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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

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

A	For the	2010 cal	endar year, or tax year beginning , and endi	ing	<u> </u>	
			C Name of organization WEST HARLEM ENVIRONMENTAL ACTION INC		tion number	
		ck if applicable C Name of organization WEST HARLEM ENVIRONMENTAL ACTION INC D Employer identification ress change Doing Business As 13-3800068				
\equiv		10-000000				
=	lame cha	-		·		
=	nitial retu		1854 AMSTERDAM AVE	(212) 234-1988		
=	erminate		City or town, state or country, and ZIP + 4			
<u></u> ⊿	mended	l return	NEW YORK NY 10031	G Gross receipts \$	1,699,680	
A	pplication	n pending	F Name and address of principal officer	(a) Is this a group return for affili	ates? Yes X No	
			PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 10031 H	(b) Are all affiliates included?	Yes No	
I Ta	ax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list (see ins	tructions)	
		<u>`</u>		(c) Group exemption number		
	_					
		rganization		of formation 1986 M Stat	te of legal domicile NY	
Р	art l		mmary			
	1	Briefly o	lescribe the organization's mission or most significant activities <u>ENVIR</u>	ONMENTAL ADVOCATI	E/EDUCATION	
ű.						
LUII Activities & Governance						
Š	2	Check t	his box ▶ If the organization discontinued its operations or disposed of more than 2	25% of its net assets		
, %	3	Number	of voting members of the governing body (Part VI, line 1a)	3	10	
es =	4	Number	of independent voting members of the governing body (Part VI, line 1b)	4	10	
C U I I	5	Total nu	ımber of ındıvıduals employed ın calendar year 2010 (Part V, line 2a)	5	10	
Aci 6	6	Total nu	imber of volunteers (estimate if necessary)	6		
20 ≕i	7a	Total ur	related business revenue from Part VIII, column (C), line 12	. 7a	0	
	b	Net unr	elated business taxable income from Form 990-T, line 34	7b	0	
				Prior Year	Current Year	
>	8	Contrib	utions and grants (Part VIII, line 1h)	2,027,553	1,688,348	
בון בו	9		n service revenue (Part VIII, line 2g)	0	0	
NEU Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	2,292	1,402	
	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37,091	9,930	
₹	12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,992,754	1,699,680	
چن	13		and similar amounts paid (Part IX, column (A), lines 1–3)	0	0	
y)	14		s paid to or for members (Part IX, column (A), line 4)	0	0	
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,011,556	956,898	
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)	0	000,000	
ber	b		ndraising expenses (Part IX, column (D), line 25) ► 98,307		* * * * * * * * * * * * * * * * * * * *	
ũ	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)	565,579	710,716	
	18		penses Addines 13-17 (must equal Part IX, column (A), line 25)	1,577,135	1,667,614	
	19	Revenu	e less expenses, Suptract line 18 from line 12	415,619	32,066	
es es				Beginning of Current Year	End of Year	
Assets or	20	Total as	sets (Part X lime 16) () () () () () () () () () () () () ()	1,361,731	1,384,009	
Ass 1 Ba	21		bilities (Part Xiline 26)	54,626	44,838	
E Set	22		ets or fund balances; Subtract line; 2:1=from line 20	1,307,105	1,339,171	
Pa	rt II		Inature Block	1,001,100	1,000,171	
Unde	er penalt	es of perju	y, I declare that have examined this return, including accompanying schedules and statements.	, and to the best of my knowledge		
and l	belief, it	is true, corr	ect, and complete Declaration of preparer (other than officer) is based on all information of which	n preparer has any knowledge	, 	
Sig	ın		148x m. The Dava.			
_		 <	Sugnature of officer 11/4	Date 0	aC- 11	
He	i C		1-6994 M. Shelogoth Cxecutur Dir	7000 4-	X8-11	
			Type or print name and title			
		Prin	t/Type preparer's name eparer's signature	Date	PTIN	
Pai	id		INLINI DAVIG ODA	Check X	- 1	
Pre	parei	r's ^{JO}	HN W DAVIS CPA	9/19/2011 self-employ	/ea	
	e Only	y Firm	n's name ► JOHN W DAVIS, CPA	Firm's EIN ▶		
		Firm	n's address ► 1736 E ELIZABETH AVE, LINDEN, NJ 07036	Phone no (908) 2	75-3382	
Ma	v the II		ss this return with the preparer shown above? (see instructions)		Yes X No	
			uction Act Notice see the senarate instructions		Form 990 (2010)	

	90 (2010)	WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		<u>_X</u> _
1	Briefly	describe the organization's mission		-
	Enviro	nmental issues		
			·	
2		e organization undertake any significant program services during the year which were not listed on	_	[]
		or Form 990 or 990-EZ?	Yes	X No
_		" describe these new services on Schedule O		
3		e organization cease conducting, or make significant changes in how it conducts, any program		जि
	service		Yes	X No
		" describe these changes on Schedule O	h	
4		be the exempt purpose achievements for each of the organization's three largest program services		
		n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo ions to others, the total expenses, and revenue, if any, for each program service reported	ount of grants ar	ıa
	anocat	ions to others, the total expenses, and revenue, it any, for each program service reported		
42	(Code	\/Evpopses \$ 207,971 including groups of \$ 0 \/Powenus	· ¢	0)
4a			, φ)
		nmental Justice Advocacy & Government Accountability		
4b	(Code) (Expenses \$ 597,611 including grants of \$ 0) (Revenue	÷ \$	0)
	Enviro	nmental Health & Community Based Research		
4-	1004-	\/Evpapped		
4c	(Code) (Expenses \$ 231,681 including grants of \$ 0) (Revenue	э .	<u></u> 0 _.)
	oustall	nable Development		
				·
				·
4d	Other	program services (Describe in Schedule O)		
		nses \$ 187,095 including grants of \$ 0) (Revenue \$	0)	
4e		program service expenses > 1,314,258		

			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		NO
•	·		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	-^ -	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•	i	
	the environment, historic land areas, or historic structures? If "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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			_^
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			X
	VII, VIII, IX, or X as applicable		·]	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	$\hat{\mathbf{x}}$	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^	
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Ì	Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

19? Note. All Form 990 filers are required to complete Schedule O.

	WEST HARCEM ENVIRONMENTAL ACTION INC.	/0000		ago .
Par	t IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	140
- 1	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,
24-	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b		24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
h	with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		X
b	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	ŀ	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			l
	If "Yes," complete Schedule L, Part III	27		X
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)		ĺ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		Ť
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	20		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		X
٠.	Part I	31		×
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? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
	Did the organization receive any payment from or engage in any transaction with a	33		 ^
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		}	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	\ <u></u>		Τ̈́

	90 (2010) WEST HARLEM ENVIRONMENTAL ACTION INC 13-380	0068	P	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			Ш
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	F%	.3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	. "	,ź.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 ^ ^ `		3 (
	gaming (gambling) winnings to prize winners?	1c	Χ	~ ~ ~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			3
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10		3	. '
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	\$ \(\tau_{-1} \)	<i>\$</i> .	4)
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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	ŀ		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	,		^
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	,		}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).	X 3	٠,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŀ	S ASSESSED	à
	and services provided to the payor?	7a	0 7.5mm	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	*	, 😘	101
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		,	~
	organization, have excess business holdings at any time during the year?	8]	X
9	Sponsoring organizations maintaining donor advised funds.	5		%
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter	4	State	
а	Initiation fees and capital contributions included on Part VIII, line 12		480	*,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b] ;		× 3
11	Section 501(c)(12) organizations. Enter	*	w (q ·	3887 10
а	Gross income from members or shareholders			* <
b	Gross income from other sources (Do not net amounts due or paid to other sources		300	ř
	against amounts due or received from them)	2		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	(X)	.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Х	

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

Check if Schedule O contains a response to any question in this Part VI

X

Sect	ion A. Governing Body and Management		V	N-
4-	Enter the name to store manches of the governme hady at the and of the tay year.		Yes	No
_	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 10 15 16 17 18 19 19 10 10 10 10 10 10 10 10			ŗ
Ъ	Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	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			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	·	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ŀ		
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)	_	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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		X
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ا ۱		
L	form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	42-	·	
_	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
·	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by	1.73	<u>,, </u>	
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	*	.	'
а	The organization's CEO, Executive Director, or top management official	15a	` X ˜	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
1	with a taxable entity during the year?	16a		×
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	_		'
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	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 on	ıly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► PAT TERRY 212-691-090)9		
	465 WEST 140 STREET, NEW YORK, NY 10031			

3-3800068	Page 7
- d	

Form	990	(2010)
	220	120101

Asst Director

Program Director

(12) Ursula Embola

(14)

(13)

(15)

WEST HARLEM ENVIRONMENTAL ACTION INC

art VII	Compensation of Officers, Directors, Truste	es, Key Employees, Highest Compensated
	Employees, and Independent Contractors	

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (C) (F) (D) (E) Position (check all that apply) Name and Title Average Reportable Reportable Estimated compensation hours per compensation amount of Individual trustee Key employee Institutional trustee Highest compensated employee Officer week from from related other or director compensation (describe the organizations (W-2/1099-MISC) from the hours for organization (W-2/1099-MISC) organization related organizations and related ın Schedule organizations (1) Dennis Derryck Chair 15. Х 0 (2) Peggy Shepard **Exec Director** 40. Χ 100,694 0 3.021 (3) Roberto Lebron Director 15 Х 0 (4) Patrıcıa Terry Treasurer 15 Х 0 (5) Regina Smith Director Х 15 0 0 (6) Hope Plasha Director 15 Х 0 0 (7) Eric Goldstein Director 15 Χ 0 0 0 (8) Phillip Morrow Director 15. Х 0 0 (9) Jeff Jones Director 15. Х 0 0 (10) Vernice Miller-Travis Director 15 Х 0 0 0 (11) Cecil Corbin-Mark

40

40

Х

Х

75,889

78,453

2,277

2,354

0

0

	90 (2010) WEST HARLEM ENVIRONME										-38000		Page 8
Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	mplo	yee			High	est		Employees	(cont	inued)	
	(A) . Name and title	(B) Average hours per			chec	_	that ap		(D) Reportable compensation	(E) Reportabl compensati	on	(F) Estima amoun	ated at of
-		week (describe hours for related organizations in Schedule O)	Institutional trustee Individual trustee or director		Key employee Officer Institutional trustee		Former Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensa from the organizate and relate organizate	
(17)													
(18)													
(19)		 .											
(20)													
(21)			1										
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
	Sub-total					<u> </u>	•	•	255,036		0		7,652
	Total from continuation sheets to Part VII, \$	Section A	•				٠	. •	0		0		(
<u>d</u> 2	Total (add lines 1b and 1c). Total number of individuals (including but not line portable compensation from the organization			_	ove		ho re	ceiv	255,036 ved more than \$		0		7,652
	reportable compensation from the organization	<u> </u>			<u>1</u>							Ye	s No
	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche					yee	, or h	igh	est compensate	d		3	X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable c	ompe	ensa	tior						- T	4	
5	Did any person listed on line 1a receive or acc									 ndıvıdual	-		X
	for services rendered to the organization? If "\ ion B. Independent Contractors	res, complete	Scrie	auie	; , , ,	OI S	sucii į	Jer.	SOII .			5	X
1	Complete this table for your five highest comp compensation from the organization	ensated indepe	ender	nt cc	ntra	acto	rs th	at re	eceived more th	an \$100,00	0 of		
	(A) Name and business add	ress	-						(B) Description of ser	vices	Cor	(C)	on
													(
								NC	NE				(
								-					
									- H				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII		Statement of Revenue			<u> </u>	
7 %		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants lar amounts	1a b c	Federated campaigns	** .	· · · · ·	*	*
Contributions, gif and other similar	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	1,688,348	# w	* * * * * * * * * * * * * * * * * * *	
	 ' '-	Business Code	1,000,340			
Program Service Revenue	20					
eve	2a		0	 		
Œ o	b		0			
Š	С		0			
Ser	d		0			
E E	е		0			
û	Ť	All other program service revenue	0			
ڇ	g	Total. Add lines 2a–2f ▶	0		·	
	3	Investment income (including dividends, interest, and other similar amounts)	1,402	1,402		
	4	Income from investment of tax-exempt bond proceeds .	0			
	5	Royalties	0		· - · · · · · · · · · · · · · · · · · ·	
		(i) Real (ii) Personal			~ .	
	6a	Gross Rents .	\$. Same		* *,	. &:
		Less rental expenses	1. A.	 	*	
	b		3.7% (f		8 8	İ
	C	Rental income or (loss) 0 0	<u>`````</u>			
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other			;;; <u>;</u> ;	
		assets other than inventory . 0 0		(1) (1) (1) (1) (1) (1) (1) (1)	·	
	b	Less cost or other basis		.W	*	, *
		and sales expenses 0 0				
	С	Gain or (loss) 0 0				
	d	Net gain or (loss)	0			
ant		Gross income from fundraising			Ne	
Other Revenue		events (not including \$0 of contributions reported on line 1c) See Part IV, line 18 a0				
Ť	ь	Less direct expenses b 0		**		<u>}</u> ,
0		Net income or (loss) from fundraising events	0	₹	nee on tue	aš.`
		Gross income from gaming activities See Part IV, line 19	, -			
	b	Less direct expenses b 0	,		*,	
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less returns and allowances . a 0				
	h	Less cost of goods sold b 0				
	<u> </u>	Net income or (loss) from sales of inventory	0			
	44	Miscellaneous Revenue Business Code			7	*****
		Other Income	9,930			
	b		0			
	С		0			
	d	All other revenue	0			
	е	Total. Add lines 11a–11d .	9,930			
	12	Total revenue. See instructions	1 699 680		0	0

Form 990 (2010)

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) Do not include amounts reported on lines 6b, (A) (D) Fundraising Total expenses Program service Management and 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 KL W 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 146 A 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 255,036 128,360 105.562 21.114 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. 448.710 427.599 21,111 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 199.326 156.988 30,415 11,923 10 Payroll taxes . 53,826 42,531 8,065 3,230 11 Fees for services (non-employees) Management Legal b 0 C Accounting. 15,791 13,422 2,369 Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 A 2005 2572 f Investment management fees . 0 Other. 349,559 277,686 g 51,167 20,706 12 Advertising and promotion 25,185 19,896 3,778 1,511 13 Office expenses 46,012 36,349 6,902 2,761 14 Information technology 24,859 19,638 3,729 1,492 15 Royalties 16 Occupancy 98,106 77,504 14,716 5,886 17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 83,643 66.078 12.546 5.019 20 Interest 21 Payments to affiliates . 0 22 Depreciation, depletion, and amortization 6.819 6.819 0 23 3.985 3,148 239 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Printing amd design 20,834 16,459 3,125 1,250 Staff training 643 547 96 c Equipment rental and repair 16,793 13,266 2,519 1.008 d Dues and subscription 6,357 5,022 954 381 Postage and messenger 4,861 3.840 729 292 f All other expenses Other 7,269 5.925 960 384 25 1,667,614 Total functional expenses. Add lines 1 through 24f 1,314,258 255,049 98,307 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

y Pa	ırt X	Balance Sheet					,
		•			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing			251,355	1	42,966
	2	Savings and temporary cash investments	•		138,026		78,951
	3	Pledges and grants receivable, net			513,773	3	678,323
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers, of	directors, trustees,	key	~;*>	10	A casa Company
		employees, and highest compensated employees. Schedule L	ees Complete Par	t II of	· · · · · · · · · · · · · · · · · · ·	5	
	6	Receivables from other disqualified persons (a	ıs defined under se	ection	PORTER LITTURE AND THE		
		4958(f)(1)), persons described in section 4958	(c)(3)(B), and cont	ributing		N. F	
		employers and sponsoring organizations of se	ction 501(c)(9) voli	untary		Ž.	
sts		employees' beneficiary organizations (see inst	ructions)			6	
Assets	7	Notes and loans receivable, net		•	0	7	0
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or					
1		other basis Complete Part VI of Schedule D	10a	228,588			
	b	Less accumulated depreciation	10b	67,990	20,457		160,598
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, lin	0	12	0		
	13	Investments—program-related See Part IV, III	ne 11		0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11		438,120	15	423,171	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34) .		1,361,731	16	1,384,009
	17	Accounts payable and accrued expenses	•		51,738	17	41,950
	18	Grants payable .				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete	Part IV of Schedu	ile D .		21	
Liabilities	22	Payables to current and former officers, direct	ors, trustees, key				
ab		employees, highest compensated employees,	and disqualified				
, 🗀		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unre	elated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelat			0	24	0
	25	Other liabilities Complete Part X of Schedule	D		2,888	25	2,888
	26	Total liabilities. Add lines 17 through 25	<u> </u>		54,626	26	44,838
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33					
ă	27	Unrestricted net assets			398,174	27	338,239
Bal	28	Temporarily restricted net assets			908,931		1,000,932
ᅙ	29	Permanently restricted net assets			333,03.	29	1,000,002
ڄ		Organizations that do not follow SFAS 117,	shook have A]	" als is is	1 **	
Net Assets or Fund Balances		and complete lines 30 through 34.		J		. u-II	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or				31	
et	32	Retained earnings, endowment, accumulated	income, or other fu	ınds .		32	
Z	33	Total net assets or fund balances			1,307,105		1,339,171
	34	Total liabilities and net assets/fund balances .			1,361,731	34	1,384,009
							Form 990 (2010)

Form	990 (2010) WEST HARLEM ENVIRONMENTAL ACTION INC	1	3-3800068	Pag	je 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,699	,680
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,667	',61 4
3	Revenue less expenses Subtract line 2 from line 1	3		32	,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	•	1,307	',105
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		1,339	,171
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII .				
				Yes	No
1	Accounting method used to prepare the Form 990.			ain:	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		C mark	* ; .	
	Schedule O			C 30	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
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 oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n	,	~	
	Schedule O			• .	* %
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		G608	ů.	
	issued on a separate basis, consolidated basis, or both				
	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		" , ```	, "" "	4. (° ' '')
	the Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		Х
			Form	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number

<u>WES</u>	<u>Т Н</u> А	ARLEM ENVI	<u>RONMENTAL A</u>	CHON INC	 				1	13-38	800068		
Par	t I	Reason	for Public Ch	arity Status (All org	anizatıor	ns must c	complete	this par	t) See ın	struction	s		
The c	rgar		•	ation because it is: (Fo		_		-	-				
1		A church, co	invention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			esearch organiza ime, city, and st	ation operated in conju ate	inction wi	th a hospi	tal descri	bed in se	ection 170	(b)(1)(A)	(iii). En	ter the	
5		_	•	r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit desc	ribed	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	_		ly receives a substanti (1)(A)(vi). (Complete I	•	its suppor	rt from a g	jovernme	ental unit o	or from th	e gener	al pub	lıc
8	П				-	Complete F	Part II)						
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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)												
10		An organiza	tion organized a	ind operated exclusive	ly to test	for public	safety Se	ee sect io	n 509(a)(4).			
11	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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated d Type III-Other												
e		persons other		y that the organization on managers and othe 2)			•	_	-		•		ion
f				<i>,</i> a written determinatior	n from the	RS that	ıtıs a Tvr	e I Type	ell or Tvo	e III supr	ortina		
-			, check this box						·, o, p.				
g		-		the organization acce	pted any	gift or con	tribution 1	rom any	of the				
		following per	rsons?										
				or indirectly controls,		_		persons	described	in (ii)		Yes	No
				verning body of the su		-	on? .		•		11g(i)		
			-	person described in (i	•			•	•		11g(ii)		
h				ty of a person describe						• •	11g(iiı)	<u> </u>	
<u>h</u>	A la	e of supported		ation about the suppoi					T ()	I	1		
(1)		anization	(ii) EIN	(III) Type of organization (described on lines 1–9		sted in your		ou notify		ls the tion in col	(VII)) Amoun support	t or
above or IRC				above or IRC section	governing	document?	col (ı)	of your	(i) organ	zed in the			
				(see instructions))	- Van	No		oort?	1	S?	∤		
(A)				-	Yes	No	Yes	No	Yes	No	 		
(~)											1		0
(B)													
													0
(C)													
									ļ		ļ		0
(D)													0
(E)													^
			and a market	Add States and the state of the	Wingsign & A		4 6			ئە بىر ھەتھ			0
T-4-	i		Salah Sa	@??\$\$\$\$77 \Y@& ` ```??'``.```		T	I	4300	₩ .M	T	1		_

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

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

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010_	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	881,147	1,134,471	1,496,087	2,027,553	1,688,348	7,227,606
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf	0					0
3	The value of services or facilities		:				
	furnished by a governmental unit to the						
_	organization without charge .	0					0
4	Total. Add lines 1 through 3	881,147	1,134,471	1,496,087	2,027,553	1,688,348	7,227,606
5	The portion of total contributions by each	<i>**</i>	·		*)*		
	person (other than a governmental unit	,	Se 37.42 1		´* 、		
	or publicly supported organization)	``. ``}\``#	S. S				
	included on line 1 that exceeds 2%	``)` #/	2.		"	,	
	of the amount shown on line 11,						
6	column (f) Public support. Subtract line 5 from line 4		,		***		7 227 606
6 Sect	ion B. Total Support					<u></u>	7,227,606
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
					'		
7 8	Amounts from line 4	881,147	1,134,471	1,496,087	2,027,553	1,688,348	7,227,606
0	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources .	8,352	6,711	3,646	2,292	1,402	22,403
9	Net income from unrelated business	0,332	0,711	3,040	2,232	1,402	22,403
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	5,756	100	1,861	512	9,930	18,159
11	Total support. Add lines 7 through 10	,		,,,,			7,268,168
12	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
13	First five years. If the Form 990 is for the or	rganization's fii	st, second, thi	rd, fourth, or fift	h tax year as a	a section 501(c))(3)
	organization, check this box and stop here						▶ □
Sect	ion C. Computation of Public Support	Percentage				· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2010 (line 6, o		led by line 11,	column (f)) .		14	99.44%
15	Public support percentage from 2009 Sched	lule A, Part II, I	ine 14			15	99.35%
16a	33 1/3% support test-2010. If the organiza	tion did not che	eck the box on	line 13, and lin	e 14 is 33 1/39	% or more, ched	ck this box
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	zation			▶ 🗙
b	33 1/3% support test-2009. If the organiza				nd line 15 is 33	3 1/3% or more	check this
	box and stop here. The organization qualifie	es as a publicly	/ supported org	ganization .			▶ 📘
17a	10%-facts-and-circumstances test-2010.	If the organiza	tion did not che	eck a box on lin	ie 13, 16a, or 1	16b, and line 14	,
	is 10% or more, and if the organization mee	ts the "facts-ar	nd-circumstanc	es" test, check	this box and s	top here. Expla	ain in
	Part IV how the organization meets the "fact	ts-and-circums	tances" test T	he organization	qualifies as a	publicly suppor	rted
	organization						▶ [
b	10%-facts-and-circumstances test-2009.						
	15 is 10% or more, and if the organization m					•	xplain in
	Part IV how the organization meets the "fact	ts-and-circums	tances" test. T	he organization	ı qualıfies as a	publicly	
	supported organization .	•	•		•		▶∐
18	Private foundation. If the organization did i	not check a bo	x on line 13, 16	Sa, 16b, 17a ,or	17b, check th	is box and see	
	instructions .						<u>.</u> ▶□

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

(Complete only if you checked the box on line 9 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.)

	i the organization rails to quality ur	ider the tests	listed below,	please compl	ele Part II)		
	tion A. Public Support			, · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	•
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants")	o					0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	ol					0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0					0
5	The value of services or facilities					1	
	furnished by a governmental unit to the						
_	organization without charge	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 Amounts included on lines 2 and 3 received						0
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			,;;	<u>_</u>	, , , , ,	
_	line 6)	à l		,```		\{ \	0
Sec	tion B. Total Support				·····		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						0
b	section 511 taxes) from businesses					ł	
	acquired after June 30, 1975						^
c	Add lines 10a and 10b	0	0	0	0	o	<u>0</u> 0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or			-			
	loss from the sale of capital assets						
	(Explain in Part IV)	0					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization	ition's first, secor	nd, third, fourth, (or fifth tax year a	s a section 501(c)(3)	-
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column	• •	e 13, column (f))			15	0 00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2010 (line 10c, o			ımn (f))		17	0 00%
18	Investment income percentage from 2009 Schedul					18	0.00%
19a	33 1/3% support tests-2010. If the organization d						_
	not more than 33 1/3%, check this box and stop he						▶
b	33 1/3% support tests-2009. If the organization d						. —
	line 18 is not more than 33 1/3%, check this box ar			· · · · · · · · · · · · · · · · · · ·		-	▶ <u> </u>
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box as	nd see instructio	ns .	▶

Schedule A (Form	1 990 or 990-EZ) 2010	WEST HARLEM	ENVIRONN	MENTAL ACTION INC		13-3800068	Page 4
Part IV				part to provide the ex	planations required I	ov Part II, line	
	Part II line 17a	or 17h, and Part	III line 12	Also complete this pa	art for any additional	information (S	See
	instructions)	or tro, and t are	,	, was complete and pe	in the any additional	(0	
<u> </u>	-instructions)						
-							
							
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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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service

Inspection Employer identification number

Name of the organization WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV . line 7 N/A Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1. . Assets included in Form 990, Part X

Schedule D (Form 990) 2010 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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) Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 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 Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Yes If "Yes," explain the arrangement in Part XIV and complete the following table b Amount Beginning balance 1c Additions during the year d 1d Distributions during the year e 1e Ending balance f 1f Did the organization include an amount on Form 990, Part X, line 21?. 2a Yes | X | No If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance ON/A 1a Contributions Net investment earnings, gains, and losses d Grants or scholarships. Other expenditures for facilities and programs f Administrative expenses . End of year balance Provide the estimated percentage of the year end balance held as 2 Board designated or quasi-endowment а b Permanent endowment Term endowment C Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No (i) unrelated organizations 3a(i) related organizations 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?. 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land . . 0 0 0 Buildings 0 0 0 0 27,008 Leasehold improvements 0 173,968 146,960 Equipment 54,620 40.982 13,638 Other е 0 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 160.598

Part VII In	vestments—Other Securitie	s. See Form 990, Part X,	line 12.			
	ription of security or category uding name of security)	(b) Book value		Method of val end-of-year m		
(1) Financial deriv	vatives	0				
(2) Closely-held e		0				
		0				
		0				
(B)		0				
(C)		0				
{Ď}		0				
		0				
(F) (G)	·	0				
(Ĥ) (Ĥ)		0				
(1)		0			<u> </u>	
	qual Form 990, Part X, col (B) line 12)	0				•, · · i
	vestments—Program Relat	ed. See Form 990. Part X	. line 13			
	cription of investment type	(b) Book value	(c)	Method of val		
(1)		0				
(2)		0	· · · · · · · · · · · · · · · · · · ·			······································
(3)		0				
(4)		0			~~~~~	
(5)		0				
(6)		0				
(7)		0				
(8)		0				
(9)		0	-			
(10)	15 200 5 111 121 121	0				
	qual Form 990, Part X, col (B) line 13)	0	<u> </u>		âs	x Master
Part IX O	ther Assets. See Form 990, I					
(1) Coough, don		a) Description			(b) Book	
(1) Security dep (2) Construction						8,000
(3) Other assets						406,421
(4)		- · · · · · · · · · · · · · · · · · · ·	<u> </u>			8,7 <u>50</u> 0
(5)					······································	0
(G)						0
(7)					***************************************	
(8)						0
(9)					-	0
(10)						0
	o) must equal Form 990, Part X, o			. •		423,171
Part X O	ther Liabilities. See Form 99	0, Part X, line 25.				
	a) Description of liability	(b) Amount			39	ĺ
(1) Federal inco		0	2		78	,3
(2) Other payab	le	2,888	*** **	30% *	* * * * * * * * * * * * * * * * * * * *	
(3)		0			*	^
(4)		0		49040	ř	š į
(5)		0	*			
<u>(6)</u>		0				
		0				1
(8)		0				1
(9)		0				t t
<u>(10)</u> <u>(11)</u>		<u>U</u>				·
	qual Form 990, Part X, col (B) line 25)	2,888				1

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1.699.680 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 1,667,614 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 32,066 4 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 6 Investment expenses 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 through 8. 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 32,066 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1.699.680 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants . . . 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1. 3 1.699.680 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b 284 4a Other (Describe in Part XIV) 4b c Add lines 4a and 4b 0 4¢ Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1,699,680 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 1,667,614 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a Prior year adjustments . 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d . . . 2e 3 Subtract line 2e from line 1 3 1,667,614 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 Other (Describe in Part XIV.). 4b c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 1,667,614 **Supplemental Information** Part XIV Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

13-3800068 WEST HARLEM ENVIRONMENTAL ACTION INC Schedule D (Form 990) 2010 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
Form 990, Part III, Line 4d Program Service Expenses 187,095, Grants and allocations	<u>; 0, </u>
Revenue 0 Movement Building	
Form 990 Part VI Section B Line 11A THE FORM IS REVIEWED BY THE BOARD OF D	RECTORS BEFORE
SIGNING AND FILING	
Form 990 Part VI Section B Line 15 COMPENSATION IS DETERMINED BY TH EBOAR	D PRESIDENT IN
CONSULTATION WITH MEMBERS COMPARABLE AND CONTEMPARANEOUS INFO	RMATION IS USED IN THE DECISION
MAKING PROGESS	
Form 990 Part VI Section B Line 12 DIRECTORS AND OFFICERS ARE ISSUED A COP	Y OF THE CURRENT COI
POLICY UPON APPIONTMENT ANNUAL DECLARATION ARE SUMMITTED TO CONF	IRM NO CONFLICTS OR IDENTIFY
POSSIBLE AND /OR CONFLICTS	
Form 990 Part VI Section C Line 19 GOVERNING DOCUMENTS, COI POLICY AND FIN	IANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO ANY BOARD MEMBER	

Schedule O (Form 990 or 990-EZ) (2010)	Page Z
Name of the organization	Employer identification number
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
<u> </u>	
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