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)

2016

OMB No. 1545-0047

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 Inspection

	For the	2016 calend	lar year, or tax ye	ar beginn	ina		, 2016, and en	dina			,20	
		applicable:			LYN ANIMAL	ACTION INC	,,	J		D Emr	loyer identific	ation no.
	Address o		Doing business as							1 '	L454911	
	Name cha				f mail is not delivered to	o street address)		Room/suite			phone number	
一	Initial retu	•	935 PRESI			,						
一		rn/terminated			ountry, and ZIP or forei	gn postal code					184,00	3
一	Amended		BROOKLYN,			gr. pootal oodo				G Gros	ss receipts\$	
一		n pending	F Name and address			BERMAN		H(a) Is this	a group reti	ırn for subordir		X No
	, .ppoao	ponding	Same as C							ates include	\equiv	$\overline{}$
	Tax-exem	not status:			◀ (insert no.)	4947(a)(1) or	527	-			e instructions)	
	Website:		.BROOKLYNAN	. , , , ,			1 021			tion number		
		rganization: X					L Year of formation: 2			legal domici		
	rt I	Summar		131 <u> </u>	dation Other >		L Tear of formation. 2	- COO	Otate of	iegai domici	. 111	
	1		ribe the organization	nn's missin	n or most significa	ant activities: BDC	OKLYN ANIMAL	ACTION	TC AN	T AT.T.=1	OT.IINTEE	
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nar		-										
ver	2	Check this h	ov ▶ ☐ if the ora	anization o	discontinued its or	perations or dispose	d of more than 25% o	if its not ass	ote .			
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¥			`		3,					7a		0
					•	,.				7b		0
		ivet uniterate	d business taxable	e income n	01111 01111 990-1,1					7.0	Current Year	<u> </u>
	8	Contribution	s and grants (Part	VIII line 1	b)		_	Prior Y		200		
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	17		ses (Part IX, colun ses. Add lines 13-									1,665
	18 19	•		•	•				158,			<u>1,665</u> 7,662)
	_	Revenue les	is expenses. Subt	iaci iiie id	o nomine iz			Beginning of C	30,			
Net Assets or	20	Total accets	(Part X, line 16)				<u> </u>	seginning of C			End of Year	
\sse	21		es (Part X, line 16)				-		87,			4 650
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Sig	ın		re of officer							Date		
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US	- Only	Firm's addres			crest Ave			Phone no.	710	_000	106	
Mar	the ID	S discuss this	return with the pre		NY 11229	ostructions)			/18	-998-3		No

Part IV

27-1454911

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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			
	"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		X
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	40		3.7
	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,			
_	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		1 Ia		Λ
J	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		110		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			- 21
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		X
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
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		Х
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		Х
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			
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ

Form 990 (2016) BROOKLYN ANIMAL ACTION INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
b	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		X
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			
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		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		Х
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,			
	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		Х
b	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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			
	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, III,			
	or IV, and Part V, line 1	34		X
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		X
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		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		X
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	Х	

Form 990 (2016)

BROOKLYN ANIMAL ACTION INC

Part 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v
h	and services provided to the payor?	7a 7b		Х
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		21
e	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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		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		Х
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	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.)			
2a	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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	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		1

BROOKLYN ANIMAL ACTION INC 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			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			7.7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		v
L	one or more members of the governing body?	7a		X
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		Λ
Ü	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		Χ
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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
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 approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		V
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		Λ
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

SHERI BERMAN (718)998-3106, 935 PRESIDENT STREET, BROOKLYN, NY 11215-1603

Form 990 (2	'U'	lο
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BROOKLYN ANIMAL ACTION INC

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos eck m ss per d a di	son is ector/f	an one both ar both trustee employee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHERI BERMAN PRESIDENT	2.00			X					0 0	0
(2) TARA GREEN TREASURER	1.00			X					0 0	0
(3) NANCY MAGIDSON SECRETARY	2.00			X					0 0	0
(4) BELINDA COOPER VICE PRESIDENT	5.00_			X					0 0	0
(5)										
<u>(6)</u>										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

BROOKLYN ANIMAL ACTION INC

(A) Name and title	(B) Average hours per week (list any	ge box, unless person is both officer and a director/trus t any						(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount 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)	organizations (W-2/1099-MISC)	org ar	npensation from the ganization nd related anizations
<u>(15)</u>											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
<u>(20)</u>											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total	on A						.	C	0		0
Total number of individuals (including but not limited reportable compensation from the organization											
									<u> </u>		Yes No
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule		•	•			•		•		3	X
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater that											
individual										4	X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,"			-			-				5	X
Section B. Independent Contractors											
 Complete this table for your five highest compensate compensation from the organization. Report compensation. 	•										
(A) Name and business address								(B) Description of	services		(C) pensation
Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d ab	ove) v	vho	I			

Part VIII

		Check if Schedule O contains a respons	e or no	te to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v	1a	Federated campaigns	1a			.5.5		3.23.4
Grants	b	Membership dues	1b					
G G	c	Fundraising events	1c	25,588				
ifts, ar A	d	Related organizations	1d	25,500				
Contributions, Gifts, and Other Similar A	e	Government grants (contributions)	1e					
ions Sr S	f	All other contributions, gifts, grants,						
Street		and similar amounts not included above	1f	158,415				
ng ir	g	Noncash contributions included in lines 1a	$\overline{}$	130,413				
S_{a}	h	Total. Add lines 1a-1f			184,003			
		Total. Add lines to 11		Business Code	104,003			
e	2a			Busiliess Code				
ven	b							
e Re	C							
Zi	d							
ς Σ	e							
Program Service Revenue	_	All other program service revenue						
P		Total. Add lines 2a-2f						
				· · · · · · >				
	3	Investment income (including dividends, into and other similar amounts)	erest,	_				
	4	Income from investment of tax-exempt bond						
	5	Royalties	•					
	3							
	60	(i) Real		(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	a	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	l	Net gain or (loss)						
e		Gross income from fundraising						
enne/		events (not including \$ 25,58						
Re		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	. a					
₹	b	Less: direct expenses	. b					
	С	Net income or (loss) from fundraising event	s.					
		Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	IVa	returns and allowances	. а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			184,003	C	O	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): b Legal...... 789 789 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 139,761 139,761 12 1,381 1,381 13 843 1,897 1,054 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 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.) ANIMAL CARE EXPENSES 56,678 56,678 BANK AND CREDIT CARD FEES 164 164 C PERMITS AND FEES 75 75 d PARKING REIMBURSEMENTS 10 10 All other expenses е 910 910 Total functional expenses. Add lines 1 through 24e 25 201,665 199,869 1,796 0 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)

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	87,245	1	68,572
	2	Savings and temporary cash investments	07,213	2	00,372
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	87,245	16	68,572
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	5,670	24	4,659
	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		25	
	26	Total liabilities. Add lines 17 through 25	5,670	26	4,659
		Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and			
ses	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	01 575	27	62.012
lan	27 28	Temporarily restricted net assets	81,575	28	63,913
Ba	29	Permanently restricted net assets		29	
E L	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		23	
F		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	81,575	33	63,913
	34	Total liabilities and net assets/fund balances	87,245	34	68,572

F∩rm	aan	(2016)	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		184,0	003
2	Total expenses (must equal Part IX, column (A), line 25)	2		201,6	665
3	Revenue less expenses. Subtract line 2 from line 1	3		(17,6	662)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		81,	575
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		63,9	913
Pa	rt XII Financial Statements and Reporting				
	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 Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2016)

SCHEDULE A

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.

OMB No. 1545-0047

2016

(Form 990 or 990-EZ) ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Open to Public Inspection

Employer identification number

BROOKLYN ANIMAL ACTION INC 27-1454911 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.) 1 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. **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. d 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. e Line Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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 Soc	Public support. Subtract line 5 from line 4 lion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(6) 2010	(i) rotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2016 (line 6, c		-	(f))		14	%
15	Public support percentage from 2015 Sched	ule A, Part II, line	14			15	%
16a	33 1/3% support test - 2016. If the organize						
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2015. If the organiz						
	this box and stop here. The organization q						▶ ⊔
17a	10%-facts-and-circumstances test - 2016	-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				
h	organization						🕨 📙
b	10%-facts-and-circumstances test - 2015 15 is 10% or more, and if the organization r	_				ı ııııe	
	Explain in Part VI how the organization mee			•	•	cly	
	supported organization			_		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

27-1454911

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support			· •	•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,976	90,802	164,565	188,999	184,003	727,345
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	20,210	20,000	202,000	200,000	202,000	727,020
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	98,976	90,802	164,565	188,999	184,003	727,345
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						727,345
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	98,976	90,802	164,565	188,999	184,003	727,345
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	98,976	90,802	164,565	188,999	184,003	727,345
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f))		15	100.00 %
16	Public support percentage from 2015 Schedu					16	100.00 %
Se	ction D. Computation of Investme	nt Income Perc	centage				
17	Investment income percentage for 2016 (line					17	0.00 %
18	Investment income percentage from 2015 S	chedule A, Part III,	line 17			18	0.00 %
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ns	▶ 🔲

Part IV Supp

Supporting Organizations

(Complete only if you checked a box in line 12 of 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.
- 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 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.)

	Yes	No
1		
•		
2		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		
A (Form 990	or 990	-EZ) 201

BROOKLYN A	ΔΝΤΜΔΤ.	ACTION	TNC

Pa	t IV Supporting Organizations (continued)		I I	
			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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	110		
OCC	tion B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
	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		
Sec	tion 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			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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		
	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	nstruc	tions)	1:
a				
b		looo ir	20451101	tional
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in		
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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? <i>If "Yes," explain in Part VI the</i>			
	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. <i>Answer (a) and (b) below.</i>			
	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	3h		

	ule A (Form 990 or 990-EZ) 2016 BROOKLYN ANIMAL ACTION INC		27-1454	4911	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain	n in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	s A through E	
800	tion A - Adjusted Net Income		(A) Prior Year	(B) Current	t Year
<u> </u>	tion A - Adjusted Net Income		(A) FIIOI Teal	(option	al)
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			
5	Depreciation and depletion	5			
	Portion of operating expenses paid or incurred for production or				
CO	llection of gross income or for management, conservation, or				
m	aintenance 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			
600	tion B - Minimum Asset Amount		(A) Drior Voor	(B) Curren	t Year
3e 0	tion B - Willimum Asset Amount		(A) Prior Year	(option	al)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	actors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			

instructions).

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

EEA

Par	Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organia	zations (continued)	<u> </u>
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt 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 purpose	ions		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c.			
	Breakdown of line 7:			
a	Fuence from 2042			
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			

e Excess from 2016

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.

90-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

BROOKLYN ANIMAL ACTION INC	27-1454911
01. Form 990 governing body review (Part VI, line 11)	
THE GOVERNING BODY REVIEWED FORM 990 PRIOR TO ITS FILING	
02. Conflict of interest policy compliance (Part VI, line 12c)	
ALL OFFICERS, DIRECTORS AND VOLUNTEERS SHALL DISCLOSE ALL POTENTIAL AND	ACTUAL CONFLICTS
OF INTEREST IMMEDIATELY UPON DISCOVERY. POTENTIAL CONFLICTS INCLUDE, BU	JT ARE NOT LIMITED
TO PAST EMPLOYMENT, PAST PERSONAL RELATIONSHIP AND VENDOR RELATIONSHIPS.	
3. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS ARE AVAILABLE AT THE ENTITY ADDRESS FOR REVIEW BY APPOINTMENT.	
04. List of other fees for services expenses (Part IX, line 11g)	
/ETERINARY EXPENSES \$ 55,532	
/ETERINARY OUTSIDE \$ 1,952	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2016

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer ide	entification number
BROOKLYN ANIMAL ACTION INC						54911
Part I Fundraising Activities Form 990-EZ filers are no	•	-		swered "Yes" on F	orm 990, Part IV	, line 17.
1 Indicate whether the organization rai	•		•	rities. Check all that ap	plv.	
a Mail solicitations			_	of non-government gra		
b Internet and email solicitations		f 🗆		of government grants		
c Phone solicitations		• =		draising events		
d In-person solicitations		9 ⊔	Opcolar rank	ardioing evento		
2a Did the organization have a written of	or oral agreement	with any indi	idual (includ	ing officers directors t	ruetoce	
						D N-
or key employees listed in Form 990				-		es U No
b If "Yes," list the 10 highest paid indivi		iunuraisers)	pursuant to a	igreements under which	n the fundraiser is to b	е
compensated at least \$5,000 by the	organization.					
	T					T
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by)
					col. (i)	organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organizatio				tions or has been notifi	ind it is ayampt from	
registration or licensing.	iris registered or	iiceriseu to st	JIICIL COTILITIDA	lions of flas been flotin	ied it is exempt nom	
registration of licensing.						
-						
				<u> </u>	<u> </u>	

27-1454911 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			· ·			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FALL EVENT	WALK A THON	1	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
nue						
Revenue	1	Gross receipts				
ď						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
		Ocah asisas				
	4	Cash prizes				
	5	Noncash prizes				
	3	Noncasti prizes				
S	6	Rent/facility costs				
nse	Ū	remindently costs				
xpe	7	Food and beverages				
は日	•	. 555 and 55161agoo				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
		•				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II	Gaming. Complete if the c	organization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990)-EZ, line 6a.			
е			(a) Ringo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue			(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes%	
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes%	
	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
	2 3 4 5 6 7	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo Yes% No mn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activi	bingo/progressive bingo Yes% No mn (d)	☐ Yes% No	col. (a) through col. (c))
o Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes% No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes% No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes% No mn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is 1 If "	Cash prizes	Yes % No 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes% No mn (d)	☐ Yes % ☐ No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is 1 If "	Cash prizes	Yes % No 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes% No mn (d)	☐ Yes % ☐ No ▶	col. (a) through col. (c))

ame(s) as shown on return	2016 Page 1
	FEIN OF 1 4 5 4 0 1
ROOKLYN ANIMAL ACTION INC	27-145491
FORM 990, PART III, LINE 1C	
escription	Amount
ALL EVENT	\$ 8,86
ENERAL FUNDRAISING EVENT Total:	<u>16,72</u> \$ 25,58
IOCAL:	\$ 23,36
FORM 990, PART VIII, LINE 1F CONTRIBUTION	NS
Description	Amount
ADOPTION FEES DONATIONS	\$ 143,84
AMAZON SMILE DONATION PROGRAM	41
PETCO DONATION PROGRAM PETSMART DONATION PROGRAM	<u>92</u> 4,15
VE PAY DONATION PROGRAM	$\frac{4,15}{2,26}$
GENERAL DONATIONS	6,06
Maddies Fund	75
Total:	
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV	ICES
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES	ICES
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES	ICES Amount \$ 139,54 139
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses	ICES Amount \$ 139,54 13 8
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total:	TCES Amount \$ 139,54 13 8 \$ 139,76
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI	Amount \$ 139,54
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI	Amount \$ 139,54
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI Description GENERAL ADVERTISING TO PROMOTE SERVICES	ICES Amount \$ 139,54 13 8 \$ 139,76 SING Amount \$ 1,31
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTINATION DESCRIPTION SENERAL ADVERTISING TO PROMOTE SERVICES PROMOTIONAL ITEMS TO ENCOURAGE DONATIONS	ICES Amount \$ 139,54 13 8 \$ 139,76 SING Amount \$ 1,31 7
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI Description GENERAL ADVERTISING TO PROMOTE SERVICES	ICES Amount \$ 139,54 13 8 \$ 139,76 SING Amount \$ 1,31 7
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTINATION DESCRIPTION GENERAL ADVERTISING TO PROMOTE SERVICES PROMOTIONAL ITEMS TO ENCOURAGE DONATIONS	ICES Amount \$ 139,54 13 8 \$ 139,76 SING Amount \$ 1,31 7 \$ 1,38
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses FORM 990, PART IX, LINE 12 PROGRAM ADVERTI Description GENERAL ADVERTISING TO PROMOTE SERVICES PROMOTIONAL ITEMS TO ENCOURAGE DONATIONS Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PRODESCRIPTION	ICES Amount \$ 139,54 13 8 \$ 139,76 SING Amount \$ 1,31 7 \$ 1,38 OGRAM Amount
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses FORM 990, PART IX, LINE 12 PROGRAM ADVERTI Description GENERAL ADVERTISING TO PROMOTE SERVICES PROMOTIONAL ITEMS TO ENCOURAGE DONATIONS Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PROMOTIONS PRINTING AND COPYING TO PROMOTE SERVICES	Amount
FORM 990 PART IX LINE 11G PAYMENTS FOR SERV Description VETERINARY EXPENSES VETERINARY OUTSIDE SERVICES Animal Search Expenses FORM 990, PART IX, LINE 12 PROGRAM ADVERTI Description GENERAL ADVERTISING TO PROMOTE SERVICES PROMOTIONAL ITEMS TO ENCOURAGE DONATIONS Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PRODESCRIPTION	Amount

990 Overflow Statement	2016 Page 2
Name(s) as shown on return	FEIN
BROOKLYN ANIMAL ACTION INC	27-1454911

FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN

Description	Amount	
COMPUTER SOFTWARE	\$\$	259
GENERAL OFFICE SUPPLIES		357
Postage		57
POST OFFICE BOX RENTAL		170
Total:	\$	843

FORM 990 PART IX LINE 24B BANK/CC FEES ADMIN

Description	Amount	
BANK FEES	\$	59_
INTEREST EXPENSES		105
Total:	\$	164

FORM 990 PART IX LINE 24 E OTHER EXPENSES PROGRAM

Description	Amount	
FOOD FOR VOLUNTEERS	_\$	106
TRANSPORTATION EXPENSES TO DELIVER/RETRIEVE ANIMALS		268
FUEL REIMBURSE TO TRANSPORT TO DELIVER/RETRIEVE ANIMALS		68
EVENT FEES		468
Total:	\$	910