Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Ā	For the	2017 ca	lendar year, or tax year beginning , and ending							
В	Check if a	applicable		r identification number						
∐,	Address o	change	Doing business as							
\Box	Name cha	anne	Number and street (or PO box if mail is not delivered to street address) Room/suite 13-380006							
	raine en	ange	1854 AMSTERDAM AVE	e number						
	initial retu	ım	City or town State ZIP code 212-961-10	000						
	Fınal return	/terminated	NEW YORK NY 10031							
\Box	Amended	l mturn	Foreign country name Foreign province/state/county Foreign postal code G Gross rec	peipts \$ 1,939,695						
\equiv										
LJ '	Applicatio	on pending	F Name and address of principal officer H(a) is this a group return	for subordinates? Yes X No						
			PEGGY SHEPARD 1854 AMSTERDAM AVE, NEW YORK, NY 10031 H(b) Are all subordinal							
1 1	ax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 52 If No," attach a li	st (see instructions)						
JI	Vebsite	e: ▶ ww	w weact org g H(c) Group exemption	number >						
K	Form of organization X Corporation Trust Association Other L Year of formation 1986 M State of legal domicile NY									
_	art l	<u> </u>	mmary	In case of regar dominate 14.4						
	1			VOCATE/EDUCATION						
ф	'	Differily C	describe the organization's mission or most significant activities ENVIRONMENTAL AD	VOCATE/EDUCATION						
auc	-									
Activities & Governance	1 .	01								
ò	2		his box I if the organization discontinued its operations or disposed of more than 25%	1 - 1						
ජ	3		r of voting members of the governing body (Part VI, line 1a)	3 17						
Se	4		r of independent voting members of the governing body (Part VI, line 1b).	4 17						
ŧ	5		imber of individuals employed in calendar year 2017 (Part V, line 2a)	5 10						
妄	6		imber of volunteers (estimate if necessary)	6						
⋖	7a		related business revenue from Part VIII, column (C), line 12	7a 0						
	<u> </u>	Net unr	elated business taxable income from Form 990-T, line 34	76 0						
		0	Prior Year	Current Year						
9	8			6,703 1,776,129						
e e	9		· · · · · · · · · · · · · · · · · · ·	1,372 4,559						
Revenue	10		tent income (Part VIII, column (A), lines 3, 4, and 7d)	0 0						
_	11		1	7,810 117,506						
	12		·	5,885 1,898,194						
	13			8,000 195,000						
	14		s paid to or for members (Part IX, column (A), line 4)	0 0						
98	15			7,225 1,318,631						
Expenses	16a		cional fundraising fees (Part IX, column (A), line 11e)	0 0						
×	b		ndraising expenses (Part IX, column (D), line 25) ► 122,946							
ш	1			6,622 772,502						
	18	lotal ex		1,847 2,286,133						
-	19	Revenu	, market 100 miles 100 mil	5,962 -387,939						
sets or		Takal aa								
1880			sets (Part X, line 16)	74,028 1,692,612 10,393 45,006						
<u> </u>	2 4			9,383 45,906 4,645 1,646,706						
- 1	22		gnature Block	1,040,700						
Unc	art II ter ognelt	ties of nertur	ry, I declare that I have examined this roturn, including accompanying actionies and signements, and to the best of my k	nowledge						
and	belief it	is true, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	vledge						
			· rector in chepart							
	gn		Signature of officer Date	5 11 12						
H	ere	L	reagn Mi SheDard Lexed DIFECTO	711118						
		7	Type or plint name and title							
		Pris	nt/Type preparer's name Preparer's signature Date	Check X if PTIN						
Pa	id	,,		self-employed P01223334						
Pr	epare	r —	111/1/ 07/1/10							
Us	se Onl	· • · · · ·	m's name ► JOHN W DAVIS, CPA							
			m's address ► 1736 E ELIZABETH AVE, LINDEN, NJ 07036	908-275-3382						
Ма	ay the II	RS discu	ss this return with the preparer shown above? (see instructions)	Yes X No						
50	c Dan-	awark Bar	duction Act Notice, see the congrate instructions	Form 990 (2017)						

HTA

	90 (2017)		13-3800068	Page 2
Par	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		x
1	Briefly	describe the organization's mission		
	Enviror	mental issues		
2		organization undertake any significant program services during the year which were not listed on	_	$\overline{}$
		r Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3	service	organization cease conducting, or make significant changes in how it conducts, any program	☐ v ₂ -	X No
		' describe these changes on Schedule O	Yes	[▼] NO
4		the organization's program service accomplishments for each of its three largest program services,	as measured by	
•	expens	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allog I expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
	Enviror	mental Justice Advocacy & Government Accountability		
		·····		

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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code		\$)
	Enviror	mental Health & Community Based Research		
		······································		
		•		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	Sustair	able Development		

				·
			,	
			·	• • • • • • • • • • • • • • • • • • • •
		•••••••••••••••••••••••••••••••••••••••		
4d	Other	program services (Describe in Schedule O)		
_	(Exper		0)	
4-	Total	rogram convex expenses		

Part IV Checklist of Required Schedules

•			Y08	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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			
4		_3	-	<u> </u>
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,	Ì		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			1
	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	۳		 ^-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1 41		3.0. 4
	VII, VIII, IX, or X as applicable	744	14 Fine	12.4
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		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ادمدا	· ·	ĺ
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>_x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ļ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		١.,
	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			
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		,
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├┴┤	<u> </u>	 ^
	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		<u>x</u>

Par	Checklist of Required Schedules (continued)			-,
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	_X	
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	1	1	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	į	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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,	2.8	1	46
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1	4	filte.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		ļ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		<u>_x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			١.,
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			۱.,
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<u></u> -	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
	19? Note. All Form 990 filers are required to complete Schedule O .	38	X	<u> </u>

orm 9	990 (2017) WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	Page 5
Par	t V 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	5	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	0	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	e	i
	gaming (gambling) winnings to prize winners?	1c	Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i i	}
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?.	3a	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 authori	ty	
	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		li l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accoun	is and	
~ -	(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	X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	×
va	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	· Ga	- ^
	gifts were not tax deductible?	6 _b	×
7	Organizations that may receive deductible contributions under section 170(c).	05	Ĥ
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	Х
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	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	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		X
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form		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
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	. <u>9a</u>	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
''a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
-	against amounts due or received from them)		. ;
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		;
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Х
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which	h . 4	
	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	

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

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

Sect	on 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		7	ι	
	If there are material differences in voting rights among members of the governing body, or		ì		
	If the governing body delegated broad authority to an executive committee or similar			: [
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		7	i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5	<u> </u>	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			
h	one or more members of the governing body?		7a	-	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	,	76	ļ	
8	Did the organization contemporaneously document the meetings held or written actions undertake	a duesa	7b		X
٠	the year by the following	ii duling			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	•	8b	Î	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	100	^	
•	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		`	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
þ	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	re filing the form?.	11a	Х	<u> </u>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	}
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	1	١.,	
	describe in Schedule O how this was done .		12c		
13	Did the organization have a written whistleblower policy?		13	X	├ ──
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro-	-		i	
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official	and decision?	15a	Х	
a b			15b		├
u	Other officers or key employees of the organization		130	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ioment			i.
iva	with a taxable entity during the year?	•	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		104		â
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe			į.	r.
	the organization's exempt status with respect to such arrangements?	•	16b		
Seci	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NY		_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)	3)s onl	y)	
	available for public inspection. Indicate how you made these available Check all that apply.	•			
		plain in Schedule C			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest p	olicy, ar	าฮ	
_	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				
	PAT TERRY 1854 AMSTERDAM AVE . 2 FL. NEW YORK, NY 10031	212-961-1000			
	1004 AIVIÐ I EKDAIVI AVE , Z FL. NEVV TUKK, NY 1803 I				

Form 990 (2017)	WEST HARLEM ENVIRONMENTA	LACTION INC							13-38000	68 Page 7
Part VII	Compensation of Officers, Dire		es, Ke	y E	npi	oyees	s, H	lighest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		te to a	anv li	ne i	n this	Pa	rt VII		
Section A.	Officers, Directors, Trustees, Key Er			<u> </u>						
1a Complete to	his table for all persons required to be I								vith or within the	
of compensati	of the organization's current officers, di on Enter -0- in columns (D), (E), and (f	F) if no compens	ation v	vas p	aid				-	unt
 List the who received 	of the organization's current key emplo organization's five current highest com reportable compensation (Box 5 of Forr and any related organizations	pensated emplo	yees ((othe	r tha	n an o	ffice	er, director, truste	ee, or key emplo	yee)
• List all o	of the organization's former officers, ke eportable compensation from the organi						ed e	mployees who r	eceived more th	an
	of the organization's former directors o more than \$10,000 of reportable compe									the
	n the following order individual trustees employees, and former such persons	or directors, ins	titution	nal tru	ıstee	es, offic	cers	, key employees	s, highest	
Check thi	s box if neither the organization nor any	related organiz	ation o	comp	ensa	ated ar	у с	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per	box, u.	Po t chec nless p	ersor	e than o is both tor/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensatemployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations

(A) Name and Title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Dennis Derryck Director	5 00	X									
(2) Peggy Shepard Exec Director	40 00	Х						110,000			
(3) David Evans Director	5 00	х									
(4) Patricia Terry Treasurer	15 00	х									
(5) Regina Smith Director	5 00	х									
(6) Hope Plasha Director	5 00	x									
(7) Eric Goldstein Director	5 00	x									
(8) Phillip Morrow Director	5 00	x									
(9) Jeff Jones Director	5.00	х									
(10) Vernice Miller-Travis Director	5.00	х									
(11) Gregory Anderson Chair	15 00	х									
(12) Charles H Allison Director	5 00	x									
(13) Joseph Bosch Director	5.00	х									
(14) Darryl Banks Director	5.00	x									

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

Part VI Section A. Officers, Directors, Tru	stees, Key Emp	oloye	es,			ghes	t Co	mpensated Em	ployees	continu	red)
(A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Pos leck is pe	rson	than on the structure of the structure o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	ation ated	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099-		compensation from the organization and related organizations
(15) Albert Huang	5 00	!									
Director (16) Sharon Lopez	5 00	X	-	-	 						
Director		X		_							
(17) Marianne Engelman Lado Secretary	5 00	X									
(18) Dart Westphal	5.00	^	 	 	-		-				
Director		х	<u>.</u>								
(19) Ken Mak	5 00										
Director (20)		X	-		-		-		ļ <u> </u>		
			_	L		<u> </u>	_		<u> </u>		
(21)			}	ĺ						1	
(22)											
(23)											
(24)											
(25)		-	-	-							
1b Sub-total	<u> </u>	L		<u> </u>	L	L		110,000			0
c Total from continuation sheets to Part VII, Se	ection A						•	0		0	0
d Total (add lines 1b and 1c)	_ 			<u>.</u>		<u></u> :	>	110,000		0	0
2 Total number of individuals (including but not lii reportable compensation from the organization		ited a	bov	e) v 1	vho	recei	ved	more than \$100	,000 of		
reportable compensation from the organization				<u>'</u>							Yes No
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				oye	e, c	r higi	hesi	t compensated .			3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great		•						•	h		
individual	rue compensatio	ın froi	 mai	1V LI	 Inrel	lated	ora	 anization or indiv	 vidual		4 X
for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors 1 Complete this table for your five highest compe		doot				45-4			*400.000		
Complete this table for your five highest compe compensation from the organization. Report co year											ax
									(C) ompensation		
NONE											0
				_			_				0
							-			 	0
							-			 -	0
2 Total number of independent contractors (inclu	ding but not limit	ed to	tho	se l	iste	d aho	vel	who received		A350	GARAGE CHE.

0

Form 9			NMENTAL ACT	TION INC			13-3800	068 Page 9
Part	VIII	•						
	,	Check if Schedule O contains	a response or	note to any line in	this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង ង	1a	Federated campaigns	1					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1		i			,
S, EA	С	Fundraising events	1			j		
	d	Related organizations	1		ŀ			1 .
5 E	е	Government grants (contribution	· · · · · · · · · · · · · · · · · · ·	e 377,115	į		-	
월빌	f	All other contributions, gifts, gran						1
물히		similar amounts not included abo		f 1,399,014				ļ
and Co	g	Noncash contributions included in I	ines 1a-1f	0				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	1,776,129			ļ	
Program Service Revenue	2-	Deagen in annua		Business Code	4.550	4.550		
9.4	2a	Program income			4,559	4,559		
8	b				0			
٤	C L				0			
S.	a			}	0		.	
튙	f	All other program service revenu			0			
ξ	,	Total. Add lines 2a–2f		<u> </u>	4,559			
	3	Investment income (including div	vidends interes		4,555			
		other similar amounts)	Tractical interest	>t, 0.1.0	o			
	4	Income from investment of tax-e	xempt bond or	oceeds ►	0			
	5	Royalties .	nompt done pr	•	0			
		·	(ı) Real	(ii) Personal		·····		-
	6a	Gross rents						1
	b	Less rental expenses						
	c	Rental income or (loss) .		0 0		Ì		İ
	d	Net rental income or (loss) .			0			
	7a	Gross amount from sales of	(ı) Securities	(u) Other				
		assets other than inventory		0 0		•		
	b	Less cost or other basis						
		and sales expenses		0 0				1
	С	Gain or (loss)		0 0	<u></u>			l
	d	Net gain or (loss)		<u> </u>	0			
	1						٠.	1.33
Other Revenue	8a	Gross income from fundraising						54 L
9			137,231					
æ		of contributions reported on line	1c)			1		
ē	1	See Part IV, line 18 .		a 137,231				ļ
ਨੋ	b	·		b 41,501	4 1			
•	C	Net income or (loss) from fundra	-	<u>, , , ▶</u>	95,730			
	9a			_	ļ			
	١.	See Part IV, line 19		a 0 b 0	{			
	b				ا	1		
	C	Net income or (loss) from gamin	ig activities	·, · · · · · · · · · · · · · · · · · ·				
	lua	Gross sales of inventory, less returns and allowances .		a 0				•
	Ь			b 0	1			1
	1				₋ -			1
	—	Miscellaneous Revenue		Business Code				
	11a				21,776	21,776		
	Ь				0			
	c				0			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d.		•	21,776			
	12	Total revenue. See instructions			1,898,194	26,335		

following SOP 98-2 (ASC 958-720)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	manizations must o	omplete column (A)	- rage 10
000111	Check if Schedule O contains a response or note			ompiete column (A)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.0011000	general expenses	CAPCHISCS
	domestic governments See Part IV, line 21	195,000	195,000	<u></u>	
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			N.	
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	110,000		110,000	
7	Other salaries and wages .	877,800	780,362	38,170	59,268
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0	201.050	20.000	
9 10	Other employee benefits .	255,264	201,658	38,290	15,316
11	Payroll taxes	75,567	59,698	11,335	4,534
	Fees for services (non-employees) Management				
a	Legal .	0			
b C	Accounting	15,493	12 160	2 224	
d	Lobbying	15,493	13,169	2,324	
e	Professional fundraising services See Part IV, line 17.	0			
f	Investment management fees	0		<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25, column	——			·
9	(A) amount, list line 11g expenses on Schedule O.)	108,481	85,700	16,272	6,509
12	Advertising and promotion	0	00,700	10,272	0,508
13	Office expenses .	47,540	37,661	7,056	2,823
14	Information technology .	51,946	41,037	7,792	3,117
15	Royalties .	0	,		
16	Occupancy	146,366	115,629	21,955	8,782
17	Travel	195,616	154,327	29,492	11,797
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,033	23,726	4,505	1,802
23	Insurance	9,166	7,241	1,375	550
24	Other expenses Itemize expenses not covered			ŗ	
	above (List miscellaneous expenses in line 24e. If	į į	·		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Printing amd design	39,788	31,433	5,968	2,387
b	Program supplies	31,009	30,179		237
С	Equipment rental and repair	15,255	12,052		915
d	Stipends	79,046	62,446		4,743
е	All other expenses Misc	2,763	2,183		166
25	Total functional expenses. Add lines 1 through 24e.	2,286,133	1,853,501	309,686	122,946
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	1			

Part 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			554,738	1	561,060
	2	Savings and temporary cash investments		. [0	_ 2	
	3	Pledges and grants receivable, net .		[960,000	3	557,367
	4	Accounts receivable, net .		0	4	0	
	5	Loans and other receivables from current and for			,		
	l	trustees, key employees, and highest compens	ated er	nployees			
		Complete Part II of Schedule L			. 0	_5	
	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e			,		
ets		organizations (see instructions) Complete Part II of Sche		·	0	6	·
Assets	7	Notes and loans receivable, net		Ţ, ,	0	7	0
ä	8	Inventories for sale or use .		<u> </u>	0	8	
	9	Prepaid expenses and deferred charges		, , , , , , , , , , , , , , , , , , ,	3,067	9	2,721
	10a	Land, buildings, and equipment cost or		Ī			
		other basis Complete Part VI of Schedule D	10a	396,526			
	ь	Less accumulated depreciation	10b	239,483	141,802	10c	157,043
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities See Part IV, line	0	12	0		
	13	Investments—program-related See Part IV, line	e 11	Ţ	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 equ	al line :	34)	2,074,028	16	1,692,612
	17	Accounts payable and accrued expenses			35,607	17	42,130
	18	Grants payable	0	18			
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities.	. [0	20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	0	21	
es	22	Loans and other payables to current and forme	rs, directors,				
Liabilities	ŀ	trustees, key employees, highest compensated	-	yees, and			
ab		disqualified persons Complete Part II of Sched	ule L		0	22	
_	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate		· -	0	24	0
	25	Other liabilities (including federal income tax, page 1)	-	,			
	1	parties, and other liabilities not included on line	s 17-24	I) Complete			
	1	Part X of Schedule D			3,776		3,776
	26	Total liabilities. Add lines 17 through 25		·	39,383	26	45,906
es		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a	•	ck here ► X and			_
JUE.	27	Unrestricted net assets			716,171	27	826,529
3ai	28	Temporarily restricted net assets		P	1,318,474	28	820,177
B	29				Ō	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958)		t			
٥		complete lines 30 through 34.					
\$	30	Capital stock or trust principal, or current funds			0	30	
SS	31	Paid-in or capital surplus, or land, building, or e		ent fund	0	31	
Net Assets	32	Retained earnings, endowment, accumulated in		0	32		
ž	33	Total net assets or fund balances	. [2,034,645	33	1,646,706	
	34	Total liabilities and net assets/fund balances			2,074,028	34	1,692,612

Form 9	90 (2017) WEST HARLEM ENVIRONMENTAL ACTION INC	<u>_</u>]	<u>3-3800068</u>	Page	<u>e 72</u>
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	1	,898,	194
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,286,	133
3	Revenue less expenses Subtract line 2 from line 1	3		-387	939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,034	645
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		.646	,706
Part					
	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			7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	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		1	:1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	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			į	
_				į	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		20	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			i.	
20	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?		20		v
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	3a		X
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	İ	х
	required addit of addits, explain why in ochequie of and describe any steps taken to undergo such addits	···		000	2017)
			⊦om	フフ ひ (ZU1/)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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.

▶ Attach to Form 990 or Form 990-FZ

Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Employer Identification number

WEST HARLEM ENVIRONMENTAL ACTION INC 13-3800068 Part I 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 12, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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, 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (III) Type of organization (Iv) is the organization (v) Amount of monetary (vl) Amount of (described on lines 1-10 listed in your governing support (see other support (see abovo (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 I f the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		1	1		}	
	membership fees received (Do not	Ì	į	Ì			
	include any "unusual grants ")	1,241,739	1,485,245	2,810,872	1,430,483	1,776,129	8,744,468
2	Tax revenues levied for the organization's	j	1				
	benefit and either paid to or expended on	}		j		· •	
	its behalf]			0
3	The value of services or facilities						
	furnished by a governmental unit to the	1	1	}		ľ	
	organization without charge						0
4	Total. Add lines 1 through 3	1,241,739	1,485,245	2,810,872	1,430,483	1,776,129	8,744,468
5	The portion of total contributions by			ľ			
	each person (other than a					\ .'	
	governmental unit or publicly			I			
	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						8,744,468
Sec	tion B. Total Support	- 					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,241,739	1,485,245	2,810,872	1,430,483	1,776,129	8,744,468
8	Gross income from interest, dividends,						
	payments received on securities loans,			ì			
	rents, royalties, and income from	ļ		l		l	
	sımılar sources						
9	Net income from unrelated business						
	activities, whether or not the business is	·	1	j		1	
	regularly carried on .]]			0
10	Other income Do not include gain or						
	loss from the sale of capital assets			j			
	(Explain in Part VI)	5,227	4,898	18,075	6,522	21,776	56,498
11	Total support. Add lines 7 through 10					Ý	8,800,966
12	Gross receipts from related activities, etc. (s.	ee instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here	•					▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2017 (line 6, c			0)		14	99 36%
	Public support percentage from 2016 Sched					15	99 59%
	33 1/3% support test—2017. If the organiz			. and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as						▶ 🗓
b	33 1/3% support test—2016. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	check this	
_	box and stop here. The organization qualific						
170	10%-facts-and-circumstances test—2017				or 16h and line 1	4	
110	is 10% or more, and if the organization mee						
	Part VI how the organization meets the "fact	s-and-circumstance	es" test The organ	ization qualifies as	a publicly support	ed	
	organization						. ▶ 🔙
b	10%-facts-and-circumstances test-2016	5. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m	neets the "facts-and	l-circumstances" te	st, check this box a	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test.	The organization q	ualifies as a public	cly	
	supported organization						▶
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	<u> </u>		<u> </u>	<u> </u>		, <u>▶</u> [

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . 0.00% Investment income percentage from 2016 Schedule A, Part III, line 17 18 0 00% . . . 19a 33 1/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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
- 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 12a or 12b 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 (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)

ait v)		
		
	Yes	No
1		*
2 3a		
3b		
3c		1 22
4a	1 110	
4b		
4c		
5a 5b		
5c		
7	13.8	
8		
93		
9b		2 (5)
9c		
10a		
		k26

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)	المالية المالية
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	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
Sect	ion B. Type I Supporting Organizations	19.10.
4	Out the dispeters to story as a supplied by a form of the supplied by the supplied by the supplied by the supplied by	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	
	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 carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization	2
Sect	ion 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 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
Sect	ion D. All Type III Supporting Organizations	1 1
	Oddb and add to the sale of the control of the sale of	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 Part VI how	
	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 Part VI the role the organization's	
	supported organizations played in this regard	3
Sect	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions)
а	The organization satisfied the Activities Test. Complete line 2 below	
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 (s	see instructions).
2		Yes No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Tes No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	p + 1
	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	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
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

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			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızatio	ons must complete 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			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	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	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			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III supporting	organization (see
instructions)	•		- '

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)					
Section	n D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos							
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 ti	ne organization is respor	isive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 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) Excess Distributions	Underdistributions	Distributable				
		Excess Distributions	Pre-2017	Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6			0				
	Underdistributions, if any, for years prior to 2017							
2	(reasonable cause required—explain in Part VI) See							
	instructions							
3	Excess distributions carryover, if any, to 2017							
a				,				
b	From 2013 0			`				
С	From 2014 0			-				
d	From 2015 0							
е	From 2016 0							
f	Total of lines 3a through e	0		-				
9	Applied to underdistributions of prior years		0	,				
h	Applied to 2017 distributable amount			0				
i	Carryover from 2012 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0						
4	Distributions for 2017 from			, ,				
	Section D, line 7 \$ 0							
a	Applied to underdistributions of prior years		0					
b	Applied to 2017 distributable amount			0				
С		0						
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2 For result			,\$				
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2017. Subtract lines 3h	1	ı					
	and 4b from line 1 For result greater than zero, explain in							
	Part VI. See instructions			0				
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.	0						
8	Breakdown of line 7:							
а	Excess from 2013							
b	Excess from 2014 0							
С								
ď								
е	Excess from 2017							

	orm 990 or 990-E2) 2017 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		
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV	/ Section	
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line	v, occion	
	2, most 2 hard 2, decidity, decidity, mile 1, partiy, section E, miles 2 and 3, partiy, section E, miles	es ic, 2a, 20,	
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V	V, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
			·
		•••••	
	•••••••••••••••••••••••••••••••••••••••		
			
 .			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number WEST HARLEM ENVIRONMENTAL ACTION INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: . • \$ _____ (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X S ≤ S

	WED FORM 990) 2017 VVEST MARLEIN ENVIRO			13-380			Page 2
Part		ctions of Art, Histor	rical Treasures, or	Other Similar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records, o	check any of the follow	ing that are a significan	t use of its	3	
	collection items (check all that apply).	·					
а	Public exhibition	d ∐	Loan or exchange	programs			
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII						
5	During the year, did the organization solicit of				П.,	_	
	assets to be sold to raise funds rather than to		or the organization's c	collection?	Ye	s	No
Part	Escrow and Custodial Arrangem Complete if the organization answe 990, Part X, line 21		90, Part IV, line 9, c	or reported an amour	nt on For	m	
1a	Is the organization an agent, trustee, custod	ian or other intermedian	y for contributions or o	ther assets not			
	included on Form 990, Part X?				Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table.				
	_				Amount		
C .	Beginning balance			1c			0
đ	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on F				Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the expla	anation has been provi	ided on Part XIII .			
Part	V Endowment Funds.						
	Complete if the organization answer	ered "Yes" on Form 9	90, Part IV, line 10.				
	(a)	Current year (b) Pro	or year (c) Two years	back (d) Three years back	ck (e) Fo	ur years	back
1a	Beginning of year balance .	0	0	0	0		0
b	Contributions						
С	Net investment earnings, gains,						-
	and losses .				ŀ		
ď	Grants or scholarships						
е	Other expenditures for facilities						
	and programs				1		
f	Administrative expenses						
g	End of year balance .	0	0	0	0		0
2	Provide the estimated percentage of the cur	rent year end balance (line 1g, column (a)) he	ld as.			
а	Board designated or quasi-endowment	▶ %					
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organization	n that are held and ad	ministered for the	_		
	organization by.					Yes	No
	(i) unrelated organizations				3a(I)		
	(ii) related organizations				3a(II)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required	d on Schedule R? .		3b		
4	Describe in Part XIII the intended uses of the	e organization's endowr	ment funds.				
Part							
	Complete if the organization answer	ered "Yes" on Form 9	990, Part IV, line 11a	i. See Form 990, Pa	rt X, line	10	
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Bo	ook valu	e
	1 - 1	(investment)	basis (other)	depreciation			
1a	Land	0	0				0
b	Buildings	0	262.166				0
C	Leasehold improvements	0	262,166				4,331
d	Equipment	0	118,360 16,000				6,712
e Tota	Other					_	6,000 7,043
, , ,	into mico la ancagni le (columnita) musi e	ragin on or over the control	00.01111 (0), 1110 100.)				,

	nvestments—Other Securities. Complete if the organization answei	red "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial der	rivatives	0	
(2) Closely-held	equity interests	0	
(3) Other			
(C)			
(D)			
(E)			
(<u>G</u>)			
(H)			personagementate any one of the property Management at the last of
	must equal Form 990, Part X, col (B) line 12) ▶	0	
	Investments—Program Related. Complete if the organization answe	red "Yes" on Form 990), 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)			Cost of end-oi-year market value
(2)			· · · · · · · · · · · · · · · · · · ·
(3)		···	
(4)	WW		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.) ▶	0	
Part IX	Other Assets.		
(Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11d See Form 990, Part X, line 15
	(a) De	scnption	(b) Book value
(1) Security de	eposit		8,00
(2) Construction	on in progress		406,42
(3)			
(4)		··· · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
			1.00
(9)			
	b) must equal Form 990, Part X, col (B) line	9 15)	▶ 414,42
	Other Liabilities.		
4	Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1	line 25.		
1.	line 25. (a) Description of liability	(b) Book value	······································
	(a) Description of liability	(b) Book value	
1.	(a) Description of liability come taxes		
1. (1) Federal inc	(a) Description of liability come taxes	0	
1. (1) Federal inc (2) Other paya	(a) Description of liability come taxes	0	
1. (1) Federal ind (2) Other paya (3)	(a) Description of liability come taxes	0	
1. (1) Federal inc (2) Other pays (3) (4)	(a) Description of liability come taxes	0	
1. (1) Federal inc (2) Other pays (3) (4) (5)	(a) Description of liability come taxes	0	
1. (1) Federal inc (2) Other pays (3) (4) (5) (6)	(a) Description of liability come taxes	0	
1. (1) Federal inc (2) Other paya (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability come taxes	0	

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

Par	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	1,898,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		.,000,101
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			2e	0
3	Subtract line 2e from line 1			3	1,898,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIII)	4b	· · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·.		5	1,898,194
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total expenses and losses per audited financial statements			1	2,286,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments .	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d .			2e	0
3	Subtract line 2e from line 1	, ,		3	2,286,133
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,286,133
_	t XIII Supplemental Information. yide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,				
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pre-				,
	***************************************			••	
					· · · · · · · · · · · · · · · · · · ·

Schedule D (Forn	1 990) 2017	WEST HARLEM	ENVIRONMENTA	LACTION INC		 13-3800068	Page 5
Part XIII	Supplem	nental Informat	ion (continued)				
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2017	on to Bublic
No	9000

OMB No 1545-0047

Inspection

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

13-3800068

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X Yes

Employer identification number

General Information on Grants and Assistance **NEST HARLEM ENVIRONMENTAL ACTION INC** Part I

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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1 (a) Name and adt or gove	1 (a) Name and addross of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KINGDOM LIVING TEMPLE	ING TEMPLE			23,000		Book	•	
(2) THE GREEN DOOR INITIATIVE	OOR INITIATIVE			10,000		Book		
(3) KENTUCKY COALITION INC	OALITION INC			30,000		Book		
(4) EAST MICHIG	(4) EAST MICHIGAN ENVIRONMENT			22,500		Book		
(5) CONNECTICU	(5) CONNECTICUT COALITION FOR			22,000		Book		
(6) LITTLE VILLAC	(6) LITTLE VILLAGE ENVIRONMENT			35,000		Book		
(7) COMMUNITIES	(7) COMMUNITIES FOR BETTER EN			30,000		Book		: :
(8) JESUS PEOPL	(8) JESUS PEOPLE AGAINST POLLL			23,000		Book		
(6)								
(10)								
(11)								
(12)								
2 Enter total 3 Enter total	Enter total number of section 501(c)(3) and government org Enter total number of other organizations listed in the line 1	501(c)(3) and grand grant gran	overnment organizated in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	table.		A A	0
l								<u>}</u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA

Schedule I (Form 990) (2017)

WEST HARLEM ENVIRONMENTAL ACTION INC

13-3800068

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or ossistance Part III

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public

est information. Inspection

Employer identification number

WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068	
Form 990, Part III, Line 4d. Program Service Expenses: 0, 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 DAY	'S IS	
GIVEN FOR FEEDBACK BEFORE SIGNING AND MAILING		
Form 990, Part VI, Section B, Line 15 COMPENSATION IS DETERMINED BY THE BOARD OF I	DIRECTORS	
USING COMPARABLE INFROMATION AVAILABLE		
Form 990, Part VI, Section B, Line 12 DIRECTORS AND OFFICERS ARE ISSUED A COPY OF C	COI POLICY	
UPON APPOINTMENT ANNUAL DECLARATION IS GIVEN TO CONFIRM IF OR ANY CONFLIC	ots	
Form 990, Part VI, Section C, Line 19 DOCUMENT ARE AVAILABLE UPON REQUEST TO ANY	BOARD MEMBER	
•••••••••••••••••••••••••••••••••••••••		

Schedule O (Form 990 of 990-EZ) (2017)	Page Z
Name of the organization	Employer identification number
WEST HARLEM ENVIRONMENTAL ACTION INC	13-3800068
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Schedule O (Form 990 or 990-EZ) (2017)