Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

	_		l Indo-	soction E01/-	527 or 4047(-)(4)	of the Internet D	onuo Code (aves	nt privoto formali	tions)	2017
_		_	Under		c), 527, or 4947(a)(1) nter social security n		-		ations)	Open to Public
	nent of the Revenue	e Treasury e Service			www.irs.gov/Form99		-	-		Inspection
			ar year, or t	ax year begi			, 2017, and e			, 20
_	neck if app				OKLYN ANIMAL A	CTION INC			D	Employer identification no.
	dress cha		Doing busir	ess as					2	7-1454911
N	ame chan	nge			ox if mail is not delivered to s	treet address)		Room/suite	Е	Telephone number
In	itial return	n	935 PI	RESIDENT	STREET					
Fi	nal return	/terminated	City or towr	n, state or province	e, country, and ZIP or foreign	postal code			G	Gross receipts
Ar	nended re	eturn	BROOK	LYN, NY 1	1215-1603					\$ 211,303
Aŗ	oplication	pending	F Name and a	address of principa	al officer: SHERI B	ERMAN		H(a) Is this a group	o return for sul	bordinates? 🗌 Yes 🔀 No
			Same a	as C abov	e			H(b) Are all sub	ordinates inc	cluded? Yes No
I Ta	ax-exempt	ot status: 🔀	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527	If "No,"	attach a lis	t. (see instructions)
JW	ebsite:			NANIMALA	CTION.ORG			H(c) Group exe	emption nur	nber 🕨
K Fa	orm of org	ganization: 🔀	Corporation	Trust As	sociation Other ►		L Year of formation:	2009 M State	e of legal do	omicile: NY
Par	tl	Summar	у					·		
	1 6	Briefly descri	be the orga	nization's miss	sion or most significant	t activities: BRO	OKLYN ANIMAI	ACTION IS	AN ALI	L-VOLUNTEER
	2	TEAM WHO	HELP RE	SCUE, SPA	AY/NEUTER AND	REHOME BROOK	LYN'S ANIMAL	S IN NEED.		
ЭС	-									
Activities & Governance	-									
vel	2	Check this bo	ox ► 🗌 if th	ne organizatio	n discontinued its oper	rations or disposed	of more than 25%	of its net assets.		
ő				0	erning body (Part VI, li	•	· · · · · · · · · · · · · · · ·		3	
<u>مە</u>			-	-	rs of the governing bo				4	
ties				-	n calendar year 2017				5	
ť									6	
Ac				rs (estimate if					-	
					Part VIII, column (C),				7a	
	D	Net unrelated	a business t	axable income	e from Form 990-T, lin	e34	••••••		7b	
		o						Prior Year		Current Year
đ			-		e 1h)			184	1,003	211,30
nu		-			e 2g)					
Revenue					A), lines 3, 4, and 7d)					
Ř					nes 5, 6d, 8c, 9c, 10c,					
				-	(must equal Part VIII, o	, , ,		184	1,003	211,30
					IX, column (A), lines 1					
					X, column (A), line 4)					
s	15 8	Salaries, othe	er compensa	ation, employe	e benefits (Part IX, co	lumn (A), lines 5-10))			
S.	16a F	Professional	fundraising	fees (Part IX,	column (A), line 11e)					
Expens	b 1	Total fundrais	sing expens	es (Part IX, co	olumn (D), line 25)		0			
Ш	17 (Other expense	ses (Part IX,	column (A), li	nes 11a-11d, 11f-24e)			201	,665	229,55
	18 1	Total expens	es. Add line	es 13-17 (mus	t equal Part IX, columr	n (A), line 25) .		201	,665	229,55
	19 F	Revenue less	s expenses.	Subtract line	18 from line 12			(17	,662)	(18,25)
ces								Beginning of Curren	t Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line	16)			[68	3,572	66,340
t As: id B	21 1	Total liabilitie	s (Part X, lii	ne 26)			[4	1,659	20,67
Par	22	Net assets o	r fund balan	ces. Subtract	t line 21 from line 20			63	3,913	45,663
Par	t II	Signatu	re Block							
					urn, including accompanying			knowledge and belief,	it is	
true, c	orrect, an	nd complete. Dec	laration of prep	arer (other than of	ficer) is based on all informat	tion of which preparer ha	s any knowledge.			
		S Ber	rman							
Sign	n	•	e of officer						Date	
Here		S Ber	rman, PR	ESIDENT						
		· · · · · · · · · · · · · · · · · · ·	print name and							
	/	Print/Type pre	parer's name		Preparer's signature		Date	Check	if PTI	N
			- 3. 5. 5 nume				09-19-2018	self-employ	-	P00160904
Paid	1	Kathrum	M Kean	- E7	1		0102-ET-CI		u	100100904
			M Keane		Bugineg Corr	ices				
Prep	barer	Firm's name	►	Macanta	Business Serv	ices		Firm's EIN Phone no		
			►	Macanta 2109 Hor	necrest Ave	ices		Phone no.	10 000	2106
Prep Use	oarer Only	Firm's name Firm's address	► 5 ►	Macanta 2109 Hor Brooklyr				Phone no.		3-3106 Yes ⊠ No

Form	n 990 (2017) BROOKLYN ANIMAL ACTION INC	27-1454911	Page 2
	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	BROOKLYN ANIMAL ACTION IS AN ALL-VOLUNTEER TEAM WHO HELP RESCUE, SPAY/NEUTER	AND REHOME	
	BROOKLYN'S ANIMALS IN NEED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	-	
	the total expenses, and revenue, if any, for each program service reported.	Anoro,	
4a	(Code:) (Expenses \$ 223,882 including grants of \$) (Revenue	\$)
τu	RESCUE AND REHOME PROGRAM-ANIMALS ARE RESCUED, GIVEN MEDICAL CARE, REHABILAT	-	/
	FOSTERED AND PLACED INTO PERMANENT HOMES. ADOPTION DONATIONS ARE ACCEPTED TO		
	FOSTERED AND PLACED INTO PERMANENT HOMES. ADOPTION DONATIONS ARE ACCEPTED TO	OFFSET COSTS	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 223,882		
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Form 990 (2017)

	990 (2017) BROOKLYN ANIMAL ACTION INC 27-14549	11	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		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,	_		37
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,"			37
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		37
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional $\dots \dots$	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		146		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15	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	13		
10		16		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	01		
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 11e2 if "Xes," complete Schedule G. Part I (see instructions)	17		х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 /f "Ves." complete Schedule C. Part II	18	х	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10	Λ	
13	If "Yes," complete Schedule G, Part III.	19		x
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LLA		1 0111		

Form **990** (2017)

Form	990 (2017) BROOKLYN ANIMAL ACTION INC 27-14549	11	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," 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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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
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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Pa	rt 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	0		
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 gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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)?	. <u>4a</u>		Х
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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	7-		v
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		v
		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f				X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
9	Sponsoring organizations maintaining donor advised funds.	0		Λ
э а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
a 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:	50		- 23
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	-		
11	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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
		1		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a '	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	uctions.			
	Check if Schedule O contains a response or note to any line in this Part VI				. X
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	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	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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	[5		Х
6	Did the organization have members or stockholders?	[6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	[8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	•••[13		Х
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 approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization	[15b		Х
	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				
	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				
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 I 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 (20	BROOKLYN ANIMAL ACTION INC	27-1454911	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employee	es, and
	•		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.	within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(C)	5001					
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ЭСР Э	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization and related organizations
(1) SHERI BERMAN PRESIDENT	2.00			X					0	0	0
(2) Melinda Allison TREASURER	1.00			х					0	0	0
(3) Lorraina Raccuia-Morrison SECRETARY				X					0	0	0
(4) BELINDA COOPER VICE PRESIDENT	<u>5.00</u>			X					0	0	0
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
						I			_		Carra 000 (0017)

	90 (2017) BROOKLYN ANIMAL AC									27-1454	911	P	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, u office	unless r and	pers a dire	tion ore th on is	an one both an trustee)		(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	Hignest compensated employee			organizations (W-2/1099-MISC)	or	npensatic from the ganization nd related ganization	n d
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
<u>(21)</u>													
<u>(</u> 22)													
(25)													
1b c	Sub-total		· · ·	•••	 	•••	· · ·	► ►					
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limited)								(than \$100,000 of				0
2	reportable compensation from the organization		eu abc	ve)	wiio	Tec	eiveu	more		0			
										-		Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or I	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule										3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												v
5	individual									••••	4		Χ
Ū	for services rendered to the organization? If "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors											I	
1	Complete this table for your five highest compensate compensation from the organization. Report compensation year.												
	(A)								(B)			(C)	
	Name and business address								Description of			pensatior	า
									1				

2	Total number of independent contractors (including but not limited to those listed above) who							
	received more than \$100,000 of compensation from the organization							

Form 9	90 (20	17) BROOKLYN	ANIMAL	ACTI	ON INC			27-14549	11 Page 9
Part	VIII	Statement of Revenu	le						
		Check if Schedule O contain	ns a respons	e or no	ote 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
s s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
, G Q	c	Fundraising events		1c	19,687				
ar A	d	Related organizations		1d					
inil B	е	Government grants (contribution	ons)	1e					
tion er S	f								
otho		and similar amounts not includ	led above	1f	191,616				
onti nd (g	Noncash contributions include	d in lines 1a	-1f: \$					
O e	h	Total. Add lines 1a-1f				211,303			
					Business Code	-			
anu	2a								
ever	b								
Ce R	c								
<u>ervi</u>	d								
am co	е								
Program Service Revenue	f	All other program service rever							
ā	g	Total. Add lines 2a-2f							
	3	Investment income (including di			· · ·				
		and other similar amounts)							
	4	Income from investment of tax-	exempt bond	d proce	eds►				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	c	Rental income or (loss)							
		Net rental income or (loss) .							
		Gross amount from sales of	(i) Securiti		(ii) Other				
		assets other than inventory							
		Less: cost or other basis and sales expenses							
		Gain or (loss)			、				
đ		Net gain or (loss)		•••	•				
nue	oa	Gross income from fundraising events (not including \$							
eve		events (not including \$ of contributions reported on line	19,68	<u>5 /</u>					
r R		See Part IV, line 18		•					
Other Revenue	h	Less: direct expenses							
U		Net income or (loss) from fundr			`				
		Gross income from gaming act	-	ь.	••••				
	50	See Part IV, line 19		2					
	h	Less: direct expenses							
		Net income or (loss) from gami			`				
		· · · -	ny activites	••	••••				
	10a	Gross sales of inventory, less returns and allowances		2					
	Ь н	Less: cost of goods sold							
		-			`				
	<u> </u>	Net income or (loss) from sales	s of inventory	y					
	11-	Miscellaneous Revenue			Business Code				
	11a								
	b								
	с С								
		All other revenue			、				
		Total. Add lines 11a-11d .				011 00-		-	
	12	Total revenue. See instructions	· · · · ·		🕨	211,303	C	0	(

Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c				
_	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	5	5		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ũ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
 a	Management				
b					
c		702		702	
d		,02		,02	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	135,820	135,820		
12	Advertising and promotion	2,487	2,487		
13	Office expenses	1,415	656	759	
14	Information technology	1,115	050	, 35	
15	Royalties				
16					
17	Travel	368	368		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ANIMAL CARE EXPENSES	84,309	84,309		
b	BANK AND CREDIT CARD FEES	4,212		4,212	
с	PERMITS AND FEES	135	135		
d					
е	All other expenses	102	102		
25	Total functional expenses. Add lines 1 through 24e .	229,555	223,882	5,673	0
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				
	following SOP 98-2 (ASC 958-720)				

	• • •	Check if Schedule O contains a reasonable or note to any line in this Dart X			Г
		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		1	· · · · ·
	2	5	68,572	2	66,340
		Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3 4	
	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	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢	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		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			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	68,572	16	66,340
	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	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		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	4,659	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	16,020
	26	Total liabilities. Add lines 17 through 25	4,659	26	20,679
		Organizations that follow SFAS 117 (ASC 958), check here > X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	63,913	27	45,661
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
s ol		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	63,913	33	45,661
	34	Total liabilities and net assets/fund balances	68,572	34	66,340
EEA					Form 990 (2017)

EEA

Form	990 (2017) BROOKLYN ANIMAL ACTION INC 2	7-14549	911	Pa	age 12
Par	rt 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	:	211,	303
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	229,	555
3	Revenue less expenses. Subtract line 2 from line 1	3		(18,	252)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		63,	913
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		45,	661
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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		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:				
	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	<u></u> .	. 3b		
EEA			Form	9 90 (2017)

				the Status and F)hlia (OMB No. 1545-0047
SCI	HEDULE A			ity Status and F		••		2017
(For	m 990 or 990-EZ)	Complete if the organiz		01(c)(3) organization or a s ch to Form 990 or Form		(a)(1) non	exempt charitable trust	Open to Public
	tment of the Treasury al Revenue Service	•		ov/Form990 for instruct		the latest	information	Inspection
Name of the organization Employer identification					•			
BRO	OKLYN ANIMAI	ACTION INC					27-145491	1
Pa	rt I Reasor	for Public Charit	y Status (All or	ganizations must co	omplete	this part	.) See instruction	S.
The	organization is not	a private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1	A church, co	nvention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).)		
3	A hospital or	a cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4	A medical re	search organization ope	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		me, city, and state:						
5	-		-	university owned or opera	ated by a g	overnmen	tal unit described in	
-		(b)(1)(A)(iv). (Complete	,					
6			0	init described in section				
7		•		t of its support from a gov	/ernmental	unit or fro	m the general public	
0		<pre>section 170(b)(1)(A)(vi / trust described in secti</pre>						
8 9				ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colle	
5		-		see instructions). Enter the		•	•	.ge
	university:	or a normana grant cone			e name, en	y, and star		
10		ion that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	3
			()	subject to certain exception			1 0	
	support from	gross investment incom	e and unrelated bu	siness taxable income (le	ess section	, 511 tax) f	rom businesses	
	acquired by	the organization after Ju	ne 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)		
11	An organizat	ion organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12	An organizat	ion organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	s
	of one or mo	re publicly supported or	ganizations descrit	oed in section 509(a)(1)	or section	n 509(a)(2). See section 509(a)	(3).
		•		ne type of supporting orga		•		•
				rised, or controlled by its		•		ing
		• • • • •		appoint or elect a major	rity of the d	lirectors or	trustees of the	
		ng organization. You mu			ith ito ouron	orted area	nization(a) by baying	
			•	ontrolled in connection wi		-		
		tion(s). You must com		•			nanage the supported	
		• •		anization operated in cor	nnection w	ith, and fu	nctionally integrated v	vith.
				u must complete Part I				,
		• • • •		g organization operated i				on(s)
	that is no	t functionally integrated.	The organization g	generally must satisfy a d	istribution r	equiremer	nt and an attentiveness	
	requirem	ent (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	e 🗌 Check th	is box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
	functiona	ally integrated, or Type II	I non-functionally in	ntegrated supporting orga	anization.			
		nber of supported organ						• • • •
	•	ollowing information abo		ganization(s).				
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	0 0	instructions)	instructions)
					Vec	Ne		
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(-)							1	

(E)

				ACTION INC			27-145491	
Pa	rt II Support Schedule for C (Complete only if you ch Part III. If the organizatio	ecked	the box on	line 5, 7, or 8	of Part I or if th	e organization	failed to qualify	
Sec	tion A. Public Support	11 10113						
	ndar year (or fiscal year beginning in)	• (;	a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 fumished 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	Public support. Subtract line 5 from line 4 .	•						
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨		a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 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	. (see in	nstructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop h							
Sec	tion C. Computation of Public						· · · · ·	
14	Public support percentage for 2017 (line	6, colum	n (f) divided b	by line 11, column	(f))		14	%
15	Public support percentage from 2016 Scl							%
16a	33 1/3% support test - 2017. If the orga					3 1/3% or more, cl	neck this	_
	box and stop here. The organization qu							· · · · ► 📋
b	33 1/3% support test - 2016. If the orga							<u> </u>
	this box and stop here. The organizatio							▶□
17a	10%-facts-and-circumstances test - 2		-					
	10% or more, and if the organization me							
	Part VI how the organization meets the "			-				
	organization							· · · · ► 📋
b	10%-facts-and-circumstances test - 2		0				ine	
	15 is 10% or more, and if the organization					-	chy	
	Explain in Part VI how the organization r				-		-	
18	supported organization Private foundation. If the organization							•••• •
10								
EEA		• • • •	• • • • • •	<u></u>	•••••	•••••		orm 990 or 990-EZ) 2017
							Solicaule A (F	

		LYN ANIMAL				27-1454911	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you check						Part II.
	If the organization fails to qu	ualify under the	e tests listed be	low, please co	mplete Part II.))	
	ction A. Public Support	1		1	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	90,802	164,565	188,999	184,003	211,303	839,672
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						
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	90,802	164,565	188,999	184,003	211,303	839,672
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.)						839,672
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	90,802	164,565	188,999	184,003	211,303	839,672
	Amounts from line 6	90,802	164,565	188,999	184,003	211,303	839,672
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	90,802	164,565	188,999	184,003	211,303	839,672
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	90,802	164,565	188,999	184,003	211,303	839,672
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	90,802	164,565	188,999	184,003	211,303	839,672
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	90,802	164,565	188,999	184,003	211,303	839,672
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	90,802	164,565	188,999	184,003		839,672
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s	164,565 second, third, fourth	188,999 h, or fifth tax year a	184,003 as a section 501(c	211,303	839,672
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s	164,565 second, third, fourth	188,999 h, or fifth tax year a	184,003 as a section 501(c	211,303	839,672
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s	164,565 second, third, fourth	188,999 n, or fifth tax year a	184,003 as a section 501(c	211,303	839,672
10a b c 11 12 13 14 <u>Sec</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	90,802 ganization's first, s oport Percent lumn (f) divided by e A, Part III, line 1	164,565 second, third, fourth 	188,999 n, or fifth tax year a	184,003 as a section 501(c	211,303)(3) 	839,672
10a b c 11 12 13 14 <u>Sec</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s oport Percent lumn (f) divided by e A, Part III, line 19 t Income Percent	164,565 second, third, fourth 	188,999 n, or fifth tax year a	184,003 as a section 501(c	211,303)(3) 	839,672 ▶□ 100.00 % 100.00 %
10a b c 11 12 13 14 <u>Sec</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s opport Percent lumn (f) divided by e A, Part III, line 19 ot Income Percent 10c, column (f) di	164,565 second, third, fourth 	188,999 n, or fifth tax year a	184,003 as a section 501(c	211,303)(3) 	839,672 ►□ 100.00 % 100.00 %
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s opport Percent lumn (f) divided by e A, Part III, line 19 ot Income Percent 10c, column (f) di	164,565 second, third, fourth 	188,999 n, or fifth tax year a	184,003 as a section 501(c	211,303)(3) 	839,672 ▶□ 100.00 % 100.00 %
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,802 ganization's first, s port Percent lumn (f) divided by e A, Part III, line 19 it Income Perc 10c, column (f) di thedule A, Part III, ation did not check	164,565 second, third, fourth 	188,999 h, or fifth tax year a b blumn (f))	184,003 as a section 501(c	211,303)(3) 	839,672 ►□ 100.00 % 100.00 % 0.00 %
10a b c 11 12 13 14 <u>Sec</u> 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.)	90,802 ganization's first, s oport Percent lumn (f) divided by e A, Part III, line 19 it Income Perc 10c, column (f) di thedule A, Part III, ation did not check and stop here. The ation did not check box and stop here	164,565 second, third, fourth 1ine 13, column (f)) 5 centage vided by line 13, column (f) 5	188,999 h, or fifth tax year a blumn (f)) 4, and line 15 is multifies as a publicly por line 19a, and line qualifies as a public	184,003 as a section 501(c 	211,303 211,303)(3) 15 16 17 18 and line zation 33 1/3%, and ganization	839,672 ►□ 100.00 % 100.00 % 0.00 % 0.00 % ►⊠

BROOKLYN ANIMAL ACTION INC

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 Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 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). 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. 3a **b** Did the organization confirm that each supported organization gualified 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. 3b 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. 3c 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. 4a **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. 4b 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. 4c 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). 5a **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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a b Did one or more disgualified 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. 9b 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. 9c **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. 10a 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.) 10b

Schedule A (Form 990 or 990-EZ) 2017

		-1454911	F	Page 5
Ра	rt IV Supporting Organizations (continued)		Vaa	N
11	Has the organization accorted a gift or contribution from any of the following persons?		Yes	Nc
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d				
Ŀ.	below, the governing body of a supported organization?	11a	-	
	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 I	Part VI. 11c	;	
ec	tion B. Type I Supporting Organizations		Yes	No
4	Did the directory trustees, or membership of one or more supported ergenizations have the neuror to		Tes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	uh a		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during t			
	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 support	orted		
	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 supported organization? If "Yes," explain in a	Dart		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ait		
		2		
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
eu	tion c. Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	tore	165	NU
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how cont			
	or management of the supporting organization was vested in the same persons that controlled or manage			
00	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ha	165	NO
1	• • • • • • •			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
	organization's governing documents in effect on the date of notification, to the extent not previously prov	ided? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo	rted		
	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	n(s). 2		
2	Durances of the relationship described in (2) did the experimetical expe			
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 y	ear (see instru	ctions)).
a				
b				
С	L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nent entitv (see i	nstruci	tions

- c I The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 2a that these activities constituted substantially all of its activities. **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 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a 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

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	ons 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		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(optional)
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Tu		
factors (explain in detail in Part VI):	2		
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,			
see 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		
Section C - Distributable Amount			Current Year
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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-integr	ated Type III supportin	g organization (see
instructions).			

BROOKLYN ANIMAL ACTION INC

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

27-1454911

Page 6

	TV Type III Non-Functionally Integrated 509(a)(3		27-145	4911 Page 7
	tion D - Distributions	j Supporting Organiz		Current Year
1	Amounts paid to supported organizations to accomplish exer	nt nurnoses		
2	Amounts paid to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity	h h		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
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.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
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			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

EEA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (For	rm 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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, lines 1c, 2a, 2b,
	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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	IEDULE D	••	nental Financial Statements		OMB No. 1545-0047
(F0)	(Form 990) ► 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.				2017
Depart	ment of the Treasury		 Attach to Form 990. 		Open to Public
•	Internal Revenue Service Form 990 for instructions and the latest information.				
	of the organization			Employer identif	
		MAL ACTION INC		27-145	4911
Pa			ed Funds or Other Similar Funds or Accou	nts.	
	Complete	if the organization answered "Ye			
	Total sumbar at as		(a) Donor advised funds	(b) Funds and	other accounts
1		d of year			
2		f contributions to (during year)			
3 ⊿		f grants from (during year)			
4 5		t end of year	s in writing that the assets held in donor advised		
5	-	nization's property, subject to the orga	-		🗌 Yes 🗌 No
6	-		or advisors in writing that grant funds can be used		
U	•	•	donor or donor advisor, or for any other purpose		
	• •	•			🗌 Yes 🗌 No
Pa		vation Easements.			
i ai		e if the organization answered "Y	es" on Form 990 Part IV line 7		
1		servation easements held by the organ			
•		f land for public use (e.g., recreation of		v important land a	irea
	Protection of n		Preservation of a certified h	•	iica
	Preservation o				
2			ualified conservation contribution in the form of a cor	servation	
2		ist day of the tax year.			he End of the Tax Year
а					
a b				2a 2b	
c	•	vation easements on a certified histori		20	
d		ation easements included in (c) acqu		20	
u				2d	
3		•	d, released, extinguished, or terminated by the organ		<u> </u>
3	tax year ►	auon easements mouned, transferrer	a, released, extinguished, or terminated by the organ	ization during the	
4		where property subject to conservation	easement is located		
5			e periodic monitoring, inspection, handling of		
5	Ũ	prcement of the conservation easement			🗌 Yes 🗌 No
6			ng, handling of violations, and enforcing conservation		
U		nous devoted to monitoring, inspecti		reasements dum	ig the year
7			andling of violations, and enforcing conservation eas	soments during th	e vear
•	► \$	s meaned in monitoring, inspecting, r		sements during th	
8		(ation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)(B)(i)	
U	and section 170(h)	• • • • • • • •		, , ,	🗌 Yes 🗌 No
9	. ,		ervation easements in its revenue and expense stater		
5	-	0 1	potnote to the organization's financial statements that	-	
		punting for conservation easements.			
Pa		-	ions of Art, Historical Treasures, or Otl	her Similar A	ssets
I GI		-	es" on Form 990, Part IV, line 8.		
1a		· · · · · · · · · · · · · · · · · · ·	6 (ASC 958), not to report in its revenue statement ar	nd halance sheet	
iu	-		held for public exhibition, education, or research in fu		
			te to its financial statements that describes these iten		
b			6 (ASC 958), to report in its revenue statement and b		
5	•		held for public exhibition, education, or research in fu		
		vide the following amounts relating to			
		• •		۲	
n			l traccurac or other cimilar accept for financial gain		
2	-		I treasures, or other similar assets for financial gain,	Provide the	
-	•		116 (ASC 958) relating to these items:	L 0	
a h					
				▶ \$	
FOL P	aperwork Reduction	on Act Notice, see the Instructions	IOF FORM 990.		Schedule D (Form 990) 2017

FFA			

Sched	ule D (Form 990) 2017 BROOKLYN ANIMAL	ACTION INC					27-145	54911		Pa	ge 2
Pa	rt III Organizations Maintaining Co	ollections of A	rt, Histoı	rical Tre	easures, d	or Othe	er Similar As	sets (conti	nuea	<i>I</i>)
3	Using the organization's acquisition, accession, ar	nd other records, ch	eck any of	the followi	ing that are a	a significa	ant use of its				
	collection items (check all that apply):										
а	Public exhibition	d 🗌 Loai	n or exchar	ige progra	ms						
b	Scholarly research	e 🗌 Othe									
с	Preservation for future generations										
4	Provide a description of the organization's collection	ions and explain ho	w they furth	er the org	anization's e	exempt p	urpose in Part				
	XIII.	·		0			•				
5	During the year, did the organization solicit or rece	eive donations of ar	t, historical	treasures.	, or other sim	nilar					
	assets to be sold to raise funds rather than to be							[Yes	s 🗌	No
Pa	rt IV Escrow and Custodial Arrange										
	Complete if the organization ans		n Form 9	90, Part	IV, line 9,	, or rep	orted an amo	ount on	For	n	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or	other intermediary f	for contribut	tions or ot	her assets n	ot					
	included on Form 990, Part X?							[Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:								
			-				A	mount			
с	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Form 9	90, Part X, line 21,	for escrow	or custodi	ial account lia	ability?		[Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the expla	nation has	been prov	ided on Part	XIII .				[]	
Pa	rt V Endowment Funds.	·									
	Complete if the organization ans	wered "Yes" or	n Form 9	90, Part	IV, line 10	0.					
	· · · · · ·	(a) Current year	(b) Prio		(c) Two years		(d) Three years bac	k (e)	Four ye	ears bac	.k
1a	Beginning of year balance				., ,						
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
-	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current ye	ear end balance (lir	ne 1a. colun	nn (a)) hel	d as:	I		- 1			
а	Board designated or quasi-endowment	%	0,	()/							
b	Permanent endowment %										
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should ed										
3a	Are there endowment funds not in the possession		hthat are he	eld and ad	ministered fo	or the					
	organization by:	5							Y	'es	No
									a(i)		
	(ii) related organizations								a(ii)		
b	If "Yes" on 3a(ii), are the related organizations list								3b		
4	Describe in Part XIII the intended uses of the org										
Pa	rt VI Land, Buildings, and Equipme										
	Complete if the organization ans		Form 9	90. Part	IV. line 1 ^r	1a. See	e Form 990. F	Part X.	line	10.	
	Description of property	(a) Cost or othe			other basis		Accumulated		Book v		
		(investme	nt)	(a	other)	de	preciation				
1a	Land	•••									
b	Buildings								-		
с	Leasehold improvements										
d											
е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must equ		(, column (B), line 10)c.)						

EEA

Schedule D (Form 990) 2017

1	Da	a	0	2
	Рa	u	е	.3

	Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11b. See Form 990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answere	ed "Yes" on Form 990, Pai	t IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
T ut t IX		ed "Yes" on Form 990. Par	t IV, line 11d. See Form 990, Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 1	(5.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.		
		ed "Yes" on Form 990, Pai	t IV, line 11e or 11f. See Form 990, Part X,
1	line 25.		
1. (1) Federal i	(a) Description of liability income taxes	(b) Book value	-
(1) rederari		16,020	-
(3)		10,020	-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
) must equal Form 990, Part X, col. (B) line 25.)	16,020	
	uncertain tax positions. In Part XIII, provide the te		tion's financial statements that reports the
			of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2017 BROOKLYN ANIMAL ACTION INC	27-1454911	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
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.)		
C	Add lines 4a and 4b	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public

Employer identification number

27-1454911

BROOKLYN ANIMAL ACTION INC

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, BUT ARE NOT LIMITED

TO PAST EMPLOYMENT, PAST PERSONAL RELATIONSHIP AND VENDOR RELATIONSHIPS.

03. 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)

VETERINARY EXPENSES \$ 55,532

VETERINARY OUTSIDE \$ 1,952

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE G	Supplemen	tal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				n 990, Part IV, line 17, 1 n Form 990-EZ, line 6a		if the	2017
Department of the Treasury Internal Revenue Service		► A	ttach to Form	n 990 or Form		•		Open to Public Inspection
Name of the organization			e.gem enne				Employer ide	entification number
BROOKLYN ANIMAL A	CTION INC						27-14	54911
Part I Fundraisi	ng Activities.	. Complete if t	he organi	zation and	swered "Yes" on	Form 99	0, Part IV,	line 17.
		required to cor		•				
	organization raise	ed funds through	·	-	vities. Check all that a			
a Mail solicitations					of non-government gr	ants		
b Internet and email					of government grants			
c Phone solicitation			g	Special fund	draising events			
d In-person solicitat			de la contra de la	tale al Caralia	l'a a a ff a a na all'a a tana	1		
2a Did the organization		0	2		u			
		, ,		•	ssional fundraising se			es 📋 No
b If "Yes," list the 10 hi compensated at leas	0 1	· ·	indraisers) p	oursuant to a	igreements under whi	ch the fund		е
compensated at leas	st \$5,000 by the 0	rganization.						
						(v) Am	ount paid to	() () () () ()
(i) Name and address		(ii) Activity		draiser have	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	iiser)	(,	contrib	utions?	from activity		ser listed in ol. (i)	organization
			Yes	No				
1								
2								
3								
4								
5								
5								
6								
7								
8								
9								
4.0								
10								
Tetel								
Total		· · · · · · · · · · · ·		licit contribu	tions or has been not	ified it is ex	vernet from	
registration or licensin	0	is registered of in					kempt nom	
	ıg.							

			OKLYN ANIMAL ACTI			1454911 Page 2
Pa	rt I					
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FALL EVENT	WALK A THON	<u>(tatal sumb as)</u>	(add col. (a) through col. (c))
Ø		-	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Sev	•					
-	2	Less: Contributions				
	3	Gross income (line 1 minus				
	-	line 2)				
		,				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
ben						
Щ	7	Food and beverages				
Direct Expenses	~					
Δ	8	Entertainment				
	9	Other direct expenses				
	Ŭ					
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line				
Pa	rt I	II Gaming. Complete if the o	rganization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990	-EZ, line 6a.			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		-	(1) 51	bingo/progressive bingo	(1) 1 1 3 1 3	col. (a) through col. (c))
Re		2				
	1	Gross revenue				
	2	Cash prizes				
enses	2					
	3	Noncash prizes				
Direct Exp	•					
rect	4	Rent/facility costs				
ā		-				
	5	Other direct expenses				
			Yes %	Yes %	☐ Yes %	
	6	Volunteer labor	No	No	No	
	_	.				
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1 colu	mn (d)	_	
	0	Net gaming income summary. Subt		iii (u)	•••••	
9	Er	nter the state(s) in which the organizat	ion conducts gaming activi	ties:		
a		the organization licensed to conduct g				🗌 Yes 🗌 No
b		'No," explain:				
		ere any of the organization's gaming I	icenses revoked, suspende	ed or terminated during the	tax year?	Yes 🗌 No
b	lf '	'Yes," explain:				

	Overflow Statement		2017 Page 1
Name(s) as shown on return		FEIN	
BROOKLYN AN	IMAL ACTION INC	2	7-1454911
	FORM 990, PART III, LINE 1C		
Description			Amount
FALL EVENT			6,955
WALK A THON			12,732
	Total:	\$	19,687
	FORM 990, PART VIII, LINE 1F CONTRIBUTIO	NS	
Description			Amount
<u>Act Blue</u>	<u>_</u>	\$	32,248
Adoption Fe	es Donations		<u> </u>
	e Donations Program		
Benevity			1,134
FaceBook			10,847
	Good		5,083
PayPal	····		52,556
	nation Program		
			3,259
<u>Venmo</u>			3,412
<u>ve Pay Dona</u>	tion Program		6,774
	Total:		<u> 191,616</u>
Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV	ICES	<u>191,616</u>
	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV	ICES	Amount
VETERINARY	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV	ICES	Amount 135,667
VETERINARY	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV	ICES	Amount 135,667 153
VETERINARY VETERINARY Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI	ICES \$ SING	Amount 135,667 153 135,820 Amount
VETERINARY VETERINARY Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES	ICES \$ \$ \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487
VETERINARY VETERINARY Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI	ICES \$ \$ \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487
VETERINARY VETERINARY Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES	ICES \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487
VETERINARY VETERINARY Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR	ICES \$ \$ SING \$ _	Amount 135,667 153 135,820 Amount 2,487
VETERINARY VETERINARY Description Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR	ICES \$ \$ SING \$ _	Amount 135,667 153 135,820 Amount 2,487 2,487 Amount
VETERINARY VETERINARY Description Description	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR D COPYING TO PROMOTE SERVICES	ICES \$ \$ SING \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487 2,487 2,487 95 561
VETERINARY VETERINARY Description GENERAL ADV	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR	ICES \$ \$ SING \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487 2,487 2,487 95 561
VETERINARY VETERINARY Description GENERAL ADV	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR D COPYING TO PROMOTE SERVICES	ICES \$ \$ SING \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487 2,487 2,487 95 561
VETERINARY VETERINARY Description GENERAL ADV	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV EXPENSES OUTSIDE SERVICES Total: FORM 990, PART IX, LINE 12 PROGRAM ADVERTI ERTISING TO PROMOTE SERVICES Total: FORM 990 PART IX LINE 13 OFFICE EXPENSES PR D COPYING TO PROMOTE SERVICES	ICES \$ \$ SING \$ \$ \$ \$ \$ \$	Amount 135,667 153 135,820 Amount 2,487 2,487

990	Overflow Statement		2017 Page 2
me(s) as shown on return		FEIN	
ROOKLYN ANIF	MAL ACTION INC		27-1454913
I	FORM 990, PART IX, LINE 13 OFFICE EXPENS	SES-ADMI	N
escription			Amount
OMPUTER SOFT		\$	31
	CE SUPPLIES		31
ostage	Tot	al: \$	<u>12</u> 75
	FORM 990 PART IX LINE 24B BANK/CC FEES	5 ADMIN	
escription			Amount
ANK FEES		\$	29
<u>REDIT CARD H</u> NTEREST EXPH			<u> </u>
NIERESI EXPI		al: \$	
	ORM 990 PART IX LINE 24 E OTHER EXPENSES		Amount 4
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
escription OOD FOR VOLU RANSPORTATIO	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6
OOD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	<u> </u>
OD FOR VOLU	UNTEERS ON EXPENSES TO DELIVER/RETRIEVE ANIMALS	\$	4 6

L