560	3,009	2,500	5,100	1,957	15,126
11 Total support. Add lines 7 through 10						5,314,903
12 Gross receipts from related activities, etc. (see instructions)					12	64,498
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	50.120 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	43.670 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** 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.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 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-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization
WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number
47-2651553

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 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 other 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 33¹/₃% 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, 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 990PF, 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
WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number
47-2651553

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number
 47-2651553

Part II **Noncash 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
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number

47-2651553

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and 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			
Transferee's name, address, and 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			
Transferee's name, address, and 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			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Political Campaign and Lobbying Activities

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization WOMEN FOR A HEALTHY ENVIRONMENT	Employer identification number 47-2651553
-------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,319
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			4,319
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES:	ENGAGEMENT WITH STATE LEGISLATORS REGARDING CHILDREN'S ENVIRONMENTAL HEALTH ISSUES

Additional Data

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Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number

47-2651553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		32,937	31,050	1,887
e Other		35,836	14,061	21,775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,662

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	781,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	781,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	781,544

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,308,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,308,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,308,487

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED.

Additional Data

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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2022
**Open to Public
Inspection**

Name of the organization
WOMEN FOR A HEALTHY ENVIRONMENT

Employer identification number
47-2651553

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1ST YEARS DAYCARE 925 FRANKLIN AVENUE PITTSBURGH, PA 15221	84-3357478		20,036	0			LEAD AND RADON PROGRAM
(2) FIFTH AVENUE FAMILY DAYCARE 6425 FIFTH AVENUE PITTSBURGH, PA 15206	25-1636037		12,256	0			LEAD AND RADON PROGRAM
(3) BLESSED ASSURANCE 230 THIRD AVENUE RANKIN, PA 15104	36-4574508		7,860	0			LEAD AND RADON PROGRAM
(4) CHARMAINE DUNBAR FAMILY CHILDCARE 6826 UPLAND STREET PITTSBURGH, PA 15208	86-3462249		6,698	0			LEAD AND RADON PROGRAM
(5) DUQUESNE CITY SCHOOL DISTRICT 300 KENNEDY AVENUE DUQUESNE, PA 15110	25-6001157		5,600	0			LEAD AND RADON PROGRAM
(6) MISS SHEREE'S FAMILY HOME DAYCARE 1 FLOTILLA WAY PITTSBURGH, PA 15221	82-2381039		10,492	0			LEAD AND RADON PROGRAM
(7) NORTH HILLS SCHOOL DISTRICT 135 SIXTH AVENUE PITTSBURGH, PA 15229	25-6002325		9,820	0			LEAD AND RADON PROGRAM
(8) PAMELA BUTLER'S BABIES 2823 PERRYSVILLE AVENUE PITTSBURGH, PA 15214	41-2221664		14,178	0			LEAD AND RADON PROGRAM
(9) PEACE LOVE AND LEARNING 141 BIGHAM STREET PITTSBURGH, PA 15211	87-1490388		14,624	0			LEAD AND RADON PROGRAM
(10) SOUTH ALLEGHENY SCHOOL DISTRICT 2743 WASHINGTON BLVD MCKEESPORT, PA 15133	25-1158055		6,830	0			LEAD AND RADON PROGRAM
(11) UNION CHRISTIAN ACADEMY 6165 STEUBENVILLE PIKE MCKEES ROCKS, PA 15136	25-1125215		7,980	0			LEAD AND RADON PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
- 3** Enter total number of other organizations listed in the line 1 table 8

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANT REQUESTS ARE REVIEWED BY THE SELECTION COMMITTEE. CRITERIA IS USED TO DETERMINE THE AMOUNT AWARDED INCLUDED, LOCATION OF FACILITY (ENVIRONMENTAL JUSTICE COMMUNITY), PERCENTAGE OF CHILDREN UTILIZING THE FREE AND REDUCED LUNCH PROGRAM, NUMBER OF STUDENTS, SCHOOL FUNDING AVAILABLE (I.E. DO THEY HAVE A FOUNDATION OR OTHER MEANS OF RAISING FUNDS) AND TYPE OF REQUEST (ENVIRONMENTAL HAZARD TO BE TESTED AND REMEDIATED).

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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.**Name of the organization
WOMEN FOR A HEALTHY ENVIRONMENT**Employer identification number**

47-2651553

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE DIRECTOR REVIEWS A DRAFT OF THE FORM 990. UPON HER REVIEW, A COPY OF THE RETURN IS PRESENTED TO THE AUDIT COMMITTEE. THE FINAL FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, THE EXECUTIVE DIRECTOR SENDS A COPY OF THE CONFLICT OF INTEREST POLICY TO ALL BOARD OF DIRECTORS FOR REVIEW AND ACKNOWLEDGMENT. THIS DOCUMENT IS REVIEWED AT THE FIRST MEETING OF THE BOARD OF DIRECTORS IN THE NEW FISCAL YEAR. THE CORPORATE SECRETARY MAINTAINS A LIST OF ALL BOARD OF DIRECTORS, OFFICERS AND EXECUTIVE STAFF TO WHOM THE POLICY APPLIES. AN INDIVIDUAL'S FAILURE TO SUBMIT A SIGNED ANNUAL STATEMENT WILL RESULT IN THE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WHICH MAY INCLUDE REMOVAL FROM THE GOVERNING BOARD OR ANY COMMITTEE. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ALL RELATIONSHIPS, BUSINESS AFFILIATIONS AND FINANCIAL INTERESTS AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.
FORM 990, PART VI, SECTION B, LINE 15A	ACCORDING TO THE CORPORATION'S BYLAWS, THE ROLE OF THE PERSONNEL COMMITTEE IS PRIMARILY TO PROVIDE A PERSONNEL REVIEW OF THE EXECUTIVE DIRECTOR, REVIEW OF STAFF COMPENSATION, AND REVIEW OF THE CORPORATION'S PERSONNEL POLICIES. THE PERSONNEL COMMITTEE MEETS ON AN ANNUAL BASIS TO CONDUCT A PERFORMANCE AND COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR. THE COMPENSATION IS DETERMINED BY REVIEWING SALARY SURVEYS AND DATA PROVIDED BY TWO NONPROFIT CONSULTING ORGANIZATIONS. THE PERSONNEL COMMITTEE TAKES INTO CONSIDERATION THE FOLLOWING: ACHIEVEMENT OF PERFORMANCE GOALS AND SALARY DATA BASED ON GEOGRAPHIC LOCATION, BUDGET SIZE, AND YEARS OF EXPERIENCE.
FORM 990, PART VI, SECTION C, LINE 18	DOCUMENTS ARE AVAILABLE UPON REQUEST. THEY ARE ALSO AVAILABLE FOR PUBLIC VIEW AT THE CORPORATION'S HEADQUARTERS DURING NORMAL BUSINESS HOURS.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST. THEY ARE ALSO AVAILABLE FOR PUBLIC VIEW AT THE CORPORATION'S HEADQUARTERS DURING NORMAL BUSINESS HOURS.
FORM 990, PART IX, LINE 11G	PAYROLL SERVICES: PROGRAM SERVICE EXPENSES 2,998. MANAGEMENT AND GENERAL EXPENSES 43. FUNDRAISING EXPENSES 207. TOTAL EXPENSES 3,248. CONSULTING: PROGRAM SERVICE EXPENSES 204,418. MANAGEMENT AND GENERAL EXPENSES 2,908. FUNDRAISING EXPENSES 14,148. TOTAL EXPENSES 221,474. OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 10,728. MANAGEMENT AND GENERAL EXPENSES 153. FUNDRAISING EXPENSES 744. TOTAL EXPENSES 11,625.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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