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# NNED AUG 29 2016

Form 990

# **Return of Organization Exempt From Income Tax**

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

20**15** 

Department of the Treasury Internal Revenue Service 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.

Open to Public

A	For the	e 2015 ca	lendar year, or tax year beginning , and ending				
В	Check if	applicable	C Name of organization WEST HARLEM ENVIRONMENTAL ACTION INC D Emi	oloyer identific	ation number		
	Address	change	Doing business as				
$\square$	Name ch	ange	Number and street (or PO box if mail is not delivered to street address)  Room/suite  13-380				
$\overline{\Box}$	nitial reti			phone number			
Η,	muai reu	4111	City or town State ZIP code NEW YORK NY 10031	5-8485			
$\Box$	Final return	viterminated	Foreign country name Foreign province/state/county Foreign postal code				
	Amended	l return	, , , , , , , , , , , , , , , , , , , ,	ss receipts \$	3,026,684		
$\overline{\Box}$	\ onlinete	on pending	E. Name and address of expense offices				
′ ئـــا	чрисавс	n pending	n(a) is a group		= =		
_			PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 10031 H(b) Are all subol				
	ax-exem	pt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 If "No," attack	ch a list (see in:	structions)		
JV	Vebsite	<u>&gt;: ► ww</u>	w weact org H(c) Group exem	ption number	<u> </u>		
KF	orm of a	rganization	X Corporation	986 M St	ate of legal domicile NY		
P	art I	Su	mmary	000	141		
	1		describe the organization's mission or most significant activities ENVIRONMENTAL	ADVOCATI	F/EDUCATION		
8				115.3.007.113			
퉏			***************************************				
Governance	2	Check to	his box I if the organization discontinued its operations or disposed of more than 2	5% of its ne	t assets		
ဖိ	3		r of voting members of the governing body (Part VI, line 1a)	3	17		
	4		r of independent voting members of the governing body (Part VI, line 1b)	4	17		
Activities &	5		imber of individuals employed in calendar year 2015 (Part V, line 2a)	5	6		
₹	6		imber of volunteers (estimate if necessary)	6			
Ą	7a		related business revenue from Part VIII, column (C), line 12	7a			
	b		elated business taxable income from Formy990-17 liner34	7b	0		
			Prior Ye	ar	Current Year		
	8	Contribu	utions and grants (Part VIII, lined h)	1,485,245	2,977,182		
ᇎ	9	Program	n service revenue (Part VIII, Interior) AUG 1 2 2016	0	31,427		
Revenue	10	Investm	nent income (Part VIII, column (A) lines 3, 4, and 7d)   Ø	0	0		
œ	11	Other re	evenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 116)	4,898	18,075		
	12	Total rev		1,490,143	3,026,684		
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	0	0		
	14		s paid to or for members (Part IX, column (A), line 4)	0	0		
8	15		· · · · · · · · · · · · · · · · · · ·	1,025,552	1,200,979		
SUE.	16a		sional fundraising fees (Part IX, column (A), line 11e)	0	0		
Expenses	b		• • • • • • • • • • • • • • • • • • • •	THE REPORT OF THE PERSON NAMED IN			
ш	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	411,856	540,411		
	18		· · · · · · · · · · · · · · · · · · ·	1,437,408	1,741,390		
- 8	19	Revenu	te less expenses Subtract line 18 from line 12	52,735	1,285,294		
Assets or Belances	20	Total on	Beginning of Ci	1,210,256	2,485,073		
39	21		ssets (Part X, line 16)	24,943	14,466		
Find A	22			1,185,313	2,470,607		
0.	rtill		gnature Block	1,100,010	<u> </u>		
Lind	ar nanalt	es of perior	by I declare that I have examined this return including accompanying schedules and statements, and to the best of	my knowledge			
and	bekef, it	is true, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge			
			HILLAN M. SWIMMA	1-26	-16		
Sig		7		Date			
He	re		PEGGYL M. Shepa. Co. Executive DIRECTOR				
			Type or print name and title				
		Pnn	nt/Type preparer's name / reparer's signature Date	Check [	PTIN		
Pa	id	۱.۵	HN W DAVIS 7/26/2016	_	<del>-</del> 1		
Pro	epare	r	111111111111111111111111111111111111111				
	e Onl	V Firm		IN ► 11-34			
_		Firm	m's address ► 1736 E ELIZABETH AVE, LINDEN, NJ 07036 Phone i	no 908-2	75-3382		
Ma	y the II	RS discus	ss this return with the preparer shown above? (see instructions)		Yes X No		
					5 990 (2045)		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
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		Х
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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ.
12a	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		X
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	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	1		
	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?	1		
	If "Yes," complete Schedule G, Part III	19	L	<u> </u>

rail	Checklist of Required Schedules (continued)			
00-	Did the assessment and assessment beautiful facilities O IF III/c = II =====late Cahadida II	20-	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
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		21		
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	122		<del>^</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		Ì	
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
<b>2-7</b> 0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		i	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization milest any proceeds of tax-exempt bonds beyond a temporary period exception.  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
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2.50	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	100		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		.	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	100		
-0	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	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	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Pai	Check if Schedule O contains a response or note to any line in this Part V		_ [	П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	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 .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> 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		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	Ш	X
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			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
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	$\vdash \vdash \vdash$	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?	6-		J
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	$\vdash \vdash \vdash$	X
U	gifts were not tax deductible?	6b		×
7	Organizations that may receive deductible contributions under section 170(c).	OD	$\vdash\vdash$	┝
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?.	7b	М	X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·-		<u> </u>
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	igsquare	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	igsquare	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		1	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the exemptation flow form 200 in law of Form 10412	420		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	$\vdash\vdash$	├—
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.	134	$\vdash$	├^
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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

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	1a1	7		
	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				1
	committee, explain in Schedule O.		1		
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b 1	7 .	* ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			ľ. '
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4	<u></u>	Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?.	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			i
	the year by the following	-			ز ا
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
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		x
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code	)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
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 organization's exempt pu	rposes? .	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			١.	
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	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	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.	
15	Did the process for determining compensation of the following persons include a review and appro-	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>
b	Other officers or key employees of the organization		15b	X.	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-	57	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement			_
	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	uate its	1 .	1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	- 1		
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NY		<b>-</b> -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)	3)s on	y)	
	available for public inspection. Indicate how you made these available. Check all that apply				
		kplain in Schedule C	•		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest p	olicy, a	nd	
	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 l		•		
	PAT TERRY	347-465-8485	<u></u>		
	1854 ADSTERDAM AVE , 2 FL, NEW YORK, NY 10031	<del> </del>			
			Form	, ໘໘ຐ	(2015)

•											
Form 990 (2015)	WEST HARLEM ENVIRONMENTA									13-38000	68Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	En	nple	oyee	s, I	lighest Comp	ensated	
	Employees, and Independent C	Contractors			_			_			
	Check if Schedule O contains a r	<del></del>						_			· · <u>·                                  </u>
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	d E	mployees		
	his table for all persons required to be	listed Report co	mper	sati	on i	for t	he ca	lend	lar year ending v	vith or within the	
organization's											
	of the organization's current officers, d						luals	or o	rganizations), re	gardless of amo	unt
	on Enter -0- in columns (D), (E), and ( of the organization's <b>current</b> key emplo						dofin		of "koy omploy	no "	
	organization's five current highest con										vee)
	reportable compensation (Box 5 of For										,,
organization a	nd any related organizations										
	of the organization's <b>former</b> officers, ke							ed e	mployees who r	eceived more th	an
	eportable compensation from the organ	=			-						
	of the organization's <b>former directors</b> of more than \$10,000 of reportable compe										the
	the following order individual trustees								=		
	employees, and former such persons										
Check thi	s box if neither the organization nor any	y related organiz	ation	cor			ted a	ту с	urrent officer, dir	ector, or trustee.	
			ŀ			C)					
	(A)	(B)	(do i	not cl		ition more	than o	ne	(D)	(E)	(F)
	Name and Title	Average hours per					ıs both or/t <b>rus</b> t		Reportable compensation	Reportable compensation	Estimated amount of
		week (list any							from	from related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key e	Highest co employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	•	organizations below dotted	ual t	텴		employee	yee 8	7	(W-2/1099-MISC)		organization
		line)	inst	1 2		yee	mpe				and related organizations
			8	stee			Highest compensated employee				
(1) Dennis	Derryck	5 00	-	-	$\vdash$	├	-				
Director			x			ľ					
(2) Peggy	Shepard	40.00	+								<del></del>
Exec Director			Х						100,769		
(3) Roberto	Lebron	5 00									
Secretary			X			匚					
(4) Patricia		15 00									
Co-Chair/Trea			X		ļ		ļ				
(5) Regina	Smith	5.00	1	l							
(6) Hope P	looka	E 00	_ X	-	-	-					
Director	idolid	5 00	X								
(7) Eric Go	ldstein	5 00	+	$\vdash$	-	_	_				<del></del>
Director		<del></del>	x				ļ				
(8) Phillip N	Morrow	5 00	-								,
Director			X								
(9) Jeff Jon	es	5 00		Γ		Г					
Director			X	L	L						
(10) Vernice	Miller-Travis	5 00		1							
Director		<u> </u>	X_	<u> </u>	L	<u> </u>		<u> </u>			
(11) Gregory	Anderson	15 00					1				
Co-Chair		F	ı X	1	i	ı		1	l i		

5.00

5 00

X

Х

(12) Charles H Allison Director

(13) Joseph Bosch Director

(14) Darryl Banks Director

Pa	art VII Section A. Officers, Directors, Tru			es,	and	Hi	ghes	t Ç	ompensated Em	ployees (contir	nued)			
					(0	<b>;</b> )								
	(A)	(B)	(do r	not ch	Pos eck		than c	ne	(D)	(E)	ĺ	(F)		
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		stimate nount c		
		week (list any					g 문	_	from the	from related organizations		other		
		hours for related	dire	it u	Officer	y em	Highest compensated employee	Former	organization	(W-2/1099-MISC)	f	pensat	•	
		organizations below dotted	함함	onal		ploy	8 8		(W-2/1099-MISC)			anızatı d relate		
		line)	Individual trustee or director	Institutional trustee		8	pens				org	anızatıc	ons	
				8			ated							
(15)	Albert Huang	5.00		H		Н		_			┼			
Direc			X.											
(16)	Sharon Lopez	5 00												
Direc	tor		<u> </u>								<u> </u>			
	Marianne Engelman Lado	5 00	×											
Direc	Dart Westphal	5 00	<del>  ^-</del>		-			_			<del> </del>			
Direc			Х											
(19)	Cecil Corbin-Mark	40.00										_		
_	Director			<u> </u>		X			85,538		ļ			
(20)														
(21)				$\vdash$				-			<del> </del>			
X211.														
(22)														
											ļ			
(23)				1					}					
(24)				$\vdash$	-			<del>-</del>			<del>                                     </del>			
.X <del>.</del> :1.								L.						
(25)														
1b	Sub-total		<del></del>	٠	<u> </u>		٠.	•	186,307	C			0	
С	Total from continuation sheets to Part VII, Se	ection A.						•	0	C			0	
_d_	Total (add lines 1b and 1c)		<u> </u>			<u>.                                    </u>		<u> </u>	186,307	<u></u>	)		0	
2	Total number of individuals (including but not lii reportable compensation from the organization		sted a		re) v 1	vho	rece	vec	more than \$100	,000 of				
	reportable compensation from the organization			-	1			_		<del></del>		Yes	No	
3	Did the organization list any former officer, dire	ector, or trustee,	key 6	emp	loye	e, c	r higi	hes	t compensated		, , , , , , , , , , , , , , , , , , ,		1115	
	employee on line 1a? If "Yes," complete Sched				-						3		X	
4	For any individual listed on line 1a, is the sum of	of reportable cor	npen	satio	on a	nd d	other	con	npensation from		}			
	the organization and related organizations great	iter than \$150,00	00? li	f "Y∈	9s, "	соп	nplete	Sc	chedule J for suc	ከ	[' '	-		
	ındıvıdual		• •		•				•	•	4		X_	
5	Did any person listed on line 1a receive or accr									ridual	1_	ì		
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	as, complete so	meac	II <del>O</del> J	101	Suc	n per	301	<i>·</i>	<u> </u>	5_	L	<u> </u>	
1	Complete this table for your five highest compe	nsated indepen	dent	cont	ract	ors	that r	ece	eived more than	\$100,000 of	-			
	compensation from the organization Report covear										tax			
(A) Name and business address								(B) Description of ser	VICAS	(C Compe				
NOI							-	-					0	
													0	
													0	
			-					<u> </u>					0	
	Total number of independent contractors (inclu	ding but not have	tod 4-	the		iete	d aho	//C/	who recoived	, likes to	1,50		0	
_	more than \$100.000 of compensation from the		tea to	, 1110	3C	131E	0 abc		WIID TECEIVED	1.00 mg	(	·., ***	* `	

Par	t VIII	Statement of Revenue Check if Schedule O contains a response	e or r	iote to any line in	this Part VIII			
		Chook ii oshodis o sohanic di rospone	011	oto to driy iiile iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
s, G Amo	С	Fundraising events	1c	0				
Gift lar	d	Related organizations	1d	0				
ıs,	е	Government grants (contributions) .	1e	166,310				
er S	f	All other contributions, gifts, grants, and	1			:		
를 됨		similar amounts not included above .	1f	2,810,872				
E S	g	Noncash contributions included in lines 1a-1f	\$	o				
	h	Total. Add lines 1a-1f		▶	2,977,182			
ě				Business Code				
ven	2a	Program income	_		31,427			
8	b				0			
ջ	С				0			
Ser	d				0			
ä	е				0			
Program Service Revenue	f	All other program service revenue .		L	0			
Δ.	g	Total. Add lines 2a–2f			31,427		<del> </del>	
	3	Investment income (including dividends, int	erest,	and	_			
		other similar amounts)		▶	0			
	4	Income from investment of tax-exempt bone	d proc	eeds 🕨	0			
	5	Royalties (i) Rea		(ii) Personal	0	- <u>-</u>		<b></b>
	6.		<del>''</del>	(ii) Personal				,
	6a	Gross rents .						j
	b	Less rental expenses	0	<u> </u>				
	c d	Rental income or (loss)	- 0	0				
	-	Gross amount from sales of (i) Securi	ties	(II) Other	0			
	1 a	assets other than inventory	0	(, 0.5.5.				·
	b	Less cost or other basis		<u> </u>				
		and sales expenses .	0	اها				
	С	Gain or (loss)	0	0				1
ĺ	ď	Net gain or (loss)	<u>_</u>	<u> </u>	o		<b>-</b>	
	_				<u>-</u>			<del></del>
e l	8a	Gross income from fundraising						
eu		events (not including \$ 0						
ě		of contributions reported on line 1c)						
		See Part IV, line 18	а	l ol				
Other Reven	b	Less direct expenses	b	0				
0	С	Net income or (loss) from fundraising event	s		o		-	
- 1	9a	Gross income from gaming activities.						
		See Part IV, line 19	а	0	i			
	b	Less direct expenses		0	_			
		Net income or (loss) from gaming activities		<u> </u>	0			
	10a	Gross sales of inventory, less						
		returns and allowances	. а	0				
	b	Less cost of goods sold	b	0				-
ļ	<u>C</u>	Net income or (loss) from sales of inventory		<u> ▶</u>	0			
- }		Miscellaneous Revenue		Business Code				,
İ	11a	Other Income		<u> </u>	18,075	18,075		
l	ь			<u> </u>	0			
	C	***************************************		<u> </u>	0			· · · · · · · · · · · · · · · · · · ·
ŀ	d	All other revenue		L	0		<del></del>	<u> </u>
ļ	е	Total. Add lines 11a–11d			18,075			
	12	Total revenue. See instructions	. <b>.</b> .	<u> </u>	3,026,684	18,075	0	0

Part IX		f Functional		

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	ırt IX .		<u> </u>
	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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	196 307	37,806	111,240	37,261
6	trustees, and key employees	186,307	37,000	111,240	37,201
О	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4936(i)(1)) and persons described in section 4958(c)(3)(B)	٥			
7		689,199	689,199		
8	Other salaries and wages  Pension plan accruals and contributions (include	000,100	000,100		
U	section 401(k) and 403(b) employer contributions).	ا			
9	Other employee benefits	258,498	201,508	40,312	16,678
10	Payroll taxes	66,975	55,616	8,509	2,850
11	Fees for services (non-employees)	33,2,0		,	
a	Management	52,801	41,713	7,920	3,168
b	Legal	0			
C	Accounting	33,007	28,056	4,951	
d	Lobbying	0			
e	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				
	(A) amount, list line 11g expenses on Schedule O)	18,693	14,767	2,804	1,122
12	Advertising and promotion	0			
13	Office expenses	27,247	21,525	4,087	1,635
14	Information technology	29,578	23,366	4,437	1,775
15	Royalties	0			<del></del> _
16	Occupancy	143,741	113,556		8,624
17	Travel	74,262	58,667	11,139	4,456
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0	<u> </u>		· · · · · <del>- ·</del> · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	24,039	10.000	3 600	1.404
22	Depreciation, depletion, and amortization	5,951	19,006 4,701		1,424 357
23	Insurance	5,951	4,701	093	357
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	•			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		İ		
9	Danton and dance	38,284	34,245	2,885	1,154
a b	Ot-# t-s-mm	2,579			1,104
C	Comment contained concer	26,369			1,582
d	Other	2,860			172
e	All other expenses Contributions	61,000			
25	Total functional expenses. Add lines 1 through 24e	1,741,390			82,258
26	Joint costs. Complete this line only if the	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-,
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	318,786	1	671,566
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	309,266	3	1,244,500
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	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			
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,640	9	12,788
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 326,316			
	b	Less accumulated depreciation . 10b 184,518	156,143		141,798
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	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)	1,210,256	16	2,485,073
	18	Accounts payable and accrued expenses Grants payable	21,167	17	10,690
	19	Deferred revenue		18 19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
Liabilities		trustees, key employees, highest compensated employees, and			
喜		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	24,943	26	14,466
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> u	27	Unrestricted net assets	464,300	27	406,024
Ba	28	Temporarily restricted net assets	721,013	28	2,064,583
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds	~	30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	1,185,313	33	2,470,607
	34	Total liabilities and net assets/fund balances .	1,210,256	34	2,485,073

Form 9	990 (2015) WEST HARLEM ENVIRONMENTAL ACTION INC	13-380	0008	Pag	e IZ
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,026	,684
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,741	,390
3	Revenue less expenses. Subtract line 2 from line 1	3		1,285	,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		1,185	,313
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		2,470	,607
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	<del> </del>			. !
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				i i
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				į ,
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				,
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		r .		l '
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		. '		
С	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		<u> </u>		<del></del>
	Schedule O				1
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			-	
3a	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		<u> </u>		广
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		x
	required addit of addito, explain with in benedule of and accombe any steps taken to undergo each addite		1.00		

### 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.

4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ.

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (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 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (I) Name of supported organization (iv) is the organization (II) EIN (v) Amount of monetary (iii) Type of organization (vI) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,168,692	1,633,445	1,241,739	1,485,245	2,810,872	8,339,993
	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	1,168,692	1,633,445	1,241,739	1,485,245	2,810,872	8,339,993
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization)						
	included on line 1 that exceeds 2%	••					
	of the amount shown on line 11, column (f)	,					
6	Public support. Subtract line 5 from line 4.						8,339,993
	tion B. Total Support	4 > 0044	(h) 0040	(-) 2012	(d) 2014	(a) 2015	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total 8,339,993
7	Amounts from line 4	1,168,692	1,633,445	1,241,739	1,485,245	2,810,872	6,339,993
8	Gross income from interest, dividends, payments received on securities loans,	j			-		
	rents, royalties and income from similar						
	sources		792				792
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	4 705	ļ.	5 227	4 808	19.075	22.065
	(Explain in Part VI.)	4,765		5,227	4,898	18,075	32,965 8,373,750
11	Total support. Add lines 7 through 10  Gross receipts from related activities, etc (se	ae instructions)				12	0,373,730
12 13	First five years. If the Form 990 is for the or				s a section 501(c)(		······································
	organization, check this box and stop here	•					▶ 🗌
Sec	ction C. Computation of Public Su						
	Public support percentage for 2015 (line 6. c			n)		14	99 60%
15	Public support percentage from 2014 Sched	ule A, Part II, line 1	4			15	99 63%
	33 1/3% support test—2015. If the organiz and stop here. The organization qualifies as	s a publicly support	ed organization				<b>▶</b> X
b	33 1/3% support test—2014. If the organiz box and stop here. The organization qualifie					, check this	▶ 🗀
17a	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization".	s the "facts-and-cii	cumstances" test, es" test The organ	check this box and	stop here. Explai a publicly supporte	n in	. ▶ 🗌
b	10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization m Part VI how the organization meets the "fact supported organization	eets the "facts-and	l-circumstances" te	st, check this box a ization qualifies as	and stop here. Ex		<b>▶</b> □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		-
	instructions						▶

### 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	ction A. Public Support		tooto notou bon	ov, picace con	ipiete i art ii.		· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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					1	
	ıts 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
_	Add lines 7a and 7b	. 0	0	0	0	0	0
8	Public support (Subtract line 7c from	•		da in City	, Č.,		_
Soc	tion B. Total Support	1,2		2.6	<u> </u>	7 8 1 1 9 172 1	0
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(-) 2045	(A T-4-1
9	Amounts from line 6	0	0	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015 0	<b>(f)</b> Total 0
	Gross income from interest, dividends,					<del>                                     </del>	
	payments received on securities loans,		i				
	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	Ó	0	0	0	0
11	Net income from unrelated business						<u>-</u>
	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	0	0
14	First five years. If the Form 990 is for the org	ganization's first, s	econd, third, fourth	ı, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here					<u> </u>	<u>▶                            </u>
	tion C. Computation of Public Sup				<del></del>	<del>,</del>	
	Public support percentage for 2015 (line 8, co			0)		15	0.00%
	Public support percentage from 2014 Schedu			<u> </u>		16	0 00%
	tion D. Computation of Investment						
17 10	Investment income percentage for 2015 (line					17	0 00%
18 19a	Investment income percentage from 2014 Sci 33 1/3% support tests—2015. If the organiz			, ,		18	0 00%
. 34	not more than 33 1/3%, check this box and st				•	and line 17 IS	
b	33 1/3% support tests—2014. If the organiz				_		
_	line 18 is not more than 33 1/3%, check this b					•	▶ □
20	Private foundation. If the organization did no						

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Sec	tion	A. A	II Su	pporting	Or	ganizations
-----	------	------	-------	----------	----	-------------

- 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
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
_ 1		
3a		1
3b		'
3c		;
_ 4a		
4b		1
40		
4c		
5a		,
5b		
5c		<del> </del>
6		
7		
 8_	-	
9a_	,	
9b_		- '
9c		
4.4		ì
10a	ļ	<u> </u>
10b		

Part	V 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)			l j
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	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,			1
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			Ь—
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			1 1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations	J		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otio n	<u>- )</u>	
a	The organization satisfied the Activities Test Complete line 2 below	cuon	s <i>)</i>	
_				
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 in	nstruc	tions)	•
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		3
3	Parent of Supported Organizations Answer (a) and (b) below.		··-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	 3a		<sup>-</sup>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			t
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
other Type III non-functionally integrated supporting organizations must cor	nplet	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)	<u>.</u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	<u></u>	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	J		
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	0	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	
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		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		ii ii	
emergency temporary reduction (see instructions)	6	ч	0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting	organization (see
instructions).			•

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	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 respor	nsive			
	(provide details in Part VI) See instructions					
9_	Distributable amount for 2015 from Section C, line 6	<del></del>	<u></u> <u></u>	0		
10_	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		0 000		
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
	Distributable amount for 2015 from Section C, line 6			0		
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015		· · · · · · · · · · · · · · · · · · ·			
a						
b						
<u>c</u>						
d_						
<u>e</u>	From 2014					
	Total of lines 3a through e	0	<del> </del>			
	Applied to underdistributions of prior years		0			
<u>h</u>	Applied to 2015 distributable amount			0		
i	Carryover from 2010 not applied (see instructions)					
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0				
4	Distributions for 2015 from Section					
	D, line 7 \$ 0	ļ <u></u> ,				
a_	- P		0			
<u> </u>				0		
<u>c</u>		0				
5	Remaining underdistributions for years prior to 2015, if					
	any Subtract lines 3g and 4a from line 2 (if amount		_			
	greater than zero, see instructions)		0			
6	Remaining underdistributions for 2015 Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see			_		
	instructions)			0		
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c	0				
8	Breakdown of line 7					
a_				<u> · · · · · · · · · · · · · · · · · ·</u>		
b_	Evenes from 2012					
<u>c</u>	Excess from 2013					
d_	Excess from 2014 0	<del></del>				
e_	Excess from 2015 . 0					

Schedule A (F	Form 990 or 990-EZ) 2015 WEST HARLEM ENVIRONMENTAL ACTION INC	_13-3800068	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II,	line 17a or 17b, Part	
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1		
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Sec	tion Ellinos 1c 2a 2h	
	B, lines I and 2, Part IV, Section C, line I, Part IV, Section D, lines 2 and 3, 1 art IV, Sec	and Don't Control C	
	3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, a		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions	)	
		•	
	••••••		
· •			
		~~~~~~	

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	f the organization		Employer identification number
WES	HARLEM ENVIRONMENTAL ACTION INC		13-3800068
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization ansi	vered "Yes" on Form 990, Part IV, line 6	·
		(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		onor advisors in writing that the assets held in	
		t to the organization's exclusive legal control?	
6		iors, and donor advisors in writing that grant fu	
		r the benefit of the donor or donor advisor, or	
		nefit?	. Yes No
Par	Conservation Easements.		
	Complete if the organization ansi	wered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g., red	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2		ation 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		. <b>2a</b>
b	Total acreage restricted by conservation ear	sements	2b
C	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Regis		2d
3		d, transferred, released, extinguished, or term	inated by the organization during
	the tax year		
4	Number of states where property subject to	regarding the periodic monitoring, inspection,	handling of
5	violations, and enforcement of the conserva		
6		inspecting, handling of violations, and enforcing c	
•	<b>&gt;</b>	3	• •
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing conse	rvation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements o	
	and section 170(h)(4)(B)(ii)?.		Yes   No
9		eports conservation easements in its revenue	
		e text of the footnote to the organization's final	ncial statements that describes
Par	the organization's accounting for conservations Maintaining Col	lections of Art, Historical Treasures, o	or Other Similar Assets
rai	Complete if the organization ans	wered "Yes" on Form 990, Part IV, line 8	direct official Assets.
1a		ler SFAS 116 (ASC 958), not to report in its re milar assets held for public exhibition, education	
		xt of the footnote to its financial statements th	
ь.		der SFAS 116 (ASC 958), to report in its reven	
b		milar assets held for public exhibition, educate	
	of public service, provide the following amo		, c
	(i) Revenue included on Form 990, Part VII		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		• \$
2		art, historical treasures, or other similar asse	ts for financial gain, provide the
		nder SFAS 116 (ASC 958) relating to these its	
а	Revenue included on Form 990, Part VIII, li		. <b>&gt;</b> \$
b	Assets included in Form 990, Part X.		▶ \$

• Sched	ule D (Form 990) 2015 WEST HARLEM E	NVIRONMENTAL A	ACTION IN	IC.			13-38	00068		Page <b>2</b>
Part					reasures c	r Othe				
3	Using the organization's acquisition, a	ccession, and other	records o	hock any	of the follow	ung that	are a significan	tuse of it	raniue:	<u>u/</u>
-	collection items (check all that apply)		.000,00,	incon any	0	mg mar	are a significar	450 0. 10	3	
а	Public exhibition		4 M	Loan	or exchange	program	ne			
b	H		· H			program	13			
D	Scholarly research		е	Other						
С	Preservation for future generation									
4	Provide a description of the organizati XIII	on's collections and	explain ho	ow they fu	urther the org	anızatıo	n's exempt purp	pose in Pa	art	
5	During the year, did the organization s assets to be sold to raise funds rather	than to be maintain						Y	es 🗀	] No
Part	Complete if the organization 990, Part X, line 21.		on Form	990, Pa	art IV, line 9	, or rep	orted an amo	ount on F	orm	
1a	Is the organization an agent, trustee, of	custodian or other in	termedian	v for conti	ributions or o	ther ass	ets not			-
	included on Form 990, Part X?.							□ Y	es 🗀	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the follow	ving table				٠. س		,
		, , , , , , , , , , , , , , , , , , , ,					<u> </u>	Amount	-	
С	Beginning balance					1c	·   · · · · · · · ·			0
d	Additions during the year .				•	1d		<del></del>		<u>_</u>
е	Distributions during the year					1e		_		
f	Ending balance		•	•	•	1f				0
2a	<del>-</del>		. V . I 04							<del></del>
_	Did the organization include an amour							Y	es 🔀	No
b	If "Yes," explain the arrangement in Pa	art XIII Check here	if the expla	anation ha	as been prov	ided on	Part XIII			<u> </u>
Part										
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line 1	0.				
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years ba	ck (e) Fo	our years	s back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities					1				
	and programs					ļ				
f	Administrative expenses					T I				
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of ti	he current year end	balance (I	ine 1g, co	lumn (a)) he	ld as		<del>'</del>	-	
а	Board designated or quasi-endowmen		% `	<b>.</b>	` '/'					
b	Permanent endowment	%								
С	Temporarily restricted endowment	▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 100	)%							
3a	Are there endowment funds not in the	•		n that are	held and ad	minister	ed for the			
	organization by		<b>J</b>						Yes	No
	(i) unrelated organizations							3a(i)		<del> </del>
	(ii) related organizations .					•		3a(ii)		<del>                                     </del>
b	If "Yes" on line 3a(ii), are the related o	rganizations listed a	 Is required	I on Sche	dule R2	•		3b	$\vdash$	<del>                                     </del>
4	Describe in Part XIII the intended uses	-	•					<u> </u>		<u> </u>
Part			S CHIGOWII	ioni junius	<u></u>				<del></del>	
rait			on Form	000 Ba	ut IV line 1	1- C			40	
	Complete if the organization					r	<del></del>			
	Description of property	(a) Cost or ot (investm			st or other		Accumulated	(d) B	ook valu	e
4-	Lond	(investin		Dasi	s (other)		epreciation			
1a	Land		0			( ) Y				0
b	Buildings		0	<del></del>	0	<u> </u>	0			0
C	Leasehold improvements	· ·	0		230,316	ļ	107,500			22,816
d	Equipment	.	0		96,000		77,018		1	18,982
<u>e</u>	Other .		0		0		0			0
Total	l. Add lines 1a through 1e (Column (d)	must equal Form 99	0, Part X,	column (l	3), line 10c )	<u> </u>	•		14	41,798

Part VII	Investments—Other Securiti		90, Part IV, line 11b. See Form 990, Part X, line 12.
(8	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia		(	<u></u>
	neld equity interests		
=			
		I .	
(C)			
( <u>D)</u>			
<u>(E)</u>			
		<u> </u>	
<u>(G)</u>			
(H)	o) must equal Form 990, Part X, col (B) line 12)	<del> </del>	)
Part VIII	Investments—Program Rela	<del></del>	<u> </u>
. are viii			90, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<del>                                     </del>	
(7)			
(8)		<del></del>	
(9) Total (Column (t	b) must equal Form 990 Part X col (B) line 13)		
Part IX	Other Assets.	<u> </u>	
Taretix		nswered "Yes" on Form 9	990, Part IV, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1) Securit	y deposit		8,000
(2) Constr	uction in progress		406,421
_(3)			
_(4)			
(5)			
(6)			
_(7)			
(8)			
(9)	ımn (b) must equal Form 990, Part X, c	ol (B) line 15 )	<b>▶</b> 414,421
Part X	Other Liabilities.	or (B) iiilo 10)	717,161
raitx	Complete if the organization a	inswered "Yes" on Form 9	990, Part IV, line 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	
	al income taxes		<u>o</u>
(2) Other	payable	3,77	6
(3)			
(4)			
(5)			_[
(6)			_
(7)		<del>                                     </del>	4
(8)		<del> </del>	<b>-</b>
(9)	No. 15 - 100 Park   15 - 15 - 15 - 15 - 15 - 15 - 15 - 15		
	) must equal Form 990, Part X, col (B) line 25 )	3,77	
z. Liability to	ir unceπain tax positions. In Paπ XIII, prov	rae tne text of the footnote to th	e organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form	990) 2015	WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 5
Part XIII	Supple	emental Information (continued)		
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### 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.

2015 Open to Public

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

by/form990. Inspection
Employer identification number

Name of the organization WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Form 990, Part III, Line 4d Program Service Expenses 182,751, Grants and allocations 0, Revenue 0 Movement Building Form 990, Part VI, Section B, Line 11A FORM IS REVIEWED BY THE BOARD. AT LEAST 5 DAYS IS GIVEN FOR FEEDBACK BEFORE SIGNING AND MAILING Form 990, Part VI, 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 COI POLICY UPON APPOINTMENT, ANNUAL DECLARATION IS GIVEN TO CONFIRM IF OR ANY CONFLICTS Form 990, Part VI, Section C, Line 19 DOCUMENT ARE AVAILABLE UPON REQUEST TO ANY BOARD MEMBER

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
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