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Form 990

Return of Organization Exempt From Income Tax

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

20**09**

Open to Public Inspection

97 1Ce

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	e 2009 cal	endar ye	ar, or tax	year begir	nning					, and e	nding						
ВС	heck if a	pplicable	Please use IRS	C Name	of organizati	on WE	ST H	ARLEM E	NVIRO	NMEN	TAL AC	TION I	D Em	oloyer i	dentificatio	n numb	er	
∐_A	ddress	change	label or	Doing	Business As	c/o PE	GGY	SHEPAR	(D				13-380	0068				
□N	lame ch	ange	print or type.	Numbe	er and street	(or P O box i	mail is	not delivere	d to stree	t address) Ro	oom/suite	E Tele	phone i	number			
ir	utial reti	um	See	465 WE	ST 140 S	TREET							(212) 2	34-19	88			
ַ ַ ַ	erminat	ed	Specific Instruc-			or country, and	ZIP +	4										
=	mende		tions	NEW Y					NY	1	0031	,	G Gro	ss recei	pts \$	 -		<u>99,763</u>
A	pplication	on pending	FN	lame and	address of	principal off	icer					H(a) is t	this a groi	ıp retun	n for affiliate	;s?	Yes	X No
			PEGGY	SHEPA	RD 465 V	VEST 140	STRE	ET, NEW	YORK,	, NY 10	0031	H(b) Are	e all affilia	tes incl	uded?	[Yes	No
l Ta	ax-exe	mpt status	X 50	01(c) (3) ◀ (insert no)		4947(a)(1	1) or [527		If "	'No," atta	ch a list	(see instru	ctions)		
J W	ebsite	e: ▶ ww.	w.weact.	.org								H(c) Gr	oup exem	ption ni	ımber 🕨			
		rganization		orporation	Trust	Associa	tion	Other	<u> </u>		L Yea	ar of forma		1986	M State	of legal	domicile	NY
_	art l		mmary								_1		 -	1000				
	1			the organ	nization's	mission or	most	significan	nt activit	ies E	NVIRO	NMEN	TAL AD	VOCA	TE/EDU	CATIC	Ň	
_	'	Directly C	10001100	ino organ	in Lation C			0.9.111.001.				1111111		: 22:	115055	97.1119	22	
Governance																		
ıĒ	Ì																	
Š	2	Check t	his box	▶	the organ	nzation dis	contin	ued its oi	peratior	ns or dis	sposed	of more	e than 2	25% o	f its net a	ssets.		
დ .≪5	3					governing-l									3			10
Activitles & 	4			•	,	mbers of th					e 1b) .			. [4			10
<u>```</u>	5	Total nu	ımber of	employe	es (Part V	/, line 2a)	•							. [5			10
Ac	6	Total nu	ımber of	voluntee	rs (estima	ate if neces	sary)								6			
	7a	Total gr	oss unre	lated bus	siness rev	enue from	Part \	/III, colun	nn (C), l	lıne 12					7a			(
	b	Net unre	elated bu	usiness ta	axable inc	ome from	Form 9	990-T, lın	e 34		<u> </u>	<u>,</u> .			7b			(
													Prior Y			Curr	ent Year	
a	8				(Part VIII,		•					<u> </u>		1,496	,087		2,0	<u> 27,553</u>
Revenue	9				(Part VIII					•	•				0			(
Š	10			•		nn (A), line									,646			2,292
-	11				-	A), lines 5,				•	•	<u> </u>			,526			37,091
	12					(must equal				e 12)		├		1,491			1,9	92,754
	13					Part IX, col				· 1	•	<u> </u>			0			
	14 15					art IX, colu bloyee ben				Allina	e 5_10\	.		025	,384		10	11,556
ses	16a					IX, colum				וטו	3 5–10)	\vdash		320	0		1,0	11,550
E≿penses	b	Total fu	ndraisind	n expens	es (Part I)	K, column	יון עם חוד עם	251	. 2018	正	99 723		4 5.1	- Strain		S. 74.	1.1	The second
ű	17					A), lines 11			n		. 99,119	******			444	, 70		65,579
	18	Total ex	penses.	Add line	s 13–17 (ı	must equal	Patt	SOE!	A (A) T	ne 25)		_		1,481				77,135
	19					line 18 from									.379			15,619
2 S				<u> </u>				-				Begini	ning of C	urrent \	/ear	End	of Year	
sets or salances	20	Total as	sets (Pa	art X, line	16)			•						961	,648		1,3	61,731
8 B	21	Total lia	bilities (F	Part X, Iır	ne 26) .									70	,162			54,626
<u> </u>	22	Net ass	ets or fu	nd balan	ces Subtr	ract line 21	from	line 20 .			•			891	,486		1,3	07,105
Pa	rt II		nature															
						t I have exami												
		and	celler, it is t	true, correct	t, and comple	ne Declaratio	n or pre	parer (otner	than onic	er) is bas	ed on all	iniormatio	n of which	n prepai	er nas any i	knowiea	ge	
			<i>Y</i>		A	Jenn	rk.						i	11	0 // /	//		
Sig	n		Signature	of officer	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 			7	_				Date	10/1			
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		Prep	arer's	7		$\overline{}$			Date			heck if			Preparer's		ig numbe	er
aic	t	sign	ature	/	\ -	1		_		0/0/004		elf- mployed	▶ [╗╢	(see instruction	ons)		
re	parer'	S Firm	's name (or	r vours *	\Rightarrow			>		0/2/201	U el	mployed						
lse	Only		f-employed	•		V DAVIS,							EIN					
_		addr	ess, and ZI	IP+4 /		ELIZABET							Phone n	<u> </u>	(908) 275	<u>5-3382</u>		
Лay	the II	RS discu:	ss this re	eturn with	the prepa	arer shown	above	e? (see ın	<u>ıstructic</u>	ons)		<u> </u>	<u></u>		<u> </u>	_ <u></u>	Yes	X No
Eor	Drivac	v Act and	Pananyo	ork Reduc	tion Act N	otice see t	he ser	arata inst	truction	e .						E	orm 99	0 (2000)

0) (Revenue \$

(Expenses \$

Total program service expenses ▶

184,390 including grants of \$

1,217,153

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	–		
Ü	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		<u> </u>
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		×
40	complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in term, permanent, or	 		 ^
10	quasi-endowments? If "Yes," complete Schedule D, Part V	_10_		_x_
11	-is-the-organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	14 14 1 14 1		- 13 - 13 - 13
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1.4.3		V.)
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			17.37.5
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1 1 1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			.3
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	100		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		h salaja	g'20∰. '
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	- A.	in - Nesjirj	4. ** •
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	1 4	ero on in	rengitis :
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	•	1 34.5
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	1.1	* 60.7	
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			7 7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		 ^-	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	ľ
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''	<u> </u>	
19	If "Yes," complete Schedule G, Part III	19_		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		Ϊ́х

art iV	Chacklin	t of Required	Schodules	(continued)
alliv	CHECKIIS	i oi kedniiea	ochedules	(COMMINU C O)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Ì	Ì
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 22		
24-	employees? If "Yes," complete Schedule Journal of the organization have a tax-exempt bond issue with an outstanding principal amount of more than	_23		<u>X</u>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	j]]
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
·	to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or)]]
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	L'mak	X fi. sq
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			100
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	er e	- <u></u>
a h	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
b	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			<u> </u>
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			j
	Part IV	28c	ŀ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ŀ
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
•	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		X
34	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	\vdash	_^_
33	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			000	(2000)

Гаг	Statements Regarding Other more mings and rax compliance		Van	
1a	Enter the rumber reported in Box 3 of Form 1096, Annual Summary and Transmittal of	· ·	Yes	No
_	U.S Information Returns Enter -0- if not applicable	,	,	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			· S
С	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zđ	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	*	*	*
	instructions)		» »«	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		, ,	*
•	this return?	3a	*	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	i l		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country. ▶		* `	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		344	. e.e. 1
	and Financial Accounts.	ا آرائی معاشد		. 6.0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 <u>a</u>		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	.]		
	Prohibited Tax Shelter Transaction?	5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
_	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL.		
_	gifts were not tax deductible?	6b	* .	<u>X</u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*	" · .	***
а	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	4,7	,	No.
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	/%·	· 10°	*****
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	···	_X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	* ; .	~ ",	. ·
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	أسيدا	300 j	- 5-
_	organization, have excess business holdings at any time during the year?	8	, W.	X
9	Sponsoring organizations maintaining donor advised funds.		شنشد	
a	Did the organization make any taxable distributions under section 4966?	9a 9b		X
b 40	Section 501(c)(7) organizations. Enter	30		, <u>^</u>
10	Initiation fees and capital contributions included on Part VIII, line 12			/# % \
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		,	,
11	Section 501(c)(12) organizations. Enter	·	,	
а	Gross income from members or shareholders	ŀ		٠.
b	Gross income from other sources (Do not net amounts due or paid to other sources			
2	against amounts due or received from them.)		s.*	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	7 22.87	,	3

Part VI

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		70, 100, 50, 100,	
b	Enter the number of voting members that are independent	7		English 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	** ~ _ *	.adr.man.ada	EXE 1
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct]		İ
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets? .	5		<u> </u>
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	で	塞草	1
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there ary officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule_O	9a_		-x-
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		х
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	111	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		* 3	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	HARRY		(4)
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	197.25		
а	The organization's CEO, Executive Director, or top management official.	15a	X	Stringer, 1977
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions).	2.311	*11.6	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			心 类
	with a taxable entity during the year?	16a	erquitti.	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		40.4	
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		-2.4	7.3
	the organization's exempt status with respect to such arrangements?	16b	2" "	X
Sect	ion C. Disclosure	,		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onlv)		
. •	available for public inspection. Indicate how you make these available Check all that apply	-··· <i>y)</i>		
	Own website Another's website X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	oct.		
19	policy, and financial statements available to the public.	∪ 3ι		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	ha		
20	" - DAT TERRY			
	organization: ► PAT TERRY 212-691-09	าล		
_	465 WEST 140 STREET, NEW YORK, NY 10031			

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

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 Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week		·	Officer	Key employee	that employe	Former	Reportable compensation from the	Reportable compensation from related organizations -(W-2/1099-MISC)-	Estimated amount of other compensation from the
		trustee	Institutional trustee		oyee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
Dennis Derryck Chair	15.	Х						0	0	
Peggy Shepard Exec Director	40	Х						94,740	0	
Roberto Lebron Director	15	Х						0	0	(
Patricia Terry Treasurer	15.	Х						0	0	
Regina Smith Director	15	х	_					0	0	
Hope Plasha Director	15.	Х						0	0	
Eric Goldstein Director	15.	Х						. 0	0	
Phillip Morrow Director	15.	Х						0	0	
Jeff Jones Director	15.	Х						0	0	
Vernice Miller-Travis Director	15.	Х						0	0	
Cecil Corbin-Mark Asst Director	40	-			х			73,927	0	
Ursula Embola Program Director	40				х			73,800	0	
						_				
			_							

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	Hig	ghes	t Co	mpensated Em	ployees (cont	inued)		
	(A)	(B)			•	C)			(D)	(E)	1	(F)	i	
	Name and title	Average hours per week	or director		(chec Officer		a Highest o		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC) [Estima amour othe compens from t	nt of er sation the	
			trustee	al trustee		оуее	Highest compensated employee		(W-2/1099-MISC)		i i	organiza and rela organiza	ated	
						-								
1b	Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>				·	•	242,467		<u>o</u>			
2	Total number of individuals (including but no reportable compensation from the organization)	_	se list	ted a	bove 0	e) wl	ho re	ceive	ed more than \$1	00,000 in				
												Yes	No	
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	, or h 	ighe 	st compensated		3		X	
4	For any individual listed on line 1a, is the su	ım of reportable greater than \$15	com 60,00	pens 0? <i>If</i>	satio "Ye.	n an s," c	d oth	ner co lete S	ompensation fro Schedule J for s	m uch				
5	Individual	accrue compens	atıor	1 fror	 n an	.. y un	 relat	 ed oi			4	lym.	X	
	services rendered to the organization? If "Y	es," complete S	chea	lule .	J for	suct	h per	son	<u> </u>		5		Х	
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	in \$100,000 of				
	(A) Name and business a	address							(B) Description of sen	vices ((C) Compensation			
								NOI	NE				C	
								-					<u> </u>	
													<u>C</u>	
								1						
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	thos	se lis	sted a	abov	e) who received		* * * * * * * * * * * * * * * * * * *			

13-3800068

Pari	t VIII	Statement of Revenue				_	
-		, **		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, grants amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	0 0	,			· **
Contributions, gifts, grants and other similar amounts	d e f	Related organizations	464,887			. ;	
Contr and o	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	▶	2,027,553			
e			Business Code	0 0 mm m = ==	An of one is a		to anno manuscriptic attention and a different
Program Service Revenue	2a			0			
8	b			0			
22	С			0			
Ser	d			0			
ä	е			0			
, jo	f	All other program service revenue		0			
<u> </u>	g	Total. Add lines 2a–2f	<u></u> ▶	0	<i>s</i>		* " "+ *
	3	Investment income (including dividends, interest, ar					
		-other-similar-amounts) 	 >-	2,292			
	4	Income from investment of tax-exempt bond procee	ds . ▶	0			
	5	Royalties	<u></u> . >	. 0			
		(ı) Real	(II) Personal		*	,	
	6a	Gross Rents			A. P. S.	3	
	ь	Less rental expenses				\$\hat{\chi} \chi \chi\$	
	c	Rental income or (loss) 0	0	,			
	d	Net rental income or (loss)	<u> </u>	0	Andrew O an extraord	1200	and an and a specific a consist
	_	Gross amount from sales of (i) Securities	(II) Other		28,000	, die	
	١ ، ۵	assets other than inventory	 	·	* "4		, , , , ; ;
	_		0		ζ	**	š. \«*
	0	Less: cost or other basis			<i>y</i>		, ,
		and sales expenses 0		^		, ,	, , , , , ; ; ;
	C	Gain or (loss)	0			- TF WORDS OF THE THE WAS ASSESSED THAT THE	·
	d	• • • • • • • • • • • • • • • • • • • •	<u>, , , , , ▶</u>	0		70.7	A
σ.	8a	Gross income from fundraising	İ				
Ž		events (not including \$69,406		× 1 ×	<u>.</u>	New York	`
Š		of contributions reported on line 1c).		,]	" ",'	· ,
Other Revenue	ŀ	See Part IV, line 18	69,406		() *	,	\#* : ~
ē	b	Less: direct expenses b	107,009	, , ,		* .	,
돗	С	Net income or (loss) from fundraising events		-37,603			
•	9a	Gross income from gaming activities.		- 4 45	y . 55.	,	~
		See Part IV, line 19	l o	***		, ,	لا فراع الراق أباء
	ь	Less: direct expenses b	0	, ×		. , ,**'	
		Net income or (loss) from gaming activities		0		, ,,°°°	****
		Gross sales of inventory, less		, 24		,	3.4
		returns and allowances a	ا م	/ /3#			** **1
	b	Less cost of goods sold b	0		*		ê.
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code			,	
	110	Other leases		i 512			
			-	0			
	b			<u>_</u>			
	^C	All d		0		-	
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		512	, j	· 🔅 👺	* , `
	12 _	Total revenue. See instructions	▶	1,992,754	0	0	0

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) but are not required to complete columns (B), (C), and (D).

(B) (C) (D) (A) Do not include amounts reported on lines 6b. Management and Fundraising Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21. . . . Grants and other assistance to individuals in 2 the U.S. See Part IV. line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 94,740 28,422 42,633 23,685 Other salaries and wages 691,947 593.061 75,370 7 23,516 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . Other employee benefits 130,104 24.703 164.688 9.881 9 60.181 47,543 9,027 3,611 10 11 Fees for services (non-employees):___ 0 b Legal 27,472 4.121 1.648 C Accounting 21,703 d 0 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees . . . Other 140.059 110.882 20.841 8,336 g 0 Advertising and promotion 12 32,629 25,777 4,894 1,958 13 Office expenses 20,563 26.029 3,904 1,562 14 0 15 68,366 9,229 3,692 55,445 16 0 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 46.804 18,721 19 Conferences, conventions, and meetings 205,015 139,490 0 20 0 21 10,106 10.106 0 22 Depreciation, depletion, and amortization 2,748 2,171 412 165 23 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together 30 Ac. 1 and labeled miscellaneous may not exceed " The State of 5% of total expenses shown on line 25 below.) 15,663 12,374 2.349 940 Printing amd design а Staff training 3,177 845 4,022 b 1,890 756 12,599 9,953 Equipment rental and repair C 1,776 266 107 Dues and subscription 1,403 d Postage and messenger 9,816 7,755 1,472 589 е All other expenses Other 9,279 7,330 1,393 556 1,217,153 99,723 1,577,135 260,259 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 296,452 251,355 Cash—non-interest-bearing. 215,733 2 138,026 2 10.950 513,773 3 3 0 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 Part II of Schedule L 6 7 Notes and loans receivable, net ol 7 8 Inventories for sale or use . . . Prepaid expenses and deferred charges . 9 9 81,628 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 20,457 **b** Less: accumulated depreciation . . . 10b 30,562 10c 0 11 0 11 ol 12 Investments—other securities. See Part IV, line 11 . . . 12 ol Investments—program-related. See Part IV, line 11 13 13 ol 14 14 407.951 438,120 15 15 961,648 16 1,361,731 16 Total assets. Add lines 1 through 15 (must equal line 34) 70,162 17 51,738 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . . ol 24 0 24 25 2,888 Other liabilities. Complete Part X of Schedule D. Ol 25 70,162 54,626 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 476,960 27 398,174 27 414,526 28 908,931 28 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . 32 32 891,486 33 1,307,105 Total net assets or fund balances. 33 961,648 1,361,731 34 Total liabilities and net assets/fund balances

Form **990** (2009)

Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1.12	5 ·- (***)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	. P#2 *	*	
	Schedule O.	, ` à- ~	12.0	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	7185 A X		Process
	issued on a consolidated basis, separate basis, or both	Serve difference and		dS-rai
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		Х
		Fo	m 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

► See separate instructions.

Open to Public Inspection

Name of the	e organization						r identification number					
		RONMENTAL A						<u> </u>		800068		
Part			harity Status (All or						<u>nstructio</u>	ns		
1 ne organ		•	ation because it is. (For irches, or association of		_				1			
2			on 170(b)(1)(A)(ii). (Ai			, ca III 300		(~)(·)(~)(·	<i>,</i> -			
3			hospital service organi			section	170/b)(1)	(A)(iii).				
4	•	•	ation operated in conju						/h)/1)(Δ)	(iii) Ent	er the	
· 🗆	hospi [,] al's na	me, city, and st	ate:									
5 📘	-	*	r the benefit of a colle (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental ui	nit descr	bed	
6	A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectio i	n 170(b)(1)(A)(v).				
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗍			d in section 170(b)(1)		omplete l	Part II.)						
9 🗍	-		ly receives: (1) more th				om contri	ıbutions, r	nembers	hıp fees,	and g	ıross
	•		ed to its exempt function	•								s
		•	ent-income-and-unrelate				•		ax) from	busines	ses	
—		_	after June 30, 1975.		-		-	· ·				
10	•	_	and operated exclusive	•	-	-		*	•			
11	_	•	ind operated exclusive blicly supported organ	•		•				•		on.
		•	at describes the type o					•			Secur	ווכ
	a Type	· ·	Type II c		e III–Fund		-		`	ype III-	Other	
e 🗍			y that the organization			•	•	bv one or				
ـــا -			on managers and othe				-	-				on
	509(a)(1) or	section 509(a)(2).									
f	_		a written determinatior	n from the	RS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
_	-	, check this box		 maad amu	 aift ar aan	 Industion t	From one	of the	•			
g	following per		the organization acce	pted any	giit or cor	itribution i	nom any	or trie				
		_	or indirectly controls,		_		persons	described	in (iı)		Yes	No
	•		verning body of the su		-	on?				11g(i)		
	• •	•	person described in (i	•						11g(ii) 11g(iii)		
h			ation about the suppoi				• • •		• •	[119(11)]		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the		Amount	of
	anization	'.	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organızat (i) organı	zed in the		upport	
			(see instructions))		l No		oort?		S ?	-		
				Yes	No	Yes	No	Yes	No	 		
					<u> </u>					<u> </u>		0
				ļ	ļ ———					 		0
										Ì		. 0
										<u> </u>		
		ļ		ļ	ļ		<u> </u>	ļ. <u></u>				0
					ļ							^
					**************************************	3 (ch.) + (g. th.)		The Transfer of the Control of the C	· Province	-		0
Total									TREE	ŀ		0

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)

7) Total 6,916,634
3,916,634
0
0
6,916,634
0.040.004
6,916,634
f) Total
6 ,916,634 -
35,908
0
9,073
<u>6,961,615</u>
▶□
99.35%
99.33%
ns box .►X
eck this
10% V how □ ► □
I5 is 10% IV how n . ▶
▶∐
1 ' T

Page 3

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

	(Complete only if you checked t	he box on line	9 of Part I)				
	tion A. Public Support	() 0005	(1) 0000	4.3.0007	(1) 0000	(.) 2000	(D. T. t. t
Cald	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007_	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and]	
	membership fees received. (Do not					ĺ	
	include any "unusual grants.")	0	0				0
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished					{	
	in any activity that is related to the					1	
	organization's tax-exempt purpose	ol	0			1 1	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					ļ 1	
	its behalf	0	0			L	0
5	The value of services or facilities					ļ — i	
	furnished by a governmental unit to the					l	
	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3					(
	received from disqualified persons				, -	ļ <u>.</u>	0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				!	1	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	PURSUME	The same of the sa	The second of th			
	line 6.)		ready washing the stand	at the same of the same of the		10 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	0
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	0	0	o	0
_	Gross income from interest, dividends,	├ ──~				 	
	payments received on securities loans,						
	rents, royalties and income from similar					1	
	sources					[[0
b	Unrelated business taxable income (less	_					
	section 511 taxes) from businesses				:		
	acquired after June 30, 1975					<u> </u>	0
С	Add lines 10a and 10b	0	0	0	0	0	. 0
11	Net income from unrelated business						
	activities not included in line 10b,] }	
	whether or not the business is regularly						
	carried on					ļ	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					[[•
40	(Explain in Part IV.)	0	0	 		 	0
13	Total support. (Add lines 9, 10c, 11,		0		_	ا ا	0
	and 12.)	U U	t accord this	0	0	<u> </u>	0
14	First five years. If the Form 990 is for the org	•			=		
	organization, check this box and stop here.		 _	· · · · ·			
	tion C. Computation of Public Support		 			Г. <u>.</u> .	
15	Public support percentage for 2009 (line 8, co	,,,	-	olumn (f))		15	0.00%
16	Public support percentage from 2008 Schedu				• • •	16	0.00%
Sec	tion D. Computation of Investment Inc					T .= 1	
17	Investment income percentage for 2009 (line			e 13, column (f)) . .	17	0.00%
18	Investment income percentage from 2008 Sc					18	0.00%
19a	33 1/3% support tests-2009. If the organiza	tion did not che	eck the box on	iine 14, and lir	ie 15 is more t	nan 33 1/3% an	a line 1/ is
_	not more than 33 1/3%, check this box and s						▶ []
þ	33 1/3% support tests-2008. If the organization d						ر _ ر
	line 18 is not more than 33 1/3%, check this box ar	-				-	▶Щ
20	Drivete foundation If the organization did n	at abook a box	on line 14 10	a or 10h chacl	k thic hav and	eaa instructions	

	n 990 or 990-EZ) 2009			ENTAL ACTION IN			Page 4
Part IV	Supplemental Part II, line 17a	l Information. C a or 17b. and Pa	Complete this p irt III. line 12. F	part to provide the Provide any other	e explanations require r additional information	d by Part II, line 10; See instructions.	
			, , , , , , , , , , , , , , , , , , ,				
				• • • • • • • • • • • • • • • • • • • •			
					*		
••••••							
							•

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV. line 6. 7. 8. 9. 10. 11. or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WES	T HARLEM ENVIRONMENTAL ACTION INC				00068
Part			iar Funds	or Accounts.	Complete if
	the organization answered "Yes" t	1			
ā		(a) Donor advised funds		(b) Funds and oth	er accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)		_		
4	Aggregate value at end of year .				
5	Did the organization inform all donors and d	=			Yes X No
6	funds are the organization's property, subjection of the organization inform all grantees, do	-			Yes [X] No
0	used only for charitable purposes and not for				
	purpose conferring impermissible private be				Yes X No
Part					
				OIIII 990, Pait I	v, iii le 1. N/A
1	Purpose(s) of conservation easements held				
	Preservation of land for public use (e g	·		n historically impo	
	Protection of natural habitat	Preser	vation of a	certified historic	structure
	Preservation-of-open-space				
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation co	ntribution I	n the form of a co	onservation
	easement on the last day of the tax year.				
				" Held at the	e End of the Tax Yea
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation ea			2b	
С	Number of conservation easements on a ce	-)	2c	
d	Number of conservation easements include			2d	
3	Number of conservation easements modifie	d, transferred, released, extinguished	I, or termin	ated by the orgai	nization
	during the tax year				
4 5	Number of states where property subject to Does the organization have a written policy		postion b	andling of	
3	violations, and enforcement of the conserva			-	Yes No
6	Staff and volunteer hours devoted to monitor				
•	>	ming, inopositing, and omercing series	11011011	somorno dannig n	io your
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	on easeme	ents during the ve	ear
·	▶ \$			g	· -
8	Does each conservation easement reported	on line 2(d) above satisfy the require	ements of s	section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization r		revenue a	nd expense state	ment, and
	balance sheet, and include, if applicable, th	e text of the footnote to the organizati	on's financ	ial statements th	at describes
	the organization's accounting for conservati				
Par			Other Sim	nilar Assets.	
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·			N/A
1a	If the organization elected, as permitted und				
	art, historical treasures, or other similar ass				e of public
_	service, provide, in Part XIV, the text of the If the organization elected, as permitted und				ant works of art
b	historical treasures, or other similar assets	· ·			•
	service, provide the following amounts relat		, icocaicii	rararciance of	Public
	(i) Revenues included in Form 990, Part VI	_		▶ \$	
	(ii) Assets included in Form 990, Part X	II, line 1	•	· • • •	
2	If the organization received or held works or	fart_historical treasures_or other sim	ilar assets	for financial dain	provide the
~	following amounts required to be reported u			manolal galli	, piorido tilo
а	Revenues included in Form 990, Part VIII, I			> s	
b	Assets included in Form 990, Part X			▶ \$	
	, woods moragos in round ood, rait /			Ψ	

	, WEST HARLEM ENVIR	CONVIENTAL AC	I ION INC	,		13-	300000			_
	ule D (Form 990) 2009				 		0: :: 4			Page 2
Par	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Oti	<u>ner Similar A</u>	ssets (C	ontinu	iea)
3 a b	Using the organization's acquisition, a use of its collection items (check all the Public exhibition Scholarly research		d e		k any of the			significan	t	
С	Preservation for future generat	ions								
									! .	
4	Provide a description of the organization Part XIV. During the year, did the organization								iose in	l
5	assets to be sold to raise funds rathe								es 🗌	No
					_			-		
Par						answe	rea "Yes" to i	-orm 99		
	IV, line 9, or reported an am								N/A	1
1a	Is the organization an agent, trustee,	custodian or othe	er interme	ediary for	contributio	ns or o	ther assets no	t		
	included on Form 990, Part X?							Y	es	No
b	If "Yes,' explain the arrangement in F	art XIV and comp	olete the	following	table:					
								Amount		
С	Beginning balance					. 1c				0
d	Additions during the year					1d				
e	Distributions during the year					. 1e				
f	Ending balance		·			1f				0
. '	•		n saarV=la						es X	No
_	-Did-the-organization-include-an-amou		Pan A, III	ne Z i ?				י נ	es [NO
_b	If "Yes," explain the arrangement in F	art XIV.			- 11\/!!		000 Ded IV I	ino 10		
Part	V Endowment Funds. Comp									
		(a) Current year	(b) Pro	or year	(c) Two year	S DACK	(d) Three years b		our years	s pack
1a	Beginning of year balance	0 1	N/A		***	-	**************************************	·	·	Crac C
b	Contributions				- 3%, -	1. 1.	\$ \ -2 \ \{ \} \}	1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	* (33)" . 11".". •	्टक्ष् क्रिक्ट १५५ -
С	Net investment earnings, gains, and losses				in "K" was in a	ä i				
d	Grants or scholarships					W.1854	<u> </u>	S. 1.44	e Chi	()
е	Other expenditures for facilities				♦					i Z
	and programs						<u> </u>	1	****	in the second
f	Administrative expenses								· , * .×	` <u>, </u>
g	End of year balance .	0		0				[8
2	Provide the estimated percentage of	the year end bala	ince held	as						
а	Board designated or quasi-endowme		%							
b	Permanent endowment	%								
C		%								
3a	Are there endowment funds not in the		ne organi	ization th	at are held	and ad	ministered for	the		
-	organization by:		J						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
h	If "Yes" to 3a(ii), are the related orga									
b	Describe in Part XIV the intended us									
4						rt Y lı	20 10			
Pari								(d) D		
	Description of investment	(a) Cost or oth	ent)	, ,	st or other s (other)		Accumulated epreciation	(0) 6	look valu	
1a	Land		0		0	-				0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		27,008		27,008	-		0
d	Equipment		0		54,620		34,163		2	0,457
_	0.0	i	^		0		0			n

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

organization's liability for uncertain tax positions under FIN 48.

ace 3

(a) Desc (ind	vestments—Other Securit		1 _ .
	cription of security or category cluding name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ives	0	
Cioseiy-neia equ	ity interests	0	·····
Other		0	
		0	
		. 0	
Total (Caluma (h) mush	equal Form 990, Part X, col (B) line 12)	▶ 0	
		ated. See Form 990, Part X, line	13
			(c) Method of valuation
(a) De	escription of investment type	(b) Book value	Cost or end-of-year market value
- <u>·</u>		0	· ·
		0	
		0	
		0	
		0	
· · · · · · · · · · · · · · · · · · ·	*** ** - · · · · ·	0	·
		0	
		o	
		0	
		0	
	equal Form 990, Part X, col. (B) line 13.) ther Assets. See Form 990	Port V line 15	A STATE OF THE STA
Part IX Of	tilei Assets. See Form 990	, Fail A, iii G 13	
			(b) Book value
Security denosit		(a) Description	(b) Book value
			3,500
Construction in p			3,50 406,42
Construction in p			3,50 406,42 28,19
Construction in p			3,50 406,42 28,19
Construction in p			3,50 406,42 28,19
Construction in p			3,50 406,42 28,19
Construction in p			3,500 406,42 28,199
Construction in p			3,50 406,42 28,19
Construction in p			3,50
Construction in p Other assets	orogress	(a) Description	3,50 406,42 28,19
Construction in p Other assets Total. (Column (orogress (b) must equal Form 990, Part	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Other assets Total. (Column (orogress (b) must equal Form 990, Part 2 ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Other Column ()	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Other Column (Colu	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Other Column (Colu	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Total. (Column (b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income t	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19
Construction in p Other assets Total. (Column (Part X Ot 1. Federal income telephone telephone)	b) must equal Form 990, Part ther Liabilities. See Form 9	(a) Description X, col. (B) line 15.)	3,50 406,42 28,19

_	DIE D (1 01111 000) 2000			rage -
	Reconciliation of Change in Net Assets from Form 990 to Audited Financia		tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,992,754
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,577,135
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		415,619
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	Deturn	415,619
	Table Reconciliation of Revenue per Audited Financial Statements With Revenue		Return	4.000.754
1	Total revenue, gains, and other support per audited financial statements	-	1	1,992,754
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments		i,	
b	Donated services and use of facilities		* · · · ·	
C	Recoveries of prior year grants		, š	
d	Other (Describe in Part XIV.)			•
e	Add lines 2a through 2d	_	2e	0
3	Subtract line 2e from line 1	2.78	3	1,992,754
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b.	-13		
b-	-Other-(Describe-in-Part-XIV:)			•
C	Add lines 4a and 4b	_	lc	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Defease	1,992,754
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense		_	4 577 405
1	Total expenses and losses per audited financial statements	5.	1	1,577,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities			
a	- · · · · · · · · · · · · · · · · · · ·	-		
b	Prior year adjustments			
C	Other losses		in, a	
d	Other (Describe in Part XIV.)	⊣ ∴;	<i>3.</i>	•
e	Add lines 2a through 2d	_	2e	4 577 405
3	Subtract line 2e from line 1	_	3 8.4	1,577,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***		
а	Investment expenses not included on Form 990, Part VIII, line 7b	┨.	4.4	
b	Other (Describe in Part XIV.)			^
C	Add lines 4a and 4b	_	<u>c</u>	1 577 405
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,577,135
Pai	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and	4b. A	Also complet	е
this	part to provide any additional information.			

WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

20**09**

Open To Public

Employer identification number

Department of the Treasury Internal Revenue Service

WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No 0 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II		t s. Complete if the orgai on Form <u>990-EZ, line 6</u>			
			(a) Event #1 DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less Charitable	69,406	0	0	69,406
Ŗ	3	contributions Gross income (line 1	0	0	0	. 0
		minus line 2)	69,406	0	0	69,406
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
Direct Expenses	6	Rent/facility costs	0	0	0	0
	7	Food and beverages .	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	107-,009	0	0	107,009
	10	Direct expense summary				(107,009)
Δ.	11		mbine line 3, column (d), a	and line 10		-37,603
Pa	rt III	than \$15,000 on Fo	if the organization answ rm 990-EZ. line 6a	vered "Yes" to Form 98	θυ, Paπ IV, line 19, or r	еропеа тоге
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				0
es	2	Cash prizes				0
rect Expenses	3	Noncash prizes				0
ect ect	4	Rent/facility costs .				0
ä	5	Other direct expenses .				0
	6	Volunteer labor	☐ Yes% ☐ No	Yes %	☐ Yes% ☐ No	i la mar
	7	Direct expense summary	(0)			
	8	Net gaming income summ	nary. Combine line 1, colui	mn d, and line 7		0
9		nter the state(s) in which the				Yes No
t		the organization licensed to "No," explain:	o operate gaming activities		?	9a
_		/ere any of the organization "Yes," explain			ted during the tax year?	10a
		· 				
11 12		oes the organization operat the organization a grantor,	-			. 11
12		med to administer charital	·	i dust of a member of a p	Janus Sinp of Other Chilly	12

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:		Ι,	
а		6		1
b	An outside facility	6	٠.	1.0
14	Enter the name and address of the person who prepares the organization's gaming/special events books		١.	
	and records:	,	3	
	Name ▶	* *	i	1 1
			,	
	Address ►		:	
		1.	٠.	l '.
15a	Does the organization have a contract with a third party from whom the organization receives gaming		, , , ,	
	revenue?	_15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	J'*	, v	
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
				-
	Name ▶			Ì
		1.		. ~
	Address ►			٠.,
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ϊ,	.,
16	Gaming manager information:	100		* * *
	Outling manager information.		-	3"
	Mana N		1	100
	Name ▶	22.4	The same	-15
	Coming account of the Company of the	, 37,5	5.7.6°	
	Gaming manager compensation > \$0			
	Decembles of accions assuided			4.5%
	Description of services provided		100	17.00
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor	**,4	T. C.	
47	Mandatan, distributions	1.	ľ ;	1 ' "
17	Mandatory distributions.	* '		, '
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	470		1 - V
		17a	 . 	^
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \bigs \$ \]	1		5 7 92
	OF SDEHEID THE OTDANIZATION'S OWN EXEMIDE ACTIVITIES QUITIO THE TAX YEAR 🚩 🗩	1	I sade 2	1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Form 990, Part III, Line 4d Program Service Expenses 184,390, Grants and allocations 0, Revenue 0 Movement Building Form 990 Part VI Section B Line 11A THE FORM IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE SIGNING & Form 990 Part VI Section B Line 15 COMPENSATION IS DETERMINED BY THE BOARD PRESIDENT IN CONSULTATION WITH MEMBERS. COMPARABLE AND CONTEMPARANEOUS INFORMATION IS USED IN THE DECISION MAKING PROGESS Form 990 Part VI Section B Line 12 DIRECTORS AND OFFICERS ARE ISSUED A COPY OF THE CURRENT COI POLICY UNPON APPIONTEMENT, ANNUAL DECLARATIONS ARE SUMMITTED TO CONFIRM NO CONFLICTS OR IDENTIFY POSSIBLE AND TOR CONFLICTS ______ Form 990 Part VI Section C Line 19 GOVERNING DOCUMENTS, COI POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO ANY BOARD MEMBER