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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 benefit trust or private foundation)

2012
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

B Check if applicability Anderiors completed return Check if applicability Check if applicability Check if applicability Check if applicability Check if a power in the interest of	A	For the	2012 ca	lendar year, or tax year beginning		, and e	nding		
Name charge Name charge Name charge Policy of male and determined to street address) Roombaule Enterplane number Standard Policy Roombaule Enterplane number Roombaule R	В	Check if a	applicable	C Name of organization WEST HARLI	EM ENVIRONMENTAL	ACTION IN	C D Employ	er identification	number
Number and street (or P D but of mail a resid element betweet to street address) Recombinate E Telephone number 2/12 Will-Crook 32 Miles		Address	change			·		88	
Section Sect	一	Name ch	ange	Number and street (or PO box if mail is not d	elivered to street address)	Room/suite			
Chi, Iswan or post office, Sales, and ZiP code NEW YORK NPY 10031 G Gross receipts 1 1,634,237 Application pending F Name and address of principal officer PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 10031 If Tak-conengt status Strotcyclos Strotc	一		_	1854 AMSTERDAM AVE				2/2	961-1000 830
Newtone feature New York 10031 C does not note to 1 1,534,237 New York New Y	ᅢ				·			210	. 161 100 x 20
Application perioding PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 1031 Hell is the a group main for affiliates? Yee No PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 1031 White help and affiliates included? Yee No Yee Yee No Yee Yee No Yee Yee No Yee	片			econte &	1 624 227				
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Tax-exempt status	لــا	Application	n pending	i			1		= =
Website: www.weact.org					M AVE, NEW YORK, N	VY 10031	H(b) Are all affiliates i	ncluded?	Yes No
Part Summary Summar	1	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀	(insert no) 4947(a)(1)	or 527	If "No," attach a	list (see instruct	ions)
Part Summary Summar	J	Website	: > ww	w weact org			H(c) Group exemption	number 🕨	
Brefly describe the organization's mission or most significant activities					on Other N	I Va			legal domicile AIV
Briefly describe the organization's mission or most significant activities			<u> </u>		Office P	Lie	1986) In State of	regar dominicite 14 4
2 Check this box ▶							"DOMESTIC AS	\ (0.0 ATE (EE	NI CATIONI
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta		1	Briefly d	escribe the organization's mission or n	nost significant activities	s <u>ENV</u>	IRONMENTAL AL	VOCATE/EL	DUCATION
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	41	ŀ							
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	Ĕ								
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	Ë								
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	Š	2	Check to	nis box ▶ if the organization disc	ontinued its operations	or disposed	of more than 25%	of its net as	sets
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	ජ	3	Number	of voting members of the governing be	ody (Part VI, line 1a)			3	10
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	ies	4	Number	of independent voting members of the	governing body (Part \	VI, line 1b)		4_	10
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	<u>~~.₹</u>	5	Total nu	mber of individuals employed in calend	lar year 2012 (Part V, Iı	ne 2a)		5	14
B Net unrelated business taxable income.from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), line 5, 6d, 8c, 9c, 10c, and 11e) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Tother revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (mist equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Total fundraising espenses (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must requal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets of fund balances Subtract line 21 from line 20 23 Less and beller. It is becomet, and or fund balances Subtract line 21 from line 20 24 Segment Subtract line 25 from line 20 25 Less assets of fund balances Subtract line 21 from line 20 26 Less and beller. It is becomet, and on the bast of my knowledge and beller. It is becomet, and on the bast of my knowledge and beller. It is becomet, and on the bast of my knowledge and beller. It is becomet, and on propriete bedaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature Block Part II Signature Block Under penalties of perpury, idectire that have examined this return, including accompanying schedules and statements, and to the bast of my knowledge and beller. It is becomet, and or preparer formation of which preparer has any knowledge Part II Signature Block Under penalties of perpur, idectire that have examined this return, including accompa	8	6	Total nu	mber of volunteers (estimate if necess	ary)			6	
8 Contributions and grants (Part VIII, line 1h)		7a	Total un	related business revenue from Part VII	I, column (C), line 12			7a	0
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Part IX, column (A), lines 11-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Total liabilities (Part X, line 26) 15 Signature Block 16 Under penalties of penyur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cornect, and complete Declaration of preparer (other than officer) is based on all information of when preparer has any knowledge and belief, it is true, cornect, and complete Declaration of preparer (other than officer) 10 Firm's address \$\frac{1}{2}\$ Prim's add		b	Net unre	elated business taxable income from F	orm 990-T, line 34			7b	0
10 Investment income (Part VIII, column*(iA), lines 5, 8d, 8c, 9c;10c, and 11e)				1/			Prior Year		Current Year
10 Investment income (Part VIII, column*(iA), lines 5, 8d, 8c, 9c;10c, and 11e)	ξ.	8	Contribu	itions and grants (Part VIII, line 1h)	,		1,10	68,692	1,633,445
10 Investment income (Part VIII, column (A), lines 5, 8d, 8c, 9c;10c, and 11e)		9	Program	service revenue (Part VIII, line 2g)				0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10	Investm	ent income (Part VIII, column\(A)?lines	/3) /4) and 7d)			0	0
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Index pensions of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature of officer Part II Signature of officer Proparer Use Only Prim's address ▶ 1736 E ELIZABETH AVE, LINDEN, NJ 07036 Proparer West Completed in the structions Proparer Reduction Act Notice, see the separate instructions Prom 990 (2012) Form 9900 (2012)	\$	12					1,1	73,457	1,634,237
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0		15		·		s 5–10)	80	02,243	879,237
17 Other expenses (Part IX, column (A), lines 11a–110, 1112-48) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature of officer Signature of officer Firm's name ■ JOHN W DAVIS Firm's name ■ JOHN W DAVIS, CPA Firm's signature Prim's address ■ 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. 10 1,446,444 1,331,875 1,446,444 1,331,875 302,362 Beginning of Current Year End of Year 10,85,200 1,411,426 19,056 42,920 1,066,144 1,368,506 1	386	16a		· · · · · · · · · · · · · · · · · · ·		,			_
17 Other expenses (Part IX, column (A), lines 11a–110, 1112-48) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Part II Signature of officer Signature of officer Firm's name ■ JOHN W DAVIS Firm's name ■ JOHN W DAVIS, CPA Firm's signature Prim's address ■ 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. 10 1,446,444 1,331,875 1,446,444 1,331,875 302,362 Beginning of Current Year End of Year 10,85,200 1,411,426 19,056 42,920 1,066,144 1,368,506 1	ĕ	ь				78.601			
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer Use Only Prim's name ▶ JOHN W DAVIS Firm's address ▶ 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) Port 19 1,446,484 1,331,875 2-73,027 302,362 Beginning of Current Year End of Year 1,085,200 1,411,426 1,085,200 1,066,144 1,368,506 1,066,144 1,36	ũ	17						14.241	452.638
19 Revenue less expenses Subtract line 18 from line 12 -273,027 302,362						25)			
Beginning of Current Year End of Year					• •	,			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer Use Only Print/Type preparer's name JOHN W DAVIS, CPA	5	8							
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer Use Only Print/Type preparer's name JOHN W DAVIS, CPA	\$	[20	Total as	sets (Part X. line 16)			_ `		
Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer Use Only Point Type preparer's name JOHN W DAVIS Firm's name JOHN W DAVIS Firm's address 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) Point Signature 20 1,066,144 1,368,506 1,066,144 1,066,144 1,368,506 1,066,144 1,066,14	∢.	ニ 21		•					
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer					4 · · · · · · · · · · · · · · · · · · ·				,
Sign Here Signature of officer					ling accompanying schedules	and statements	, and to the best of my	knowledge	
Here Signature of officer	and	belief, it i	s true, corre	ct, and complete Declaration of preparer (other the	nan officer) is based on all info	rmation of whic	h preparer has any kno	wledge	
Here Signature of officer	e:			Total a true			5	-21-2	013
Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name JOHN W DAVIS Firm's name JOHN W DAVIS, CPA Firm's address 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's signature Date Check X if self-employed P01223334 Pol1223334 Phone no 908-275-3382 Yes X No For Paperwork Reduction Act Notice, see the separate instructions.				Signature of officer	4				
Type or print name and title Print/Type preparer's name JOHN W DAVIS Firm's name JOHN W DAVIS, CPA Firm's address 1736 E ELIZABETH AVE, LINDEN, NJ 07036 May the IRS discuss this return with the preparer shown above? (see instructions) PTIN Check X if PTIN PO1223334 Phone no 908-275-3382 Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	п	ere		PATRICIA TERRY	Co-Chair 4	Treasur	er 5	-21-20	13
Paid Preparer Use Only JOHN W DAVIS 5/13/2013 Check X if self-employed P01223334									
Preparer Use Only JOHN W DAVIS 5/13/2013 self-employed P01223334			Prin	t/Type preparer's name	Rreparer's signature		Date		
Preparer Use Only Solid proper	Pa	aid		IN 194 DAY 10	7		I I		
Use Only Firm's name JOHN W DAVIS, CPA Firm's EIN 11-3411996 Firm's address 1736 E ELIZABETH AVE, LINDEN, NJ 07036 Phone no 908-275-3382 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)			. <u>ho</u> i	· · · · · · · · · · · · · · · · · · ·					
Firm's address ► 1736 E ELIZABETH AVE, LINDEN, NJ 07036 Phone no 908-275-3382 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)				is name ► JOHN W DAVIS, CPA			Firm's EIN	<u>11-341199</u>	96
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)				i's address ► 1736 E ELIZABETH AVE,	LINDEN, NJ 07036		Phone no	908-275-3	382
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	Ma	av the IF			•	5			
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HTA , and a second seco			work Red	uction Act Notice, see the separate ins	tr <u>uctio</u> ns.				Form 330 (2012)

orm 9	90 (2012)	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		X
1	Briefly d	describe the organization's mission	<u> </u>	
•	-	mental issues	***************************************	
2		organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?		[V] N-
	-	describe these new services on Schedule O	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
4		describe these changes on Schedule O e the organization's program service accomplishments for each of its three largest program service	es as measured by	
•	expense	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a lexpenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 238,871 including grants of \$) (Reven	ue \$)
	Environi	mental Justice Advocacy & Government Accountability		
			-	
4b	(Code) (Expenses \$ 479,638 including grants of \$) (Reven	ue \$)
	Environi	mental Health & Community Based Research		
				·
4c	(Code) (Expenses \$ 185,787 including grants of \$) (Reven	ue \$	
	•	able Development		
			•••••	
4.0	041-	(2)		
4d	Other pr (Expens	rogram services (Describe in Schedule O) ses \$ 149,917 including grants of \$ 0) (Revenue \$	0)	
4e		rogram service expenses 1,054,213		

Part IV Checklist of Required Schedules

		- 1	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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</i> "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
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,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 	-	
0	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		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? 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, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	, , .		
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		¥
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		Х
J	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	13		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	[
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_ X
9	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		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_

Form 990 (2012)
Part IV Checklist of Required Schedules (continued)

11 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 21 "M" vs." complete Schedule I, Parts I and III 22 I will the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 "M" vs." complete Schedule I, Parts I and III 22 I will be organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX If "No," go to line 25 or 10 the organization maintain an escrow account other than a refunding escrow at any time during the year? to defease any trax-exempt bonds? or 30 bit the organization and an an escore account other than a refunding escrow at any time during the year? to defease any trax-exempt bonds? or 30 bit the organization and an an escore sherefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II or 10 bit the organization and an excess benefit transaction with a disqualified person of an approximation and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E72 If "Yes," complete Schedule II. Part II or 30 bit the organization approximation and the transaction and the transaction and 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-E72 If "Yes," complete Schedule II. Part II or 30 bit the organization provide a grant or other assistance to an officer, director, trustee, key employee, or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes,"				Yes	No
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, coutinn (A), line 2" "res", complete Schedule (P, Parts I and III organization answer" "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization have a tax-essempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, find was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule K II "No," yo to line 25 bit the organization maintain an escrow account other than a refunding escrow at any time during the year? bit of defease any trax-exempt bonds? 4 Dut the organization and act as an "on behalf of issuer for bonds outstanding at any time during the year? to defease any trax-exempt bonds? 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization should be a proper of year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 5 Dut the organization parent to officer director, trustee, key employee, inghest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Res," complete Schedule L, Part II 5 Dut the organization or party to a business transaction with one of the following parties (see Schedule L, Part II) 5 A Caurrent or former officer, director, trustee, or key employee, If "Yes," complete Schedule N, Part II	21	· · · · · · · · · · · · · · · · · · ·	21		
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Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-2? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If "Yes," complete Schedule R, Part V, Iine 2 35b X 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 V, Iine 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	38			,	
		197 Note. All Form 990 filers are required to complete Schedule O			(2042)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 14 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Х 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 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? Х 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х If "Yes," indicate the number of Forms 8282 filed during the year d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Х g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Х h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 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 Х 9 Sponsoring organizations maintaining donor advised funds. а Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9b X 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter-11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Х Note. See the instructions for additional information the organization must report on Schedule O 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 . . . 13b Enter the amount of reserves on hand 13c C Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13-3800068

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.

	Check if Schedule O contains a response to any question in this Part VI			• •	<u> </u>
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	10		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar			ľ	
	committee, explain in Schedule O	1 h	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	-101		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	mp with	2	 	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct	1	 	 ^-
J	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w.		4	t –	X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during		18.52	
	the year by the following		i		لندند
а	The governing body?		8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Ļ	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenu</u>	e Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	1.50		<u> </u>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	J			3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts	? 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	ĺ		1
	describe in Schedule O how this was done		12c	+	<u> </u>
13	Did the organization have a written whistleblower policy?		13	X	—
14	Did the organization have a written document retention and destruction policy?		14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and appro	•	1		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	450	X	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a 15b		+
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130	+^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	iement			
100	with a taxable entity during the year?	joinont	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its	1		
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		X
Sect	ion 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 99	0-T (Section 501(c	c)(3)s on	y)	
	available for public inspection. Indicate how you made these available. Check all that apply	mlam is Ost 11	01		
40		oplain in Schedule			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, policy, and financial statements available to the public during the tax year	Connict of interest			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	2		
20	organization PAT TERRY	347-465-			
	1854 ADSTERDAM AVE , 2 FL, NEW YORK, NY 10031				

	13-38000	68 Page 7				
np	npensated					
ng v	with or within the					
re	gardless of amo	unt				
uste	ee " ee, or key emplo 00,000 from the	yee)				
o r	eceived more th	an				
rec atio	tor or trustee of	the				
ees	s, highest					
dır	ector, or trustee					
1	(E) Reportable compensation from related	(F) Estimated amount of other				

WEST HARLEM ENVIRONMENTAL ACTION INC

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII	• • •	
i dit vii		onoutou	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
Form 990 (2042)	WEST HARLEM ENVIRONMENTAL ACTION INC	13-3000000	Page

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, Position (do not check more than one (A) (B) (D) Name and Title Reportable Average box, unless person is both an officer and a director/trustee) hours per compensation week (list any from Officer Individual trustee employee Highest compensated Institutional trustee Key employee hours for the organizations compensation director (W-2/1099-MISC) related organization from the (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) Dennis Derryck 10 00 Director Х 40 00 (2) Peggy Shepard Exec Director Х 105,667 (3) Roberto Lebron 10 00 Secretary Х 15 00 (4) Patricia Terry Co-Chair/Treasurer Χ 10 00 (5) Regina Smith Director Х 10 00 (6) Hope Plasha Х Director 10 00 (7) Eric Goldstein Х Director (8) Phillip Morrow 10 00 Director Х 10 00 (9) Jeff Jones Χ Director (10) Vernice Miller-Travis 10 00 Director (11) Gregory Anderson 15 00 Co-Chair 10 00 (12) Ramon Cruz Х Director (13) Cecil Corbin-Mark 40 00 Asst Director X 85,000 (14)

	(A) Name and title	(B) Average hours per	Position (do not check more than box, unless person is bot officer and a director/trus			ıs botl or/trus!	an ee)	(D) Reportable compensation	(E) Reportable compensation	ı	(F) stimate mount d		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other apensation the panization of relate anization	on ed
(15)										<u>.</u> ,		-	
(16)												_	
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)					-								
(25)													
1b Sub	o-total			<u>. </u>		<u>' </u>		•	190,667	0	_		0
	al from continuation sheets to Part VII, S	ection A						>	190,667	0	-		<u>0</u>
2 Tota	al (add lines 1b and 1c) Il number of individuals (including but not lii ortable compensation from the organization		sted a	bov	e) v	vho	rece	ved		_	<u> </u>		
	the organization list any former officer, dire		_	-	oye	e, c	or hig	hesi	t compensated		3	Yes	No X
the	any individual listed on line 1a, is the sum organization and related organizations greated organizations.	•	•						•	ካ	4		X
for s	any person listed on line 1a receive or acciservices rendered to the organization? If "Y									vidual	5		X
	B. Independent Contractors												
	nplete this table for your five highest compense inpensation from the organization. Report correct in the compensation is a second contract of the contract in the contract of										tax		
	(A) Name and business add	ress							(B) Description of ser	vices	(C Compe		
NONE													0
		· · · · · · · · · · · · · · · · · · ·						-					0
		· · - ·						\vdash					<u>0</u>

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

0

more than \$100,000 of compensation from the organization

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

Form 990 (2012)

Part VIII Statement of Revenue

•		Check if Schedule O contain	s a response t	to ar	ny question in th	ıs Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 8	1a	Federated campaigns		1a	0				
ant	b	Membership dues		1b	0				
ي ۾	С	Fundraising events		1c	0				
Contributions, Giffs, Grants and Other Similar Amounts	đ	Related organizations		1d	0				
B, G	е	Government grants (contribution	ns)	1e	337,941				
Sign	f	All other contributions, gifts, grain	·-'		29:12::				
but	•	similar amounts not included ab		1f	1,295,504				
nta d	~	Noncash contributions included in	_	\$	1,200,004				
a Co	g h	Total. Add lines 1a–1f	iiios ia ii	Ψ.		1,633,445			
		Total. Add lines ra-11			Business Code	1,000,440			
en l	2-			H	Dusiness Cour				
9Ve	2a			- 1		0			
Ř	b			ŀ		0			
Z	С			- 1		0			
Sei	d			-		0			
ш	е			ļ		0			
Program Service Revenue	f	All other program service revenu	ne	į		0			
	g	Total. Add lines 2a-2f			<u> </u>	0			
	3	Investment income (including di	vidends, intere	est, a	and				
		other similar amounts)			▶	0			
	4	Income from investment of tax-e	exempt bond p	oroce	eeds >	0			
	5	Royalties			•	0			
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			•	0			
	7a		(ı) Secunties	5	(II) Other				
		assets other than inventory		ol	0				
	ь	Less cost or other basis							
		and sales expenses		ol	0				
	С	Gain or (loss)		ō	0				
	d	Net gain or (loss)		1	•	0	-1	-	
une	8a	Gross income from fundraising							
Other Revenue		events (not including \$ of contributions reported on line See Part IV, line 18	1c)	a	0				
the	b	Less direct expenses		ь	0				
ŏ	C	Net income or (loss) from fundra	aisina events	- 1	▶	o			
		Gross income from gaming activ	-	ſ					
	Ju	See Part IV, line 19	riics	a	o				
	h	Less direct expenses .		ь	0				
		Net income or (loss) from gamin	a activities	י ר		o		-	•
	C	Gross sales of inventory, less	ig activities	ſ					
	IUa	-		_	0				
		returns and allowances	٠	a	0				
		Less cost of goods sold .		b [
	C	Net income or (loss) from sales	or inventory		Puele es C	0			
		Miscellaneous Revenue			Business Code			-	
	11a	Other Income		ļ		792	792		
	b			ļ		0			
	С			,		0			
	d	All other revenue	•	į		0			
	е	Total. Add lines 11a-11d.	•		▶	792			
	12	Total revenue. See instructions	<u>.</u>		▶	1,634,237	792	0	0

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other organizations must complete column (A)

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States See Part IV, line 21	0						
2	Grants and other assistance to individuals in the							
	United States See Part IV, line 22	0						
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States See Part IV, lines 15 and 16	. 0						
4	Benefits paid to or for members	0			·····			
5	Compensation of current officers, directors,							
	trustees, and key employees	190,937	59,876	90,085	40,976			
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	492,001	479,645	12,356				
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	140,440	109,222	22,574	8,644			
10	Payroli taxes	55,859	45,854	6,871	3,134			
11	Fees for services (non-employees)							
а	Management	113,246	89,464	16,987	6,795			
b	Legal	0						
С	Accounting	15,462	13,143	2,319				
d	Lobbying	0						
е	Professional fundraising services See Part IV, line 17	0						
f	Investment management fees	0			 			
g	Other (If line 11g amount exceeds 10% of line 25, column							
4.0	(A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	0	0.4.005	4.705	4 000			
13	Office expenses	31,500	24,885	4,725	1,890			
14	Information technology	48,953	38,673	7,343	2,937			
15	Royalties	0	00.040	17 500	7 002			
16	Occupancy	116,724 68,484	92,212 54,102	17,509 10,273	7,003 4,109			
17	Travel	00,404	54,102	10,273	4, 109			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	l						
19	Conferences, conventions, and meetings	0						
20	Interest	0						
21	Payments to affiliates	0	,					
22	Depreciation, depletion, and amortization	27,237	21,517	4,086	1,634			
23	Insurance	5,319	4,202	798	319			
24	Other expenses Itemize expenses not covered	5,5.0						
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O)							
а	Printing amd design	1,987	1,570	298	119			
b	Staff training	1,591	1,352	239				
С	Equipment rental and repair	10,088	7,970	1,513	605			
d	Dues and subscription	4,294	3,392	644	258			
е	All other expenses Other	7,753	7,134	441	178			
25	Total functional expenses. Add lines 1 through 24e	1,331,875	1,054,213	199,061	78,601			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here ► I if							
_	following SOP 98-2 (ASC 958-720)							

Рa	ırt X	Balance Sheet					
•		Check if Schedule O contains a response to	any qu	estion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			89,173	1	200,119
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net			384,896	3	591,453
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa-					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
ts		organizations (see instructions) Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net			0	7	0
Ä	8	Inventories for sale or use			L	8	
	9	Prepaid expenses and deferred charges			10,331	9	10,308
	10a	Land, buildings, and equipment cost or					
	}	other basis Complete Part VI of Schedule D	10a	303,363			
	b	Less accumulated depreciation	10b	108,238	186,379	10c	195,125
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities See Part IV, line	į	0	12	0	
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11			414,421	15	414,421
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	1,085,200	16	1,411,426
	17	Accounts payable and accrued expenses		16,168	17	42,920	
	18	Grants payable			18	-	
	19	Deferred revenue		<u></u>	19		
	20	Tax-exempt bond liabilities	af Cabadula D		20 21		
	21	Escrow or custodial account liability Complete I				21	
ties	22	Loans and other payables to current and former					* *
Ē		trustees, key employees, highest compensated disqualified persons. Complete Part II of Schedu		yees, and		22	
Liabilities	23	Secured mortgages and notes payable to unrela		erd narties	0	23	0
_	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa				 -	<u>.</u>
	23	parties, and other liabilities not included on lines					
		Part X of Schedule D	, <u>-</u> .	, complete	2,888	25	l o
	26	Total liabilities. Add lines 17 through 25			19,056		42,920
		Organizations that follow SFAS 117 (ASC 958	R) cho	ck here ► X and	,		
S		complete lines 27 through 29, and lines 33 at		ck nere P A and			
Š		Unrestricted net assets			530,545	27	1,058,044
ala	27	Temporarily restricted net assets			535,599		310,462
8	28 29	Permanently restricted net assets			- 000,000	29	0.10, 102
Š	25	•					
Ē		Organizations that do not follow SFAS 117 (ASC958),	check I	here in and			:
Š	1.	complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e				31 32	
det	32	Retained earnings, endowment, accumulated in	icome,	or other funds	1 066 144	_	1,368,506
-	33	Total net assets or fund balances Total liabilities and net assets/fund balances			1,066,144 1,085,200		1,366,306
	l 34	TOTAL HADRITES AND HEL ASSEIS/JUNIO DATARICES			1,000,200	, 5	1,711,720

01111 9	90 (2012) VVEST HARLEN ENVIRONNENTAL ACTION INC		<u>3-3000000</u>	rage	<u>e 12</u>
Part	XI Reconciliation of Net Assets		· · ·		
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,634	,237
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,331,	,875
3	Revenue less expenses Subtract line 2 from line 1	3		302	,362
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,066	,144
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,368	<u>,506</u>
art				_	_
	Check if Schedule O contains a response to any question in this Part XII			L	
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	l	i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			l	i
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1		- 1
	reviewed on a separate basis, consolidated basis, or both		1 1		
	X Separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			l	
	separate basis, consolidated basis, or both			l	, *
	X Separate basis Consolidated basis Both consolidated and separate basis				- 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			l	-
	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				
	Schedule O				
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		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	1	Χ

Form **990** (2012)

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.

2012

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

WES	T HA	RLEM ENVIR	RONMENTAL AC	CTION INC						13-38	800068		
Par	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	this par	rt) See ıı	nstructio	ns		
The	rgar		•	ition because it is (For		•		•	•				
1	Ш	A church, co	nvention of chur	ches, or association of	churches	described	I ın sectio	n 170(b)(1)(A)(i).				
2		A school des	cribed in sectio	n 170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative h	ospital service organiza	ation desc	ribed in se	ection 17	0(b)(1)(A)	(iii).				
4			search organiza me, city, and sta	tion operated in conjun te	ction with	a hospital	describe	d in secti e	on 170(b)	(1)(A)(iii)	. Enter t	he	
5		An organizat	on operated for	the benefit of a college Complete Part II)	e or univer	sity owner	d or opera	ited by a	governme	ntal unit c	describe	:d	
6				ernment or government	al unit des	scribed in	section 1	70(b)(1)(<i>A</i>	A)(v).				
7	X	An organizat	ion that normally	receives a substantial	part of its					om the g	eneral p	ublic	
8	П			in section 170(b)(1)(A	-	mplete Pai	rt II)						
9	Ħ	•		receives (1) more that		•	-	contribut	ions men	hershin f	ees an	d arosi	2
J		receipts from support from	n activities relate gross investme	d to its exempt function nt income and unrelate after June 30, 1975 S	ns—subje ed busines	ct to certai s taxable	n exception	ons, and (ess sectio	(2) no moi n 511 tax)	e than 33	3 1/3% c	of its	,
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	fety See	section 5	609(a)(4).				
11		An organizat	ion organized ar	nd operated exclusively	for the be	enefit of, to	o perform	the functi	ons of, or	to carry o	out the		
e		509(a)(3). Cha Type By checking	neck the box tha I b T this box, I certify	blicly supported organized to describes the type of type II c Type of that the organization in managers and other	supporting e III-Funct is not cont	g organiza ionally inte rolled dire	ition and degrated ectly or ind	complete I d T Irrectly by	lines 11e f ype III–No one or mo	through 1 on-functio ore disqua	1h nally int alified	tegrate	d
		509(a)(1) or	section 509(a)(2)									
f		If the organiz	zation received a	written determination	from the I	RS that it i	s a Type	l, Type II,	or Type II	I supporti	ng		
g		Since Augus		he organization accept	ted any git	ft or contro	bution froi	m any of t	he				
		following per		or indirectly controls, or	thar alan	or togoth	or with no	roone do	noribad in	/u\		Yes	Na
			-	or indirectly controls, elerning body of the sup		-	-	ersons de:	scribed in	(11)	11g(i)	168	No
		-		person described in (i)		garneactorr					11g(ii)		
				of a person described		ıı) above?					11g(iii)		
h		Provide the f	following informa	tion about the supporte	ed organiz	ation(s)							
(1)		Name of supported organization (described on lines 1–9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) organization in col (i) organization in the organization in col (i) organization in the organization in col (i) organization in the organization in col (ii) organization in the organization in col (ii) organization (iii) Type of organization in col (iii) Isted in your governing document?		(vii) Amount of monetary support									
					Yes	No	Yes	No	Yes	No			
(A)					ļ						ļ <u>.</u>		
(B)													
(C)											ļ		
(D)											ļ		
(E)											<u> </u>		
Taka'													^

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

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	1,496,087	2,027,553	1,688,348	1,168,692	1,633,445	8,014,125
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		i				0
4	Total. Add lines 1 through 3	1,496,087	2,027,553	1,688,348	1,168,692	1,633,445	8,014,125
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%		ļ				
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						8,014,125
	ion B. Total Support						510111100
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,496,087	2,027,553	1,688,348	1,168,692	1,633,445	8,014,125
8	Gross income from interest, dividends,	1,400,007	2,027,000	1,000,040	1,100,032	1,000,440	0,014,123
	payments received on securities loans,	,	ĺ				
	rents, royalties and income from similar						
	sources	3,646	2,292	1,402		792	8,132
9	Net income from unrelated business	3,040	2,232	1,402		132	0,132
3	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)	1,861	512	9,930	4,765		17,068
11	Total support. Add lines 7 through 10	1,001	312	9,930	4,703		8,039,325
12	Gross receipts from related activities, etc. (se	e instructions)				12	0,039,323
13	First five years. If the Form 990 is for the org	•	second third	fourth or fifth t	l ev vear as a se		
	organization, check this box and stop here	janization 5 in st	, second, ama,	louren, or mer e	ax year as a se	3011 30 1(0)(3)	ightharpoonup
<u>Cast</u>		Danasatasa				 -	
<u> </u>	ion C. Computation of Public Support			(6)		44	00.000/
15	Public support percentage for 2012 (line 6, co Public support percentage from 2011 Schedu			umm (1))	}	14	99 69%
				no 40 and line		15	99 59%
16a	3				14 15 33 1/3% (or more, check t	
L	and stop here. The organization qualifies as a publicly supported organization ▶ X 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this						
b					line 15 is 33 i	73% of more, ch	eck this
	box and stop here . The organization qualifies		.,				▶∟
17a	10%-facts-and-circumstances test—2012.						
	is 10% or more, and if the organization meets			•	•	•	า
	Part IV how the organization meets the "facts	-and-cırcumstar	nces" test. The	organization qu	alifies as a pul	olicly supported	
	organization .						▶∐
b	10%-facts-and-circumstances test—2011. I						
	15 is 10% or more, and if the organization me					•	ıın ın
	Part IV how the organization meets the "facts	-and-cırcumstar	nces" test. The	organization qu	ialifies as a pul	olicly	_
	supported organization .	•					▶□
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 17	b, check this b	ox and see	
	instructions						▶ 🗌

Part III 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						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						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
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	o	0	0	0
7a	Amounts included on lines 1, 2, and 3	Ĭ				-	
	received from disqualified persons	i					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						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)	ĺ					0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounta from line 6	0	0	0	0	0	0
10a	Amounts from line 6 Gross income from interest, dividends,	,				0	
IVa	payments received on securities loans,	l					
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					1	
	activities not included in line 10b, whether						_
40	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
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	o	0	ol	o	o	0
14	First five years. If the Form 990 is for the organization	ation's first, secor	nd, third, fourth, o	or fifth tax year a	s a section 501(d	:)(3)	
	organization, check this box and stop here				•	<u> </u>	▶ []
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2011 Schedule A, F					16	0 00%
	tion D. Computation of Investment Inco					4= 1	
17	Investment income percentage for 2012 (line 10c, o		-	mn (f))		17	0 00%
18	Investment income percentage from 2011 Schedule			and line 15 is see	ro than 22 4/20/	18	0 00%
19a	33 1/3% support tests—2012. If the organization not more than 33 1/3%, check this box and stop he						▶□
ь	33 1/3% support tests—2011. If the organization of				-		-
	line 18 is not more than 33 1/3%, check this box an						. ▶□
20	Private foundation. If the organization did not che		_			-	▶□

	1990 or 990-EZ) 2012 WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require	
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any addition	al information. (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	of the organization	Employer identification number		
WES	HARLEM ENVIRONMENTAL ACTION INC	13-3800068		
Part		or Advised Funds or Other	Similar Fund	ls or Accounts. Complete if
	the organization answered "Yes" t			·
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		N/A	
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 do	onor advisors in writing that the a	ssets held in do	nor advised
	funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writin	g that grant fund	s can be
	used only for charitable purposes and not for	the benefit of the donor or dono	or advisor, or for	any other
	purpose conferring impermissible private ber	nefit?		☐ Yes ☐ No
Part	Conservation Easements. Com	olete if the organization answ	vered "Yes" to	Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held			
•	Preservation of land for public use (e.g., reci			in historically important land area
				certified historic structure
	Protection of natural habitat	<u>. </u>	r reservation of a	r certified filstofic structure
_	Preservation of open space	Can bald a series of		
2	Complete lines 2a through 2d if the organizar	tion neid a qualified conservation	n contribution in	the form of a conservation
	easement on the last day of the tax year			T
_	Total number of concentration accomments			Held at the End of the Tax Year 2a N/A
a	Total number of conservation easements			2a N/A 2b
b	Total acreage restricted by conservation easi		un (n)	2b 2c
C	Number of conservation easements on a cer			20
d	Number of conservation easements included historic structure listed in the National Regist		io noi on a	2d
3	Number of conservation easements modified		shed or terminal	
3	during the tax year	i, transierreu, reieuseu, extingui	srica, or terrima	ica by the organization
4	Number of states where property subject to o	conservation easement is locate	d ▶	
5	Does the organization have a written policy r			ndling of
-	violations, and enforcement of the conservat		, ,	Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing co	onservation ease	ments during the year
	>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conse	rvation easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy the re	quirements of se	
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, the	₹	ization's financia	ii statements that describes
Part	the organization's accounting for conservation Organizations Maintaining Collection		or Other Simil	ar Assats
ιαι	Complete if the organization answered			ai 73503.
				state and belone a shoot
1a	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·		
	works of art, historical treasures, or other sin	· · · · · · · · · · · · · · · · · · ·		
L	of public service, provide, in Part XIII, the tex If the organization elected, as permitted under			
b	works of art, historical treasures, or other sin			
		•	mon, education,	or research in futblelance
	of public service, provide the following amou	_		▶ \$
	(i) Revenues included in Form 990, Part VIII	, mic i		▶ \$ N/A
2	(ii) Assets included in Form 990, Part X. If the organization received or held works of	art historical treasures or other	similar accore fo	
2	following amounts required to be reported ur			
2	Revenues included in Form 990, Part VIII, Iir		ig to these items	▶ \$
a b	Assets included in Form 990, Part X			- Ψ ▶ \$
-	7.000to morace in Form 550, Fart A			· Ψ

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10							
_	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land	0	0		0		
b	Buildings	0	0	0	0		
С	Leasehold improvements.	0	230,316	51,775	178,541		
d	Equipment	0	73,047	56,463	16,584		
е	Other	0	0	0	0		
Tota	II. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X,	column (B), line 10(c))	•	195,125		

Part VII	Investments-	<u>–Other Securiti</u>	es. See Form 990, Part X	, line 12	
	Description of security or (including name of sec		(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial of	derivatives		0		
	eld equity interests		0		
(C)					
(D)					-
(E)					
(F)					
(G) (H)					
(1)					
	nust equal Form 990, Part >	X, col (B) line 12)	0		
Part VIII			ted. See Form 990, Part >	(, line 13	
	a) Description of investment		(b) Book value	(c) Method of va Cost or end-of-year r	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	must equal Form 990, Part 2] 0		
Part IX	Other Assets	. See Form 990,	Part X, line 15.		· · · · · · · · · · · · · · · · · · ·
			(a) Description		(b) Book value
(1) Security					8,000
	ction in progress				406,421
(3)		·-·-			
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
(10)	·				
	nn (b) must equal F	orm 990, Part X, c	ol (B) line 15)	•	414,421
Part X			90, Part X, line 25		
1.	(a) Description of I		(b) Book value		
(1) Federal	income taxes		0	<u>)</u> }	
(2) Other pa					
(3)	•]	
(4)				1	
(5)				_	
(6)				4	
				4	
(8)	<u>-</u> -			4	
(9)		 .	 	4	
(10)			 	-	
(11)		X col (B) line 25)	0	₫	
	must equal Form 990, Part	1,00. (2)	<u> </u>	financial statements that reports the org	ianization's liability
			ere if the text of the footnote has be		Cinzation 3 liability
ioi uncertain (ax	C positions under min 4	o (noc 140) Check ii	ere il nie revi or nie rooniole 1192 pe	on provided in Lait Alli	

Sched	ule D (Form 990) 2012 WEST HARLEM ENVIRONMENTAL ACTION INC		13-3800068	Page 4
Par		nts With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	<u>.</u>	1	1,634,237
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments .	2a		
b	Donated services and use of facilities	2b	7	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII)	2d	7]	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,634,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1	
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,634,237
Par		ents With Expenses	per Return	· · · · · ·
1	Total expenses and losses per audited financial statements	<u> </u>	1	1,331,875
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			.,,,,,,,,,
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	_	3	1,331,875
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			.,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,331,875
	XIII Supplemental Information			,
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	t III lines 1a and 4 Part I	V lines 1h and	1.2h
	v, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Alsi			. 25,
	v, line 4, Fart X, line 2, Fart XI, lines 20 and 45, and Fart XII, lines 20 and 45 Also Ional Information	o complete this part to pro	ovide any	
audit	onal information			
	······································	· · · · · · · · · · · · · · · · · · ·	· 	
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Schedule D (Form	990) 2012	WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 5
Part XIII		emental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012
Open to Rublic

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
Form 990, Part III, Line 4d Program Service Expenses 149,917, Grants and allocations 0,	
Revenue 0 Movement Building	
Form 990 Part VI Section B Line 11A FORM 990 IS DIVEN TO BOARD MEMBERS FOR REVIEW	AT LEAST 5
DAYS ARE ALLOWED FOR FEEDBACK BEFORE FORM IS FINALIZED	
Form 990 Part VI Section B Line 15 COMPENSATION IS DETERMINED BY THE BOARD USING	COMPARABLE
AND CONTEMPARAEOUS INFORMATION IN THE DECISION MAKING PROCESS THE REVIE	W TAKES INTO ACCOUNT
THE PERFORMANCE AND COMPARSION BETWEEN SIMILAR TYPES OF POSITIONS	
Form 990 Part VI Section B Line 12 DIRECTORS AND OFFICERS ARE ISSUED A COPY OF THE	CURRENT COI
POLICY UPON APPOINTMENT ANNUAL DECLARATIONS ARE SUMMITTED TO CONFIRM IF	OR ANY CONFLICTS
Form 990 Part VI Section C Line 19 GOVERNING DOCUMENT, COL POLICY AND FINANCIAL S	STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO ANY BOARD MEMBER	
•••••	
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
	<u>.</u>
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•••••••••••••••••••••••••••••••••••••••	•
•••••••••••••••••••••••••••••••••••••••	·