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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning and ending D Employer identification number C Name of organization WEST HARLEM ENVIRONMENTAL ACTION INC Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 13-3800068 Name change 1854 AMSTERDAM AVE Telephone number Initial return City or town ZIP code 347-485-8485 NEW YORK 10031 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 1.490.143 Amended return G Gross receipts \$ F Name and address of principal officer Application pending Yes X No H(a) is this a group return for subordinates? PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 10031 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) 501(c) Tax-exempt status 4947(a)(1) or) < (insert no) Website: ► www weact org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other • L Year of formation M State of legal domicile 1986 NY Part I Summary Briefly describe the organization's mission or most significant activities ENVIRONMENTAL ADVOCATE/EDUCATION Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-Trime 345 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) SC 8 1,241,739 1,485,245 9 JUL @ 7 2015 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 6,605 4.898 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A)! line 12) 12 1,248,344 1,490,143 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 929,024 1.025.552 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 555,248 411,856 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,484,272 1,437,408 19 Revenue less expenses Subtract line 18 from line 12 -235,928 52,735 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 1,146,452 1,210,256 21 Total liabilities (Part X, line 26) 13,874 24,943 Net assets or fund balances Subtract line 21 from line 20 1,132,578 1.185.313 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 prepare for left than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type preparer's name Date Check X **Paid** JOHN W DAVIS, CPA 6/26/2015 self-employed Preparer Firm's name ► JOHN W DAVIS, CPA Firm's EIN > 11-3411996 **Use Only** Firm's address ► 1736 E ELIZABETH AVE, LINDEN, NJ 07036 908-275-3382 Paone no May the IRS discuss this return with the preparer shown above? (see instructions) X No Yes Form 990 (2014) For Paperwork Reduction Act Notice, see the separate instructions

Part IV Checklist of Required Schedules

				_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	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? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	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? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes."			<u> </u>
9	complete Schedule D, Part III	8_		x
3	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		×
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Ž.	ii.	<u>^</u>
	VII, VIII, IX, or X as applicable	***		
	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	
	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		X
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_X_
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	X	-
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization a school described in section 170(b)(1)(A)(ii) 7 in 7es, complete schedule E Did the organization maintain an office, employees, or agents outside of the United States?			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\hat{x}}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
	The state of the s	200		Щ.

Part IV Checklist of Required Schedules (continued)

		l	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on	-		_^_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	_		v
242	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
24 a	\$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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Χ
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		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		Х
	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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		2:	<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		Asr.	P v.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
С	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		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	,,		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
- -	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	251		v
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		<u> </u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

		8000008	F	age
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	5 3		1.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_이 💸	· .	, (é)
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
22	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			318
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	· · · ·	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	33	\$ 4	8 3
	(FBAR)	i. C.		10.3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
IJ	gifts were not tax deductible?	6b		x
7	Organizations that may receive deductible contributions under section 170(c).	700		 ^
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100		Į.
-	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	x
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d		i:40	,,
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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_ h_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
_	sponsoring organization have excess business holdings at any time during the year?	8	- X	X
9	Sponsoring organizations maintaining donor advised funds.	*3 - 3*	. 4:	
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter	235	رم ا	^
a	Initiation fees and capital contributions included on Part VIII, line 12	^~, ,	,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 	,,	,
11	Section 501(c)(12) organizations. Enter		,	ø . §
а	Gross income from members or shareholders	, ,		3 8
b	Gross income from other sources (Do not net amounts due or paid to other sources		- :	\$ \$
	against amounts due or received from them)			37
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	188 · s		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
_	Note. See the instructions for additional information the organization must report on Schedule O		·· <u>///////////////////////////////////</u>	
b	Enter the amount of reserves the organization is required to maintain by the states in which	* **.		1
	the organization is licensed to issue qualified health plans 13b	<u></u>	' ' ' '	, ,
C 140	Enter the amount of reserves on hand	144		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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 or note to any line in this Part VI

Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management dules customanily performed by or under the direct 3 Under the organization and a significant changes to its governing documents since the prior Form 950 was filled? 4 Did the organization have members a stockholders? 5 Did the organization have members, stockholders? 6 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? 5 Are any governance discusions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance discusions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Bid the organization have members, stockholders? 7 Bid the organization name and address? 8 A X 8 Bid X 9 Bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Bid X 9 Bid the organization have with the governing body? 9 Bid the arganization of the governing body? 9 Bid the arganization of the governing body? 9 Bid the arganization of the following the arganization of the following the stockholders. 10 Bid the organization have a	Sect	ion A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 De Enter the number of voting members included in line 1a, above, who are independent 1	4-		4- 4	7 F. 38.	Yes •≾©∾	No
fithe governing body delegated broad authority to an executive committee or similar committee, explan in Schedule 0 b. Either the number of voting members included in line 1a, above, who are independent 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3. Did the organization make any significant changes to its governing documents since the prior Form 980 was filed? 4. Did the organization have members or stockholders? 5. Did the organization have members or stockholders? 6. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other than the governing body? 7. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other than the governing body? 7. Did the organization one programization or members of the governing body? 8. Did the organization of the did the governing body? 8. Did the organization organization or behalf of the governing body? 9. Each committee with authority to act on behalf of the governing body? 9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If "res," provide the names and addresses in Schedule O B and the programization or the size in formation about policies not required by the Internal Revenue Code by the Organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? 10. Did the organization have a written openies and procedures governing the activates of such chapters, affiliates and branches to ensure the repr	та	· · · · · · · · · · · · · · · · · · ·	1a 1	43		36
b Enter the number of volting members included in line 1a, above, who are independent b Enter the number of volting members included in line 1a, above, who are independent b Enter the number of volting members included in line 1a, above, who are independent b Enter the number of volting members included in line 1a, above, who are independent b Enter the number of volting members included in line 1a, above, who are independent b Enter the number of volting members and included in line 1a, above, who are independent b Unit but organization delegate control over management dutes customarily performed by or under the direct b Unit the organization rake any significant chaines is in governing boding was filed? b Unit the organization become aware during the year of a significant diversion of the organization was filed? b In the organization have members of stocholders? 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations provided a complete copy of this Form 930 bill members of its governing body before fling the form? 10a Did the organization have a written policies and procedures governing the search of the deliber						. 21
b Enter the number of voting members included in line 1a, above, who are independent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3	\$ 1
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed participation in Joint venture arrangements or make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records PAT TERRY 347-465-8485	_		ruio man to nonfliato?			
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Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 16 The organization's CEO, Executive Director, or top management official 15 Did the organization's CEO, Executive Director, or top management official 15 Did the organization's CEO, Executive Director, or top management official 15 Did the organization in 15b, describe the process in Schedule O (see instructions) 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization in long written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed 18 Section C. Disclosure 19 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 20 Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records PAT TERRY. 21 State the name, address, and telephone number of the person who possesses the organization's books and records	_			120	v	
14	13					
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20 State the name, address, and telephone number of the person who possesses the organization's books and records PAT TERRY 347-465-8485	19		conflict of interest po	olicy, ar	d	
PAT TERRY 347-465-8485	20	· · · · · · · · · · · · · · · · · · ·	and an array or			
	20			•		
			347-405-8485		- <i></i> -	

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Form 990 (2014) WEST HARLEM ENVIRONMENTAL ACTION INC

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

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

c	oction A	Officers	Directors	Truetone Ko	. Employ	roce and Hi	aboet Come	noncated Em	nlovoce
J	ection A.	Officers,	Directors,	, Trustees, Ke	y ⊑iiipioy	yees, anu m	ignesi com	pensaleu en	ihioyees

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

	(C)									
(A)	(B)			heck		than o		(D)	(E)	(F)
Name and Title	Average hours per				irect	is both or/truste		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	т —	Officer	Key employee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dennis Derryck	5 00									
Director	0 00	Х								
(2) Peggy Shepard	40 00									
Exec Director	0 00	Х						103,731		
(3) Roberto Lebron	5 00	İ		Ì	ĺ					
Secretary	0 00	X	_	<u>.</u>						
(4) Patricia Terry	15 00									
Co-Chair/Treasurer	0 00	X	<u> </u>	<u> </u>						
(5) Regina Smith	5 00									
Director	0 00	X	<u> </u>							
(6) Hope Plasha	5 00									
Director	0 00	Х	<u> </u>							
(7) Eric Goldstein	5 00									
Director	0 00	X	<u> </u>	<u> </u>				1	*****	
(8) Phillip Morrow	5 00									
Director	0 00	X		1						
(9) Jeff Jones	5 00								į	
Director	0 00	X								
(10) Vernice Miller-Travis	5 00]				i
Director	000	Х	<u> </u>	ļ	L.					
(11) Gregory Anderson	15 00									
Co-Chair Co-Chair	0 00	X	╙	<u> </u>	<u> </u>		L			
(12) Charles H Allison	5 00				1					
Director	0 00	X	<u> </u>	_	┞-				<u> </u>	
(13) Joseph Bosch			1							
Director	0 00	X	<u> </u>	_	<u> </u>	_	<u> </u>		<u> </u>	
(14) Darryl Banks	5 00									
Director	0 00	X	1		<u> </u>		L_	<u> </u>	L	

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	er officer and a director any or Individual or director of the		than o	one an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(15) Albert Huang	5 00									
Director	0 00	_ X_		_						
(16) Sharon Lopez	5 00	١.,								
Director	0 00	X	_							
(17) Marianne Engelman Lado	5 00	١.,								
Director	0 00	X								· ·
(18) Dart Westphal	5 00	,			ŀ					
Director Made	0 00	X			\vdash					
(19) Cecil Corbin-Mark	40 00				Ų			00.000		
Asst Director	0 00	-			X			88,269		
(20)								:		
(24)			\vdash	<u> </u>						
(21)										
(22)		 		_	\vdash					
(22)										
(23)			-		-		_			
.(20)										
(24)		 					_			
\271										
(25)										
._\										
1b Sub-total		·			·		•	192,000	0	0
c Total from continuation sheets to Part VII, Se	ection A						•	0	0	0
d Total (add lines 1b and 1c)							•	192,000	0	0
2 Total number of individuals (including but not lin	nited to those lis	ted a	bov	e) v	vho	reçei	ved	more than \$100	,000 of	
reportable compensation from the organization	•			1						
										Yes No
3 Did the organization list any former officer, dire	ctor, or trustee,	key e	mpl	oye	e, o	r high	nest	t compensated		
employee on line 1a? If "Yes," complete Schede	ule J for such ind	dıvıdı	ıal							3 X
4 For any individual listed on line 1a, is the sum of	f reportable con	npens	satio	n a	nd d	other	con	npensation from		'
the organization and related organizations grea	ter than \$150,00	00? <i>If</i>	f "Ye	es, "	com	plete	Sc	hedule J for suci	h	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accre	ue compensatio	n fror	n ar	ıy u	nrel	ated	orq	anization or indiv	/idual	
for services rendered to the organization? If "Ye	•			-			_			5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compe	nsated independ	dent o	cont	ract	ors	that r	ece	eived more than	\$100,000 of	
compensation from the organization Report co	mpensation for t	the ca	alen	dar	yea	r end	ıng	with or within the	e organization's	tax
year										
(A)								(B)		(C)
Name and business addr	ess							Description of ser	vices (Compensation
NONE							<u>L</u>			0
										0
							_			0
							_			0
	 						L_			0

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

						 	_
Part VIII	Statemen	4 ~5	Dave		_		
rari viii	Statemen	ιoι	Rev	enu	E		

		Check if Schedule O contains	a response o	or n	ote to any line ir	n this Part VIII			LJ
				ŧ,š		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		1a	0	1,1	13.55 . 33		**************************************
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	⊢ -	1b	0				
Sra 10u			-						
S, (С	Fundraising events	<u> </u>	1c		1			
ar lar	d	Related organizations	<u> </u>	1d	0	1 to 1	47.75	\$ 1. 11 \$ 1 B 1	173
S, E	е	Government grants (contributions	s) '	1e	312,845	1/4			
P S	f	All other contributions, gifts, gran	ts and						
돌	-	similar amounts not included abo	3	1f	1,172,400			, %" "/;" %' '`	
Ę Ś		Noncash contributions included in li		_	1, 172,400	1	***	. 4. 3/ . 3/4.	CA Sa C 1
an Co	g		1162 14-11	\$					
	<u>h</u> _	Total. Add lines 1a-1f				1,485,245	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		** * * * * * * * * * * * * * * * * * * *
ė					Business Code	* *************************************			
<u>.</u>	2a					()		
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8	С						1		 ··/
Ξ	-						i -		
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E E	е						 		
Program Service Revenue	f	All other program service revenu	е			()		
<u>ā</u>	g	Total. Add lines 2a-2f			>	(·	^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	3	Investment income (including div	idends, intere	est,	and				
		other similar amounts)			▶	l			
	4	Income from investment of tax-ex	rempt bond p	roc	eeds >	(1		
	5	Royalties	tompt bond p		.	7	1		
	•	rtoyanico	(ı) Real		(II) Personal			24 8 4 1	48 12 V
			(1) 1.102.	-	(ii) i diddital				
	6a	Gross rents	<u> </u>	_		A A A A A A A A A A A A A A A A A A A			Maria Salah Sa
	b	Less rental expenses				, a. , refression	A		
	С	Rental income or (loss)		0	0		- " . m'm		
	d	Net rental income or (loss)			•	()]	İ	
	7a	Gross amount from sales of	(i) Securities		(II) Other				5 40%
		assets other than inventory		0	0				
	b	Less cost or other basis		Ť			3 84.	· · · · · ·	
		and sales expenses		اہ	0	8.3 W 3.4			
				의	0				
	C	Gain or (loss)		0	0	· · · · · · · · · · · · · · · · · · ·	avi i A Wa .	3. A	, ,,
	d	Net gain or (loss)			<u> </u>	<u> </u>)		
						^	, ,	i and	
e	8a	Gross income from fundraising				e a de deserv			
eu		events (not including \$	0						
ě		of contributions reported on line	1c)						
2		See Part IV, line 18	-	a	0				
Other Revenue	b	Less direct expenses		ь b	0				
ฮี		Net income or (loss) from fundrai		ו		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			tillas ele . e este en ele e
_	C	* *	~	ı		. 30 -30.00. 0	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2007.00 20.052	
	9a	Gross income from gaming activi	ties		_				
		See Part IV, line 19		а	0				,
	b	Less direct expenses		b	0				
	С	Net income or (loss) from gaming	g activities		<u> </u>	()		
	10a	Gross sales of inventory, less				\$ \$\psi\$ '	Security Security		
		returns and allowances		a	0	* * *			
	b	Less cost of goods sold		b	0	, , , , ,	3.00		
		Net income or (loss) from sales of	of inventory	~		o na sita di di di di di di di di di di di di di	1		
	С	Miscellaneous Revenue	n inventory	_	Business Code				
	44-			-	Business Code	-30 mar marene - 31 mar- 131	4000	***************************************	ليةني فننشد إ
	11a Other Income b c d All other revenue			4,898					
						ļ			
				(
				(
	е	Total. Add lines 11a-11d			•	4,898		i (1)	
	12	Total revenue. See instructions			•	1,490,143	4,898	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	l) organizations must com	plete all columns A	All other organizations mi	ıst complete column (A)
--------------------------------	---------------------------	---------------------	----------------------------	-------------------------

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		, , , , , , , , , , , , , , , , , , ,		Mary Ship a				
	domestic governments See Part IV, line 21	0			The state of the s				
2	Grants and other assistance to domestic								
	ındıvıduals See Part IV, line 22	0		KW. Jakan					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign				944 Y 104				
	individuals See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0			·28				
5	Compensation of current officers, directors,								
	trustees, and key employees	192,000	72,306	119,694					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	607,759	559,773		47,986				
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	0	100 0 10						
9	Other employee benefits	164,613	130,043	24,692	9,878				
10	Payroll taxes	61,180	48,333	9,177	3,670				
11	Fees for services (non-employees)								
а	Management	48,221	38,095	7,233	2,893				
b	Legal	0	15 155						
C	Accounting	17,862	15,183	2,679					
d	Lobbying Professional fundraining converse. Can Bort IV line 17	0	7	7 5 . S . S . S . S . S . S . S . S . S .					
e	Professional fundraising services See Part IV, line 17	0		* \$2 \$ \$ 3					
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column								
12	(A) amount, list line 11g expenses on Schedule O)	0							
12 13	Advertising and promotion	22,275	17 507	2 244	4 227				
14	Office expenses Information technology	27,451	17,597 21,686	3,341 4,118	1,337				
15	Royalties	27,451	21,000	4,110	1,647				
16	Occupancy	115,090	90,921	17,264	6,905				
17	Travel	92,293	72,911	13,844	5,538				
18	Payments of travel or entertainment expenses	32,233	12,311	15,044	3,330				
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest ·	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	24,059	19,006	3,609	1,444				
23	Insurance	4,188	3,309	628	251				
24	Other expenses Itemize expenses not covered				8 2 4 4 3 T. X :				
	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column	Land Care Control							
	(A) amount, list line 24e expenses on Schedule O)								
а	Printing amd design	24,027	18,981	3,604	1,442				
b	Staff training	2,743	2,332	411					
С	Equipment rental and repair	24,665	19,485	3,700	1,480				
d	Dues and subscription	2,296	1,814	344	138				
е	All other expenses Misc	6,686	2,945	3,517	224				
25	Total functional expenses. Add lines 1 through 24e	1,437,408	1,134,720	217,855	84,833				
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)								

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

13-3800068 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 189.391 1 318,786 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 367,918 3 309,266 4 Accounts receivable, net 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3,055 9 11,640 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 316,622 凯龙 171,667 Less accumulated depreciation 10b 160,479 h 10c 156,143 11 Investments—publicly traded securities 11 0 12 0 12 0 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 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 equal line 34) 1,146,452 16 1,210,256 Accounts payable and accrued expenses 10,098 17 17 21,167 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, 33 Liabilities 3 8. A trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 3,776 25 3,776 26 Total liabilities. Add lines 17 through 25 13,874 26 24,943 ► X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 567,816 464,300 28 Temporarily restricted net assets 564,762 28 721.013 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

1,185,313

1,210,256

32

33

34

1,132,578

1,146,452

Form 9	990 (2014) WEST HARLEM ENVIRONMENTAL ACTION INC	1:	3-3800068	Pag	e 12
Part	XI Reconciliation of Net Assets				
	` Check if Schedule O contains a response or note to any line in this Part XI		<u>•</u> _	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,490	,143
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,437	,408
3	Revenue less expenses Subtract line 2 from line 1	3		52	,735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,132	,578
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		1,185	313
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.		· · ·	Yes	No.
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	··· ·))." , ''' (h.	7,77	*****
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2a 2b	X	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis			*	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		2c	X **	·
3a	As a result of a receral award, was the organization required to undergo an addit of addits as set forth in		I	 	

3b

Form-**990** (2014)

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

the Single Audit Act and OMB Circular A-133?

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Name	or u	ne organization					Employer Identificatio	n number	
WES	T H	IARLEM ENVIRONMENTAL AC	TION INC				13-38	00068	
Par		Reason for Public Char							
	orga	anization is not a private foundati	•	•	•		•		
1	님	A church, convention of church			n section	170(8)(1)((A)(I).		
2	Н	A school described in section 1		•					
3	Н	A hospital or a cooperative hosp	-		•		•		
4	Ш 	A medical research organization hospital's name, city, and state		· ·					
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(v).		
7	X	An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)				
9		An organization that normally re receipts from activities related t support from gross investment acquired by the organization aff	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	
10	П	An organization organized and				•			
11		An organization organized and	operated exclusivel	y for the benefit of, to p	perform th	e function	s of, or to carry out t		
		of one or more publicly support Check the box in lines 11a thro	ugh 11d that descrit	oes the type of support	ing organ	zation and	d complete lines 11e	, 11f, and 11g	
а		Type I. A supporting organiz the supported organization(s organization You must com	s) the power to regu	larly appoint or elect a					
b		Type II. A supporting organize control or management of the organization(s) You must c	cation supervised or e supporting organi	controlled in connectization vested in the sa					
С		Type III functionally integral its supported organization(s)	ated. A supporting o	organization operated i				rated with,	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A supportated The organizat	ting organization operation generally must sati	ated in con sfy a distr	nection will button rec	rith its supported org quirement and an att		
е		Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination from	m the IRS	that it is a		e III	
f		Enter the number of supported	•	my integrated supportin	ig organiz	ation			0
g		Provide the following information	*	ed organization(s)					_
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				(See mod deachs))	Yes	No			
(A)									
(B)	-								
(C)		-	, ,	<u> </u>					
				<u> </u>					
(D)									
(E)									
Tota			. , , , , , , , , , , , , , , , , , , ,	• ,	,	* *	0		0

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

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

	Part III. If the organization fa	iis to quality un	der the tests is	sted below, plea	ase complete P	art III)	
	tion A. Public Support	(a) 2040	(h) 2044	(a) 2012	(4) 2012	(0) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) iotai
1	Gifts, grants, contributions, and membership fees received (Do not	4 600 240	4 469 603	1,633,445	1,241,739	1,485,245	7,217,469
_	include any "unusual grants ")	1,688,348	1,168,692	1,033,445	1,241,739	1,465,245	7,217,409
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,688,348	1,168,692	1,633,445	1,241,739	1,485,245	7,217,469
5	The portion of total contributions by each	1,000,010	1,100,002	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		**************************************	
•	person (other than a governmental unit				Str. I Top.		
	or publicly supported organization)				, ,		
	included on line 1 that exceeds 2%		' ' ' ' '	/			
	of the amount shown on line 11,				******	x - '	
	column (f)						
6	Public support. Subtract line 5 from line 4	(V/2)				% .	7,217,469
-	tion B. Total Support						
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,688,348	1,168,692	1,633,445	1,241,739	1,485,245	7,217,469
8	Gross income from interest, dividends,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>		-
•	payments received on securities loans,	,					
	rents, royalties and income from similar						
	sources	1,402		792			2,194
9	Net income from unrelated business 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 VI)	9,930	4,765		5,227	4,898	24,820
11	Total support. Add lines 7 through 10			* * *		W. S. S. S.	7,244,483
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here			h, or fifth tax year a	as a section 501(c)	(3)	▶ _
Sec	ction C. Computation of Public Su					T T	
14	Public support percentage for 2014 (line 6, c	• • •	•	(f))		14	99 63%
15	Public support percentage from 2013 Sched					15	99 70%
	33 1/3% support test—2014. If the organization qualifies a	s a publicly suppor	ted organization				► X
b	33 1/3% support test—2013. If the organiz box and stop here. The organization qualifi				ıs 33 1/3% or more	e, check this	•
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization mee Part VI how the organization meets the "factorganization"	ts the "facts-and-ci	rcumstances" test,	check this box and	d stop here . Expla	in in	▶[
b	10%-facts-and-circumstances test—201: 15 is 10% or more, and if the organization in Part VI how the organization meets the "fact supported organization"	neets the "facts-and	d-circumstances" to	est, check this box	and stop here. E		▶ [
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶[

Page 3

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	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	34.78 (4.21.100)				8 . 化 基 氯化物	
	line 6)	## .					0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						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						
	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 VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	o	0
14	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourti	n, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su	port Percent	age				
15	Public support percentage for 2014 (line 8, c			f))		15	0 00%
16	Public support percentage from 2013 Sched	• • •	-	-77		16	0 00%
	tion D. Computation of Investmen					·	
17	Investment income percentage for 2014 (line			olumn (fl)		17	0 00%
18	Investment income percentage from 2013 Sc		-			18	0 00%
	33 1/3% support tests—2014. If the organi	•		4, and line 15 is m	ore than 33 1/3%.		
	not more than 33 1/3%, check this box and s					- · ·-	▶ □
b	33 1/3% support tests—2013. If the organi					33 1/3%, and	
	line 18 is not more than 33 1/3%, check this						▶ _
	Private foundation. If the organization did r	not check a box on	line 14 19a or 19	b check this box a	and see instructions	\$	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	٠,)	,4 -	" "0"
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	f		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Ť	
	controlled the organization's activities If the organization had more than one supported organization,			, 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			i
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_1		
2	Did the organization operate for the benefit of any supported organization other than the supported			× .
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		, , , , , , , , , , , , , , , , , , ,	
	supervised, or controlled the supporting organization	2		· ·
Section	on C. Type II Supporting Organizations			
Secu	on o. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$- \$		58%
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	×*************************************	, , , , , ,
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		** 4	5581
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		3 50 6	187
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	<u>, , , , , , , , , , , , , , , , , , , </u>		-5-5
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,	٠. ه	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		غمد	s
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	, Y	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ξ.,		3 4
	significant voice in the organization's investment policies and in directing the use of the organization's			1200
-	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3.A	2.4252	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cooti	supported organizations played in this regard	3	L	<u> </u>
	on E. Type III Functionally-Integrated Supporting Organizations	-41		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the Activities Test Complete line 2 below	cuon	S)	
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ii	nstruc	ctions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, * * * 4	3.7	6 (3
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	, , ,	1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		2 . 1	-73
	how the organization was responsive to those supported organizations, and how the organization determined		- X	
	that these activities constituted substantially all of its activities	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		23	703
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	 	~ <i>\$</i> .	1 3/2
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	↓
3	Parent of Supported Organizations Answer (a) and (b) below.		1	٥,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	5.8
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	ية الأثاثيا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All									
other Type III non-functionally integrated supporting organizations must con	mplet	e Sections A through E							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain	1								
2 Recoveries of prior-year distributions	2								
3 Other gross income (see instructions)	3								
4 Add lines 1 through 3	4	0	0						
5 Depreciation and depletion	5								
6 Portion of operating expenses paid or incurred for production or									
collection of gross income or for management, conservation, or									
maintenance of property held for production of income (see instructions)	6		_						
7 Other expenses (see instructions)	7								
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
Aggregate fair market value of all non-exempt-use assets (see	,		, (
instructions for short tax year or assets held for part of year)									
a Average monthly value of securities	1a								
b Average monthly cash balances	1b								
c Fair market value of other non-exempt-use assets	1c								
d Total (add lines 1a, 1b, and 1c)	1d	0	0						
e Discount claimed for blockage or other	â.,,								
factors (explain in detail in Part VI)	34								
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d	3	0	0						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,									
see instructions)	4	o	0						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0						
6 Multiply line 5 by 035	6	0	0						
7 Recoveries of prior-year distributions	7	0	0						
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0						
Section C - Distributable Amount			Current Year						
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ACCURACY OF THE	0						
2 Enter 85% of line 1	2		0						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0						
4 Enter greater of line 2 or line 3	4		0						
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		4 . 3.5							
emergency temporary reduction (see instructions)	6		0						
7 Check here if the current year is the organization's first as a non-functionall instructions)	ly-ınt	egrated Type III supporting	organization (see						
iliati detiona)									

Part '	1 Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	d		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·	0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
•		Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		9. VX	0
2	Underdistributions, if any, for years prior to 2014			1 / 3 2 768 1864
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014		Maria .	
	14 1 2 2 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3			
<u>~</u> _b				aire A
				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ô	
<u> </u>	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			: ; } ^
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
•	D, line 7 \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
	Remainder Subtract lines 4a and 4b from 4	C		
5	Remaining underdistributions for years prior to 2014, if	W//- **		
-	any Subtract lines 3g and 4a from line 2 (if amount		,	
	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2014 Subtract lines 3h			, , , , , , , , , , , , , , , , , , ,
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)	0		
7	Excess distributions carryover to 2015. Add lines 3	, , , , , , , , , , , , , , , , , , ,	2 1 2 C 1 10 1 0	
•	and 4c			
8	Breakdown of line 7			
a	Dieakdown of line /			
a b			- M. M. M. M. M. M. M. M. M. M. M. M. M.	
C				
d	Excess from 2013			
	Excess from 2014	9 560 1.500 3.74		
-	EXCOCC HOLL ECT	N 2400 8. 4 V	1 / 0/ Auto /a 86% \XX	4 y y y

Schedule A (F	orm 990 or 990-EZ) 2014	WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 8
Part VI	Supplemental li	WEST HARLEM ENVIRONMENTAL ACTION INC nformation. Provide the explanations required by Part II, line 10, Part	II, line 17a or 1	7b, and
	Part III. line 12.	Also complete this part for any additional 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.

2014

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		1	Employer identification number
WES	HARLEM ENVIRONMENTAL ACTION INC			13-3800068
Part	Organizations Maintaining Dono	or Advised Funds or Other	Similar Fund	ls or Accounts.
	Complete if the organization answ			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor 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, dono			
•	used only for charitable purposes and not for			
	purpose conferring impermissible private ben		, advicor, cr ici	Yes No
Part				
ган		arad "Vas" to Form 000 Pa	rt IV / line 7	
4	Complete if the organization answ			
1	Purpose(s) of conservation easements held b	• • -		hakan alla makan kan kan kan a
	Preservation of land for public use (e g , recre	· =		historically important land area
	Protection of natural habitat	F	Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizat	on 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
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease	ments		2b
C	Number of conservation easements on a cert		n (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, an	d not on a	
	historic structure listed in the National Registe			2d
3	Number of conservation easements modified	transferred, released, extinguis	shed, or terminal	ted by the organization
	during the tax year			
4	Number of states where property subject to c	onservation easement is located	d ▶	
5	Does the organization have a written policy re		, inspection, har	ndling of
	violations, and enforcement of the conservation	on easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing co	onservation ease	ements during the year
	•			
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing conser	vation easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported of	on line 2(d) above satisfy the red	quirements of se	ction
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			L Yes L No
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, the	•	ization's financia	al statements that describes
	the organization's accounting for conservation	easements	 	NAI Oiila- A4-
Part				otner Similar Assets.
	Complete if the organization answ	ered tes to Form 990, Pa	it IV, line 8	
1a	If the organization elected, as permitted under			
	works of art, historical treasures, or other sim			
	of public service, provide, in Part XIII, the text			
þ	If the organization elected, as permitted under			
	works of art, historical treasures, or other sim		tion, education,	or research in furtherance
	of public service, provide the following amour			
	(i) Revenue included in Form 990, Part VIII,	ine 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of a			or financial gain, provide the
	following amounts required to be reported un		g to these items	•
a	Revenue included in Form 990, Part VIII, line	1		▶ \$
b	Assets included in Form 990, Part X		_	> \$

Part	III Organizations Maintaining	Collections o	f Art, Hist	orical Tr	reasures, o	r Othe	<u>r Similar Asse</u>	ets (con	<u>tınuec</u>	1)
3	Using the organization's acquisition, ac	cession, and oth	er records,	check any	of the follow	ing that	are a significant			
	use of its collection items (check all that	at apply)		_						
а	Public exhibition		d	Loan	or exchange	progran	าร			
b	Scholarly research		e	Other					. -	
С	Preservation for future generation	ons								
4	Provide a description of the organization Part XIII	on's collections a	nd explain h	ow they fo	urther the org	anızatıo	n's exempt purp	ose ın		
5	During the year, did the organization s							_	_	
	assets to be sold to raise funds rather	than to be mainta	ined as par	t of the or	ganızatıon's c	collection	n?	Ye	:s	No
Part	IV Escrow and Custodial Arra									
	Complete if the organization	answered "Yes	s" to Form	990, Pai	rt IV, line 9,	or repo	orted an amou	nt on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, of	ustodian or other	ıntermediai	ry for cont	ributions or o	ther ass	ets not			
	included on Form 990, Part X?							Ye	s 🗌	No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the follo	wing table)					
								Amount		
C	Beginning balance					1c	:			0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amoun	t on Form 990, P	art X, line 2	1, for escr	row or custod	ıal acco	unt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check her	e if the expl	anation h	as been provi	ided in F	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes	s" to Form	990, Pai	rt IV, line 10					
		(a) Current year	(b) Pr	or year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance		0	0		0		0		0
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships							_		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							\rightarrow		
g	End of year balance	·	0	0		0		0		0
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) he	ld as				
a	Board designated or quasi-endowmen		%							
b	Permanent endowment	<u>%</u>	•							
С	Temporarily restricted endowment		% 2004							
2-	The percentages in lines 2a, 2b, and 2			on that are	s hold and ad	ministor	od for the			
3a	Are there endowment funds not in the	possession or the	organizatio	Jii iiiai ais	e neid and ad	minster	ed for the		Yes	No
	organization by							3a(i)	163	140
	(i) unrelated organizations(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organi	zatione lietad ac i	equired on	Schodula	D2			3b		
4	Describe in Part XIII the intended uses							_ <u> </u>		
Part			OITS CHOOW	ment lund					_	
rait	Complete if the organization	•	s" to Form	990 Pa	rt IV line 11	a See	Form 990 Pa	rt X line	10 د	
	Description of property		r other basis	T	ost or other	1	Accumulated		ook valu	е
		1 ' '	stment)		sis (other)		lepreciation			
1a	Land		0		0	Sanc Sc	1.00			0
b	Buildings		0		0		0			0
С	Leasehold improvements		0	<u> </u>	230,316	Y	88,925			1,391
d	Equipment		0		86,306	ļ	71,554		1	4,752
<u>e</u>	Other		000 5-414	<u> </u>	0		0			0
Iotal	. Add lines 1a through 1e (Column (d)	nust equal Form	990, Part X	<u>, colum</u> n (<i>യ), iine 10c)</i>		>		15	6,143

Part VII	Investments—Other Secur Complete if the organization		90, Part IV, line 11b_See Form	990. Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation
(1) Financial o				
• •	eld equity interests			
				
				
(B)				
(C)				
(D)				
(E)				
(F)	·			
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	<u>-</u>) * /	<u>/ </u>
Part VIII	Investments—Program Re Complete if the organization		90, Part IV, line 11c See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)			 	
	must equal Form 990, Part X, col (B) line 13)	>		*************************************
Part IX	Other Assets. Complete if the organization		90, Part IV, line 11d. See Form	990, Part X, line 15
		(a) Description		(b) Book value
(1) Security				8,000
	ction in progress			406,421
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u> <u>(7)</u>				
(8)		•		
(9)				
	nn (b) must equal Form 990, Part X,	col (B) line 15)	>	414,421
Part X	Other Liabilities.		90, Part IV, line 11e or 11f See	-
1.	(a) Description of liability	(b) Book value		4. 4
(1) Federal i	income taxes			* · · · · · · · · · · · · · · · · · · ·
(2) Other pa	yable	3,776		
(3)				
(4)				, , , , ,
(5)				, , ,
(6)				
(8)				
(9)	nust equal Form 990, Part X, col (B) line 25)	3,776		Comment of the state of the sta
	uncertain tax positions. In Part XIII, pro	5,110		
-	liability for uncertain tax positions und			

Par			nue per Return.	
	Complete if the organization answered "Yes" to Form 9			
1	Total revenue, gains, and other support per audited financial statements		1	<u>1,490,</u> 143
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	1,490,143
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12)	5	1,490,143
Par	t XII Reconciliation of Expenses per Audited Financial S	Statements With Exp	enses per Return	١.
	Complete if the organization answered "Yes" to Form 9			
1	Total expenses and losses per audited financial statements		1	1,437,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	*4	
b	Prior year adjustments	2b	•4	
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d	*	
e	Add lines 2a through 2d		2e	C
3	Subtract line 2e from line 1		3	1,437,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		**	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	(
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ine 18)	5	1,437,408
	t XIII Supplemental Information.	···		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa			
		·		
-		·		
				

Schedule D (Form 9	990) 2014 WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 5
	Supplemental Information (continued)		
rait Alli	Supplemental information (continued)		
•			
			
	•		
		·	
		·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number				
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068				
Form 990, Part III, Line 4d Program Service Expenses 157,789, Grants and allocations 0,					
1 of the 350, 1 art till, Line 40 11 logiant Service Expenses 137,765, Oranto and anocations 0,					
Revenue 0 Movement Building					
Form 990, Part VI, Section B, Line 11A FORM IS REVIEWED BY THE BOARD AT LEAST 5 DAY	9 19				
Total 330, Fak Vi, Godior S, Ellio TIA Folial is NEVIEWED BY THE BOARD AT ELENOT 3 DAT	0.10				
SIVEN FOR FEEDBACK BEFORE SIGNING AND MAILING					
Form 990, Part IV, Section B, Line 15, COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS					
USING COMPARABLE INFORMATION AVAILABLE					
Form 990, Part VI, Section B, Line 12 DIRECTORS AND OFFICERS ARE ISSUED A COPY OF C	OI POLICY				
LIDON ADDONITHENT ANNUAL DEGLADATION IS GIVEN TO CONFIDM IF OR ANNUADABLE	- ^				
UPON APPOINTMENT ANNUAL DECLARATION IS GIVEN TO CONFIRM IF OR ANY CONFLIC	18				
Form 990, Part VI, Section C, Line 19 DOCUMENT ARE AVAILABLE UPON REQUEST TO ANY I	BOARD MEMBER				
	·				
•••••••••••••••••••••••••••••••••••••••	-				
·					

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization	Employer identification number
WEŞT HARLEM ENVIRONMENTAL ACTION INC	13-3800068
•	
·	
-	