# Form **990**

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

2020

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

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

Open to Public

OMB No. 1545-0047

| _                       |              | 2020 and and           |                                 | /ww.irs.gov/Form9901                                            | or mstructions       |                                               |            |                |                  | nispection                |
|-------------------------|--------------|------------------------|---------------------------------|-----------------------------------------------------------------|----------------------|-----------------------------------------------|------------|----------------|------------------|---------------------------|
|                         | For the      | e 2020 calendar y      | ear, or tax year begin          | _                                                               |                      | , 2020, a                                     | na enaii   | ng             | 1                | , 20                      |
| В                       | Check if     | applicable:            | C Name of organizationBr        | ooklyn Animal A                                                 | ction Inc            |                                               |            |                | D Employ         | yer identification number |
| Ш                       | Address      | change                 | Doing business as               |                                                                 |                      |                                               |            |                |                  | 27-1454911                |
|                         | Name ch      | ange                   | Number and street (or P.        | O. box if mail is not delivered to                              | street address)      |                                               | Room/suit  | te             | E Telepho        | one number                |
|                         | Initial retu | urn                    | 935 President                   |                                                                 |                      |                                               |            |                |                  |                           |
| П                       | Final retu   | urn/terminated         | City or town, state or prov     | rince, country, and ZIP or foreig                               | n postal code        |                                               |            |                | <b>G</b> Gross   | receipts                  |
| П                       | Amended      | d return               | BROOKLYN, NY 1                  | 1215-1603                                                       |                      |                                               |            |                | \$               | 378,955                   |
| 二                       |              | on pending             |                                 | ncipal officer: SHERI BER                                       | MAN                  |                                               |            | H(a) Is this a | group return for | r subordinates? Yes X No  |
| ш                       | приноси      | on pending             | Same as C abov                  |                                                                 | <b>.</b>             |                                               |            | H(b) Are all   |                  |                           |
| _                       | T            | mpt status: X 501      |                                 | _                                                               | 47(-)(4) - :         | 507                                           |            |                |                  |                           |
|                         |              |                        |                                 | , , <u>,                                 </u>                   | 47(a)(1) or          | 527                                           |            |                |                  | See instructions          |
|                         | Website      |                        | ROOKLYNANIMALAC                 |                                                                 |                      |                                               |            | H(c) Group     |                  |                           |
|                         |              | organization: X Corp   | poration Trust Ass              | ociation Other >                                                |                      | L Year of formation                           | on: 200    | 9 M S          | State of legal   | I domicile: NY            |
| Pa                      | rt I         | Summary                |                                 |                                                                 |                      |                                               |            |                |                  |                           |
|                         | 1            | -                      | =                               | on or most significant ac                                       |                      |                                               |            |                |                  | LL-VOLUNTEER              |
| a                       |              | TEAM WHO HE            | ELP RESCUE, SPA                 | Y/NEUTER AND RE                                                 | HOME BROOK           | LYN'S ANI                                     | MALS :     | IN NEED        | •                |                           |
| Š                       |              |                        |                                 |                                                                 |                      |                                               |            |                |                  |                           |
| Ë                       |              | -                      |                                 |                                                                 |                      |                                               |            |                |                  |                           |
| Activities & Governance | 2            | Check this box ▶       | if the organization             | discontinued its operation                                      | ons or disposed      | of more than 2                                | 25% of it  | ts net asse    | ts.              |                           |
| Ğ                       | 3            | Number of voting       | g members of the gove           | rning body (Part VI, line                                       | 1a)                  |                                               |            |                | . 3              | 4                         |
| တ                       | 4            | Number of indep        | endent voting member            | s of the governing body                                         | (Part VI, line 1b    | )                                             |            |                | . 4              | 4                         |
| ij                      | 5            | Total number of        | individuals employed in         | calendar year 2020 (Pa                                          | art V, line 2a)      |                                               |            |                | . 5              | 0                         |
| €                       | 6            | Total number of        | volunteers (estimate if i       | necessary)                                                      |                      |                                               |            |                | . 6              |                           |
| ĕ                       | 7a           | Total unrelated b      | ousiness revenue from           | Part VIII, column (C), line                                     |                      |                                               |            |                |                  | 0                         |
|                         | b            |                        |                                 | from Form 990-T, Part I                                         |                      |                                               |            |                |                  | 0                         |
|                         |              |                        |                                 |                                                                 | ,                    |                                               |            | Prior Year     |                  | Current Year              |
|                         | 8            | Contributions and      | d grants (Part VIII line        | 1h)                                                             |                      |                                               |            |                | 1,354            | 378,955                   |
| Ф                       | 9            |                        | - :                             | e 2g)                                                           |                      |                                               |            | 4/3            | 1,331            | 0                         |
| ğ                       |              | •                      | ,                               | •,                                                              |                      |                                               |            |                |                  | <u>`</u>                  |
| Revenue                 | 10           |                        |                                 | a), lines 3, 4, and 7d) .                                       |                      |                                               |            |                |                  | 0                         |
| œ                       | 11           |                        |                                 | es 5, 6d, 8c, 9c, 10c, and                                      |                      |                                               |            |                |                  | 0                         |
|                         | 12           |                        |                                 | must equal Part VIII, colu                                      | ` '                  |                                               |            | 274            | 1,354            | 378,955                   |
|                         | 13           |                        | . ,                             | X, column (A), lines 1-3)                                       |                      |                                               |            |                |                  | 364                       |
|                         | 14           | •                      | ·                               | (, column (A), line 4) .                                        |                      |                                               |            |                |                  | 0                         |
| S                       | 15           | •                      |                                 | benefits (Part IX, colum                                        | . , .                | ,                                             |            |                |                  | 0                         |
| Expenses                |              |                        | • ,                             | column (A), line 11e) .                                         | • • • • • • •        |                                               | ٠          |                |                  | 0                         |
| þe                      | b            | Total fundraising      | expenses (Part IX, col          | umn (D), line 25) ▶                                             |                      | 0                                             |            |                |                  |                           |
| Щ                       | 17           | Other expenses         | (Part IX, column (A), lir       | ies 11a-11d, 11f-24e)                                           |                      |                                               | ٠ 📖        | 280            | ,276             | 391,474                   |
|                         | 18           | Total expenses.        | Add lines 13-17 (must           | equal Part IX, column (A                                        | A), line 25)         | . <b></b>                                     | ٠ 📖        | 280            | ,276             | 391,838                   |
|                         | 19           | Revenue less ex        | penses. Subtract line           | 18 from line 12                                                 |                      |                                               |            | ( 5            | 5,922)           | (12,883)                  |
| 7                       | SS SS        |                        |                                 |                                                                 |                      |                                               | Begir      | nning of Curre | ent Year         | End of Year               |
| ets                     | 20           | Total assets (Pa       | rt X, line 16)                  |                                                                 |                      |                                               |            | 52             | 2,832            | 52,535                    |
| Net Assets or           | 21           | Total liabilities (F   | Part X, line 26)                |                                                                 |                      |                                               |            | 5              | 5,802            | 18,388                    |
| - Set                   | 22           | Net assets or fur      | nd balances. Subtract           | line 21 from line 20                                            |                      |                                               |            | 47             | 7,030            | 34,147                    |
| Pa                      | rt II        | Signature              | Block                           |                                                                 |                      |                                               |            |                |                  |                           |
|                         |              |                        |                                 | rn, including accompanying schocer) is based on all information |                      |                                               | of my know | vledge and be  | lief, it is      |                           |
| true                    | , correct,   | and complete. Declarat | ion of preparer (other than off | cer) is based on all information                                | or which preparer ha | s any knowledge.                              |            |                |                  |                           |
|                         |              | S Berma                | ın                              |                                                                 |                      |                                               |            |                |                  |                           |
| Sig                     | ın           | Signature of c         | officer                         |                                                                 |                      |                                               |            |                | Date             |                           |
| He                      | re           | S Berma                | n, PRESIDENT                    |                                                                 |                      |                                               |            |                |                  |                           |
|                         |              |                        | name and title                  |                                                                 |                      |                                               |            |                |                  |                           |
|                         |              | Print/Type prepare     | r's name                        | Preparer's signature                                            |                      | Date                                          |            | Check          | ☐ if F           | PTIN                      |
| Pai                     | d            | Kathryn M              | Keane EA                        |                                                                 |                      | 06-25-20                                      | 21         | self-em        | _                | P00160904                 |
|                         | pare         |                        |                                 | Business Servic                                                 | es                   | , , , <u>, , , , , , , , , , , , , , , , </u> |            | irm's EIN ▶    | ,,               |                           |
|                         | e Onl        |                        |                                 | ecrest Ave                                                      | ~~                   |                                               |            | hone no.       |                  |                           |
| <b>-</b> 3              | J J 111      | J I IIII s address     |                                 | NY 11229                                                        |                      |                                               |            | HOHE HU.       | 710_0            | 98-3106                   |
| May                     | the ID       | S discuss this retu    |                                 | own above? (see instruc                                         | tions)               |                                               |            |                |                  |                           |
| iviay                   | 11 O 11      | C GIOGGGG HIIS ICIU    | with the proparer on            | abovo: (355 111311UC                                            |                      | · · · · · · ·                                 |            |                |                  | 103   110                 |

# 0) Brooklyn Animal Action Inc Checklist of Required Schedules Part IV

|          |                                                                                                                                                                                                                                            |            | 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 <i>Schedule B</i> , <i>Schedule of Contributors</i> See instructions?                                                                                                                             | 2          |     | Х  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                       | 3          |     | х  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                                                                                                                              | 3          |     |    |
| 7        | election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                             | 4          |     | х  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                                                                                                               | -          |     | Λ  |
| Ŭ        | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                             | 5          |     | x  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                                                                                                                                    |            |     |    |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                                                                                                                                |            |     |    |
|          | "Yes," complete Schedule D, Part I                                                                                                                                                                                                         | 6          |     | 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 donor-restricted endowments                                                                                                                               |            |     |    |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                                              | 10         |     | х  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                                                                                                               |            |     |    |
|          | VII, VIII, IX, or X as applicable.                                                                                                                                                                                                         |            |     |    |
| a        |                                                                                                                                                                                                                                            |            |     |    |
|          | complete Schedule D, Part VI                                                                                                                                                                                                               | 11a        |     | Х  |
| k        |                                                                                                                                                                                                                                            |            |     |    |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                   | 11b        |     | Х  |
| C        |                                                                                                                                                                                                                                            | 44-        |     |    |
| _        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                  | 11c        |     | Х  |
| C        | I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                    | 444        |     |    |
| ,        |                                                                                                                                                                                                                                            | 11d<br>11e | х   | Х  |
| f        |                                                                                                                                                                                                                                            | 116        | ^   |    |
| •        | the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f        |     | х  |
| 12a      |                                                                                                                                                                                                                                            |            |     | Λ  |
|          | Schedule D, Parts XI and XII                                                                                                                                                                                                               | 12a        |     | x  |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                                                                                                               |            |     |    |
|          | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                         | 12b        |     | x  |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                          | 13         |     | х  |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                | 14a        |     | х  |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                                                                                                                                           |            |     |    |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate                                                                                                                                  |            |     |    |
|          | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                             | 14b        |     | х  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                                                                                                          |            |     |    |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                               | 15         |     | х  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                                                                                                                 |            |     |    |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                  | 16         |     | x  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                                                                                                             |            |     |    |
| _        | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions                                                                                                                                               | 17         |     | Х  |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                                                                                                                |            |     |    |
|          | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                         | 18         |     | x  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                                                                                                               | 4-         |     | _  |
|          | If "Yes," complete Schedule G, Part III                                                                                                                                                                                                    | 19         |     | х  |
| 20 a     |                                                                                                                                                                                                                                            | 20a        |     | Х  |
| 24<br>24 | , ,                                                                                                                                                                                                                                        | 20b        |     |    |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                                                                                | 24         |     | •  |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                          | 21         |     | X  |

Form 990 (2020) Page 4 Brooklyn Animal Action Inc 27-1454911 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 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 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 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . . . . Yes No 1a 0

Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . . . . . . . .

reportable gaming (gambling) winnings to prize winners? .....

Did the organization comply with backup withholding rules for reportable payments to vendors and

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# 20) Brooklyn Animal Action Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|     |                                                                                                                                    |            | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                    |            |     |    |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a                                   |            |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b         |     | х  |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |            |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a         |     | х  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b         |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |            |     |    |
|     | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a         |     | 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         |     | х  |
| 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                             |            |     |    |
|     | 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                        |            |     |    |
|     | and services provided to the payor?                                                                                                | 7a         |     | х  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b         |     |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |            |     |    |
|     | required to file Form 8282?                                                                                                        | 7c         |     | х  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                  |            |     |    |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e         |     | х  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | <b>7</b> f |     | х  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7</b> g |     | Х  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |     | Х  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            |     |    |
|     | sponsoring organization have excess business holdings at any time during the year?                                                 | 8          |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                          |            |     |    |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?                                                 | 9a         |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         |     |    |
| 10  | Section 501(c)(7) organizations. Enter:                                                                                            |            |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12                                                           |            |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                        |            |     |    |
| 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.                                                                   |            |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                               | 13a        |     |    |
|     | Note: See the instructions for additional information the organization must report on Schedule O.                                  |            |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which                                       |            |     |    |
|     | the organization is licensed to issue qualified health plans                                                                       |            |     |    |
| C   | Enter the amount of reserves on hand                                                                                               |            |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                         | 14a        |     | Х  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          | 14b        |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |            |     |    |
|     | excess parachute payment(s) during the year?                                                                                       | 15         |     | Х  |
| 40  | If "Yes," see instructions and file Form 4720, Schedule N.                                                                         | 4.5        |     |    |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16         |     | X  |
|     | If "Yes," complete Form 4720, Schedule O.                                                                                          |            |     |    |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                         |     |     | . 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                                                                                                                 | -   |     |          |
|     | 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 on Schedule O.  Enter the number of voting members included in line 1a, above, who are independent,                                                                              |     |     |          |
| b   |                                                                                                                                                                                                     |     |     |          |
| 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   |     | v        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct                                                                                           |     |     | Х        |
| 3   | 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   |     | X        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                          | 5   |     | X        |
| 6   | Did the organization have members or stockholders?                                                                                                                                                  | 6   |     | X        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                                                                                             |     |     |          |
|     | one or more members of the governing body?                                                                                                                                                          | 7a  |     | 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  | x   |          |
| 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 on Schedule Q                                                                                                         | 9   |     | x        |
| Sec | etion 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?                                                                                       | 45- |     |          |
| a   | The organization's CEO, Executive Director, or top management official                                                                                                                              | 15a |     | X        |
| b   | Other officers or key employees of the organization                                                                                                                                                 | 15b |     | Х        |
| 160 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement |     |     |          |
| 16a | with a taxable entity during the year?                                                                                                                                                              | 160 |     | v        |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                                                                                      | 16a |     | Х        |
| b   | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                                                                                       |     |     |          |
|     |                                                                                                                                                                                                     | 16b |     |          |
| Sec | organization's exempt status with respect to such arrangements?                                                                                                                                     | 100 |     | <u> </u> |
| 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)                                                                         |     |     |          |
|     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                                                                                            |     |     |          |
|     | Own website Another's website Upon request Other (explain on Schedule O)                                                                                                                            |     |     |          |
| 19  | Describe on 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                                                                                                                                |     |     |          |

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

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| Form | 990 | (2020) |
|------|-----|--------|
|      |     |        |

Brooklyn Animal Action Inc

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

See instructions for the order in which to list the persons above.

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

| (A) Name and title                | (B)  Average hours per week (list any hours for related organizations below dotted line) | box, | unles<br>er and | Pos<br>eck m<br>ss per<br>d a dir | son is | han one is both ar Highest compensated employee | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|------------------------------------------------------------------------------------------|------|-----------------|-----------------------------------|--------|-------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (1) Tara GreenSECRETARY           | 2.00                                                                                     |      |                 | x                                 |        |                                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (2) BELINDA COOPER                | 5.00                                                                                     |      |                 |                                   |        |                                                 | •                                                                 |                                                                        |                                                                                            |
| VICE PRESIDENT                    |                                                                                          |      |                 | х                                 |        |                                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (3) SHERI BERMAN                  | 2.00                                                                                     |      |                 |                                   |        |                                                 | •                                                                 |                                                                        |                                                                                            |
| PRESIDENT (4) Jennie Anne Simpson | 1.00                                                                                     |      |                 | Х                                 |        |                                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| TREASURER                         |                                                                                          |      |                 | x                                 |        |                                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (5)                               |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| <u>(6)</u>                        |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| <u>(7)</u>                        |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| <u>(8)</u>                        |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| <u>(9)</u>                        |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| <u>(10)</u>                       |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| (11)                              |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| (12)                              |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| (13)                              |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |
| (14)                              |                                                                                          |      |                 |                                   |        |                                                 |                                                                   |                                                                        |                                                                                            |

EEA Form **990** (2020)

| Part         | VII Section A. Officers, Directors, Trustee                                                                              | es, Key Emp                                                    | oloyees                                                    | s, ar                 |         | iigne<br>(C) | est Co                       | mp        | ensated Employe                                    | es (continuea)                                          |              |                                                     |       |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|-----------|----------------------------------------------------|---------------------------------------------------------|--------------|-----------------------------------------------------|-------|--|
|              | (A)<br>Name and title                                                                                                    | (B)  Average hours per week (list any                          | age box, unless person is both officer and a director/trus |                       |         |              |                              | ١         | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations |              | (F) Estimated amount of other compensation from the |       |  |
|              |                                                                                                                          | hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director                          | Institutional trustee | Officer | Key employee | Highest compensated employee | -ormer    | (W-2/1099-MISC)                                    | (W-2/1099-MISC)                                         | 1 -          | anization<br>ed organi                              |       |  |
| <u>(15)</u>  |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| <u>(16)</u>  |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| <u>(17)</u>  |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| <u>(18)</u>  |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| <u>(19)</u>  |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (20)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (21)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (22)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (23)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (24)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| (25)         |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| 1b<br>c<br>d | Subtotal                                                                                                                 | tion A .                                                       |                                                            |                       |         |              | <br>                         | · •       | 0<br>ore than \$100,000                            | C                                                       | )            |                                                     | 0     |  |
|              | reportable compensation from the organization                                                                            |                                                                |                                                            |                       |         |              |                              |           | . ,                                                |                                                         |              | Yes                                                 | No No |  |
| 3            | Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> |                                                                |                                                            |                       |         |              | -                            |           |                                                    |                                                         | . 3          |                                                     | x     |  |
| 4            | For any individual listed on line 1a, is the sum of re<br>organization and related organizations greater th              | eportable co                                                   | mpensa                                                     | ation                 | and     | oth          | er con                       | npen      | sation from the                                    |                                                         |              |                                                     | 21    |  |
| 5            | individual                                                                                                               | compensation                                                   | · · ·<br>on from                                           | <br>any               | <br>unr | · · elate    | · · ·<br>ed orga             | <br>aniza | ation or individual                                |                                                         | . 4          |                                                     | х     |  |
| Secti        | for services rendered to the organization? If "Yes on B. Independent Contractors                                         | s," complete                                                   | Sched                                                      | ule .                 | J tor   | SUC          | h pers                       | on        |                                                    |                                                         | . 5          |                                                     | Х     |  |
| 1            | Complete this table for your five highest compensa                                                                       | ited independ                                                  | dent co                                                    | ntrac                 | ctors   | that         | t recei                      | ved       | more than \$100,00                                 | 00 of                                                   |              |                                                     |       |  |
|              | compensation from the organization. Report comp                                                                          | ensation for                                                   | the cal                                                    | enda                  | ar ye   | ar e         | ending                       | with      | _                                                  | nization's tax yea                                      |              |                                                     |       |  |
|              | (A) Name and business addres                                                                                             | ss                                                             |                                                            |                       |         |              |                              |           | (B)  Description of service                        | es                                                      | (C<br>Comper |                                                     |       |  |
|              | rame and business addless                                                                                                |                                                                |                                                            |                       |         |              |                              |           | 2 3331 Pilot Of 361 VIC                            |                                                         | Compe        | .500011                                             |       |  |
|              |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
|              |                                                                                                                          |                                                                |                                                            |                       |         |              |                              |           |                                                    |                                                         |              |                                                     |       |  |
| 2            | Total number of independent contractors (including received more than \$100,000 of compensation from                     | -                                                              |                                                            |                       |         | ted a        | above)                       | ) wh      | 0                                                  |                                                         |              |                                                     |       |  |

Form 990 (2020) Brooklyn Animal Action Inc
Part VIII Statement of Revenue

|                                                        |     | Check if Schedule O contains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a response     | or n | ote to any line in this | s Part VIII          |                                        |                                |                                                      |
|--------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|-------------------------|----------------------|----------------------------------------|--------------------------------|------------------------------------------------------|
|                                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
|                                                        | 1a  | Federated campaigns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | 1a   |                         |                      |                                        |                                | 30010113 012 014                                     |
|                                                        | b   | Membership dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 1b   |                         |                      |                                        |                                |                                                      |
| ints<br>nts                                            | C   | Fundraising events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | 1c   |                         |                      |                                        |                                |                                                      |
| G<br>D<br>D                                            | d   | Related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 1d   |                         |                      |                                        |                                |                                                      |
| fts,                                                   | e   | Government grants (contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F              | 1e   |                         |                      |                                        |                                |                                                      |
| פַ פַ                                                  | f   | All other contributions, gifts, gran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -              |      |                         |                      |                                        |                                |                                                      |
| Sin                                                    | -   | and similar amounts not included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 1f   | 378,955                 |                      |                                        |                                |                                                      |
| Contributions, Gifts, Grants and Other Similar Amounts | q   | Noncash contributions included in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -              |      | 3707333                 |                      |                                        |                                |                                                      |
| ĒĞ                                                     | 9   | lines 1a-1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | 1g   | ( c                     |                      |                                        |                                |                                                      |
| a S                                                    | h   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _              |      |                         | 378,955              |                                        |                                |                                                      |
|                                                        | - " | Total. Add lines 1a-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u></u>        | • •  | Business Code           | 376,933              |                                        |                                |                                                      |
|                                                        | 2a  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      | Business Code           |                      |                                        |                                |                                                      |
| 8                                                      | b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         |                      |                                        |                                |                                                      |
| Je Š                                                   |     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
| Se<br>ent                                              | C   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
| ran<br>Sev                                             | d   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         |                      |                                        |                                |                                                      |
| Program Service<br>Revenue                             | e   | All officers and a second seco | _              |      |                         |                      |                                        |                                |                                                      |
| ₫.                                                     |     | All other program service revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | Total. Add lines 2a-2f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | 3   | Investment income (including divi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | ١.  | other similar amounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      | -                       |                      |                                        |                                |                                                      |
|                                                        | 4   | Income from investment of tax-ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |      | - t                     |                      |                                        |                                |                                                      |
|                                                        | 5   | Royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |      | •                       |                      |                                        |                                |                                                      |
|                                                        |     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (i) Real       |      | (ii) Personal           |                      |                                        |                                |                                                      |
|                                                        |     | Gross rents 6a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | b   | Less: rental expenses 6b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | С   | Rental income or (loss) 6c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | d   | Net rental income or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | 7a  | Gross amount from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (i) Securities | ;    | (ii) Other              |                      |                                        |                                |                                                      |
|                                                        |     | sales of assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | other than inventory 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | b   | Less: cost or other basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |      |                         |                      |                                        |                                |                                                      |
| e                                                      |     | and sales expenses 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |      |                         |                      |                                        |                                |                                                      |
| venue                                                  | С   | Gain or (loss) <b>7c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | d   | Net gain or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |      | ▶                       |                      |                                        |                                |                                                      |
| Other Re                                               | 8a  | Gross income from fundraising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |      |                         |                      |                                        |                                |                                                      |
| ₹                                                      |     | events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | of contributions reported on line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | 8a   |                         |                      |                                        |                                |                                                      |
|                                                        | b   | Less: direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 8b   |                         |                      |                                        |                                |                                                      |
|                                                        | С   | Net income or (loss) from fundrai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sing events    |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | Gross income from gaming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · ·            |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | activities, See Part IV, line 19 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | 9a   |                         |                      |                                        |                                |                                                      |
|                                                        | b   | Less: direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 9b   |                         |                      |                                        |                                |                                                      |
|                                                        |     | Net income or (loss) from gaming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,              |      |                         |                      |                                        |                                |                                                      |
|                                                        | iva | Gross sales of inventory, less returns and allowances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 10a  |                         |                      |                                        |                                |                                                      |
|                                                        | b   | Less: cost of goods sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | 10b  |                         |                      |                                        |                                |                                                      |
|                                                        |     | Net income or (loss) from sales of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | - 6 | THE HILLOTTIC OF (1055) HOTH SafeS O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n inveniory    | • •  | Business Code           |                      |                                        |                                |                                                      |
| <b>,</b>                                               | 112 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      | Dusiness Code           |                      |                                        |                                |                                                      |
| Miscellanous<br>Revenue                                | 11a | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
| lan<br>enu                                             | b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         |                      |                                        |                                |                                                      |
| Seve                                                   | C   | All other news are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |      |                         |                      |                                        |                                |                                                      |
| N<br>Sign                                              |     | All other revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                         |                      |                                        |                                |                                                      |
|                                                        |     | Total. Add lines 11a-11d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |      |                         |                      |                                        |                                |                                                      |
|                                                        | 12  | Total revenue. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |      |                         | 378,955              | 0                                      | 0                              | 0                                                    |

#### Part IX Statement of Functional Expenses

| Sect  | ion 501(c)(3) and 501(c)(4) organizations must complete all c                                  | columns. All other organ | nizations must comple  | te column (A).     |                           |
|-------|------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------------------|---------------------------|
|       | Check if Schedule O contains a response or note to                                             | any line in this Part IX |                        |                    | <u>X</u>                  |
| Do r  | not include amounts reported on lines 6b, 7b,                                                  | (A)<br>Total expenses    | (B)<br>Program service | (C) Management and | <b>(D)</b><br>Fundraising |
| 8b, 9 | 9b, and 10b of Part VIII.                                                                      | Total expenses           | expenses               | general expenses   | expenses                  |
| 1     | Grants and other assistance to domestic organizations                                          |                          |                        |                    |                           |
|       | and domestic governments. See Part IV, line 21                                                 | 364                      | 364                    |                    |                           |
| 2     | Grants and other assistance to domestic                                                        |                          |                        |                    |                           |
|       | individuals. See Part IV, line 22                                                              |                          |                        |                    |                           |
| 3     | Grants and other assistance to foreign                                                         |                          |                        |                    |                           |
|       | 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,                                                   |                          |                        |                    |                           |
| _     | trustees, and key employees                                                                    |                          |                        |                    |                           |
| 6     | Compensation not included above, to disqualified                                               |                          |                        |                    |                           |
|       | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                          |                        |                    |                           |
| 7     | Other salaries and wages                                                                       |                          |                        |                    |                           |
| 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 (nonemployees):                                                              |                          |                        |                    |                           |
| а     | Management                                                                                     |                          |                        |                    |                           |
| b     | Legal                                                                                          |                          |                        |                    |                           |
| С     | Accounting                                                                                     | 583                      |                        | 583                |                           |
| d     | Lobbying                                                                                       |                          |                        |                    |                           |
| е     | Professional fundraising services. See Part IV, line 17 .                                      |                          |                        |                    |                           |
| f     | Investment management fees                                                                     |                          |                        |                    |                           |
| g     | Other. (If line 11g amount exceeds 10% of line 25, column                                      |                          |                        |                    |                           |
|       | (A) amount, list line 11g expenses on Schedule O.)                                             | 235,624                  | 235,624                |                    |                           |
| 12    | Advertising and promotion                                                                      | 1,333                    | 1,333                  |                    |                           |
| 13    | Office expenses                                                                                | 675                      | 576                    | 99                 |                           |
| 14    | Information technology                                                                         | 849                      |                        | 849                |                           |
| 15    | Royalties                                                                                      |                          |                        |                    |                           |
| 16    | Occupancy                                                                                      |                          |                        |                    |                           |
| 17    | Travel                                                                                         | 294                      | 294                    |                    |                           |
| 18    | Payments of travel or entertainment expenses for any federal, state, or local public officials |                          |                        |                    |                           |
| 19    |                                                                                                |                          |                        |                    |                           |
| 20    | Conferences, conventions, and meetings                                                         |                          |                        |                    |                           |
| 21    | Payments to affiliates                                                                         |                          |                        |                    |                           |
| 22    | Depreciation, depletion, and amortization                                                      |                          |                        |                    |                           |
| 23    | Insurance                                                                                      | 2,039                    | 2,039                  |                    |                           |
| 24    | Other expenses. Itemize expenses not covered                                                   | 2,000                    | 2,000                  |                    |                           |
|       | above (List miscellaneous expenses on 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                                                                           | 149,297                  | 149,297                |                    |                           |
| b     | BANK AND CREDIT CARD FEES                                                                      | 24                       |                        | 24                 |                           |
| С     | PERMITS AND FEES                                                                               | 150                      | 150                    |                    |                           |
| d     |                                                                                                |                          |                        |                    |                           |
| е     | All other expenses                                                                             | 606                      | 606                    |                    |                           |
| 25    | Total functional expenses. Add lines 1 through 24e                                             | 391,838                  | 390,283                | 1,555              | 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     If                                                    |                          |                        |                    |                           |
|       | following SOP 98-2 (ASC 958-720)                                                               |                          |                        |                    |                           |

Part X Balance Sheet

|                             |                      | Check if Schedule O contains a response or note to any line in this Part X                                                              | (A)               | · · · · | (B)         |
|-----------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|-------------|
|                             |                      |                                                                                                                                         | Beginning of year |         | End of year |
|                             | 1                    | Cash - non-interest-bearing                                                                                                             | 52,832            | 1       | 52,535      |
|                             | 2                    | Savings and temporary cash investments                                                                                                  |                   | 2       |             |
|                             | 3                    | Pledges and grants receivable, net                                                                                                      |                   | 3       |             |
|                             | 4                    | Accounts receivable, net                                                                                                                |                   | 4       |             |
|                             | 5                    | Loans and other receivables from any current or former officer, director,                                                               |                   |         |             |
|                             |                      | trustee, key employee, creator or founder, substantial contributor, or 35%                                                              |                   | _       |             |
|                             | _                    | controlled entity or family member of any of these persons                                                                              |                   | 5       |             |
|                             | 6                    | Loans and other receivables from other disqualified persons (as defined                                                                 |                   | _       |             |
|                             | _                    | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                                                               |                   | 6       |             |
| S                           | 7                    | Notes and loans receivable, net                                                                                                         |                   | 7       |             |
| Assets                      | 8                    | Inventories for sale or use                                                                                                             |                   | 8       |             |
| ĕ                           | 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                   | Intangible assets                                                                                                                       |                   | 14      |             |
|                             | 15                   | Other assets. See Part IV, line 11                                                                                                      |                   | 15      |             |
|                             | 16                   | Total assets. Add lines 1 through 15 (must equal line 33)                                                                               | 52,832            | 16      | 52,535      |
|                             | 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 any current or former officer, director,                                                                    |                   |         |             |
| Liabilities                 |                      | trustee, key employee, creator or founder, substantial contributor, or 35%                                                              |                   | 22      |             |
| Lia                         | 22                   | controlled entity or family member of any of these persons                                                                              |                   | 23      |             |
|                             | 23<br>24             | Secured mortgages and notes payable to unrelated third parties                                                                          |                   | 24      |             |
|                             | 2 <del>4</del><br>25 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third |                   | 24      |             |
|                             | 23                   | parties, and other liabilities not included on lines 17-24). Complete Part X                                                            |                   |         |             |
|                             |                      | of Schedule D                                                                                                                           | 5,802             | 25      | 18,388      |
|                             | 26                   | Total liabilities. Add lines 17 through 25                                                                                              | 5,802             | 26      | 18,388      |
|                             | 20                   | Organizations that follow FASB ASC 958, check here                                                                                      | 5,602             | 20      | 10,300      |
|                             |                      | and complete lines 27, 28, 32, and 33.                                                                                                  |                   |         |             |
| Ses                         | 27                   | Net assets without donor restrictions                                                                                                   | 47,030            | 27      | 34,147      |
| anc                         | 28                   | Net assets with donor restrictions                                                                                                      | 17,030            | 28      | 31,117      |
| Ba                          | 20                   | Organizations that do not follow FASB ASC 958, check here                                                                               |                   | 20      |             |
| pur                         |                      | and complete lines 29 through 33.                                                                                                       |                   |         |             |
| Ę.                          | 29                   | Capital stock or trust principal, or current funds                                                                                      |                   | 29      |             |
| ts o                        | 30                   | Paid-in or capital surplus, or land, building, or equipment fund                                                                        |                   | 30      |             |
| sse                         | 31                   | Retained earnings, endowment, accumulated income, or other funds                                                                        |                   | 31      |             |
| Net Assets or Fund Balances | 32                   | Total net assets or fund balances                                                                                                       | 47,030            | 32      | 34,147      |
| 8                           | 33                   | Total liabilities and net assets/fund balances                                                                                          | 52,832            | 33      | 52,535      |
|                             | - 55                 |                                                                                                                                         | 32,032            | 55      | 52,555      |

3a

3b

Form 990 (2020)

х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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 on Schedule O and describe any steps taken to undergo such audits

EEA

# IRS e-file Signature Authorization for an Exempt Organization

|                                                 | - | _ |              |
|-------------------------------------------------|---|---|--------------|
| or calendar year 2020, or fiscal year beginning |   |   | . and ending |

2020

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number 27-1454911 Brooklyn Animal Action Inc Name and title of officer or person subject to tax S Berman, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . . 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 12345 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 115061 60904 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** 

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

| Bro  | okl   | yn Animal Action Inc                                                                     |                        |                                                    |                     |               | 27-1454913                 | L                                |
|------|-------|------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------|---------------------|---------------|----------------------------|----------------------------------|
| Pa   | rt I  | Reason for Public Charity                                                                | y Status. (All o       | rganizations must c                                | omplete             | this part     | .) See instructions        | S.                               |
| The  | orgai | nization is not a private foundation bec                                                 | ause it is: (For lines | 1 through 12, check onl                            | y one box.          | )             |                            |                                  |
| 1    |       | A church, convention of churches, or                                                     | association of chu     | rches described in sect                            | ion 170(b)          | (1)(A)(i).    |                            |                                  |
| 2    |       | A school described in section 170(b                                                      | )(1)(A)(ii). (Attach   | Schedule E (Form 990 c                             | or 990-EZ).         | .)            |                            |                                  |
| 3    |       | A hospital or a cooperative hospital s                                                   | ervice organization    | n described in <b>section 1</b>                    | 70(b)(1)(A          | )(iii).       |                            |                                  |
| 4    |       | A medical research organization ope                                                      | rated in conjunction   | n with a hospital describ                          | ed in <b>sect</b>   | ion 170(b)    | (1)(A)(iii). Enter the     |                                  |
|      |       | hospital's name, city, and state:                                                        |                        |                                                    |                     |               |                            |                                  |
| 5    |       | An organization operated for the bene                                                    | efit of a college or u | iniversity owned or opera                          | ated by a g         | jovernment    | al unit described in       |                                  |
|      |       | section 170(b)(1)(A)(iv). (Complete                                                      | Part II.)              |                                                    |                     |               |                            |                                  |
| 6    |       | A federal, state, or local government                                                    | or governmental u      | nit described in <b>section</b>                    | 170(b)(1)(          | (A)(v).       |                            |                                  |
| 7    |       | An organization that normally receive                                                    | s a substantial part   | of its support from a gov                          | ernmental/          | unit or fron  | n the general public       |                                  |
|      |       | described in section 170(b)(1)(A)(vi                                                     | ). (Complete Part II   | l.)                                                |                     |               |                            |                                  |
| 8    |       | A community trust described in secti                                                     | on 170(b)(1)(A)(vi     | ). (Complete Part II.)                             |                     |               |                            |                                  |
| 9    | Ш     | An agricultural research organization                                                    | described in secti     | on 170(b)(1)(A)(ix) ope                            | rated in co         | njunction v   | vith a land-grant colleg   | je                               |
|      |       | or university or a non-land-grant colle university:                                      | ge of agriculture (s   | ee instructions). Enter the                        | e name, cit         | ty, and state | e of the college or        |                                  |
| 10   | X     | An organization that normally receive                                                    | s: (1) more than 33    | 1/3% of its support from                           | n contributi        | ons, membe    | ership fees, and gross     |                                  |
|      |       | receipts from activities related to its e                                                | xempt functions - s    | subject to certain exception                       | ons; and (2         | 2) no more    | than 33 1/3% of its        |                                  |
|      |       | support from gross investment income                                                     | e and unrelated bus    | siness taxable income (le                          | ess section         | n 511 tax) fr | om businesses              |                                  |
|      |       | acquired by the organization after Ju                                                    | •                      | ` ` ` ` ` `                                        | •                   | ,             |                            |                                  |
| 11   | Ц     | An organization organized and opera                                                      | •                      |                                                    |                     |               |                            |                                  |
| 12   | Ш     | An organization organized and opera                                                      | •                      | • •                                                |                     | •             |                            |                                  |
|      |       | of one or more publicly supported or                                                     | -                      |                                                    |                     |               |                            | •                                |
|      |       | Check the box in lines 12a through 12                                                    |                        |                                                    |                     | •             |                            | •                                |
|      | а     | Type I. A supporting organization                                                        |                        | •                                                  |                     | •             |                            | ng                               |
|      |       | the supported organization(s) the                                                        |                        | • • • • • • • • • • • • • • • • • • • •            | ity of the d        | ilrectors or  | trustees of the            |                                  |
|      | h     | supporting organization. You mu                                                          | •                      |                                                    | ith ita ayan        | orted orga    | nization(a) by baying      |                                  |
|      | b     | Type II. A supporting organization control or management of the supporting organization. | •                      |                                                    |                     | •             | . ,                        |                                  |
|      |       | organization(s). You must comp                                                           |                        | •                                                  | isons that t        | JOHNIOI OI II | lariage the supported      |                                  |
|      | С     | Type III functionally integrated                                                         |                        |                                                    | nection w           | ith and fun   | ctionally integrated wi    | th                               |
|      |       | its supported organization(s) (se                                                        |                        | •                                                  |                     |               |                            | ,                                |
|      | d     | Type III non-functionally integr                                                         | ,                      | •                                                  |                     |               |                            | n(s)                             |
|      |       | that is not functionally integrated.                                                     |                        |                                                    |                     |               |                            | (-)                              |
|      |       | requirement (see instructions). Y                                                        | o o                    | ,                                                  |                     | •             |                            |                                  |
|      | е     | Check this box if the organization                                                       | received a written     | determination from the IF                          | RS that it is       | a Type I, T   | ype II, Type III           |                                  |
|      |       | functionally integrated, or Type II                                                      | non-functionally in    | tegrated supporting orga                           | anization.          |               |                            |                                  |
|      | f     | Enter the number of supported organ                                                      | izations               |                                                    |                     |               |                            |                                  |
|      | g     | Provide the following information about                                                  | ut the supported or    | ganization(s).                                     |                     | <u>.</u>      |                            |                                  |
|      | (i)   | Name of supported organization                                                           | (ii) EIN               | (iii) Type of organization                         | (iv) Is the o       | -             | (v) Amount of monetary     | (vi) Amount of                   |
|      |       |                                                                                          |                        | (described on lines 1-10 above (see instructions)) | listed in you docum |               | support (see instructions) | other support (see instructions) |
|      |       |                                                                                          |                        | ,                                                  |                     |               | ,                          | ,                                |
| -    |       |                                                                                          |                        |                                                    | Yes                 | No            |                            |                                  |
| (A)  |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
|      |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
| (B)  |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
|      |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
| (C)  |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
|      |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
| (D)  |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
|      |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
| (E)  |       |                                                                                          |                        |                                                    |                     |               |                            |                                  |
| Tota | l     |                                                                                          |                        |                                                    |                     |               |                            |                                  |

Part II

|         | (Complete only if you checked the                    |                 |                  |                | •               | •               | lify under      |
|---------|------------------------------------------------------|-----------------|------------------|----------------|-----------------|-----------------|-----------------|
| <u></u> | Part III. If the organization fails to               | quality unde    | er the tests lis | stea below, pl | ease complet    | ie Paπ III.)    |                 |
|         | ction A. Public Support                              | (1) 6010        | (1.) 6647        | (.) 0010       | ( D 0040        | (.) 6000        | (O.T.: )        |
| _       | endar year (or fiscal year beginning in) ►           | <b>(a)</b> 2016 | <b>(b)</b> 2017  | (c) 2018       | <b>(d)</b> 2019 | <b>(e)</b> 2020 | (f) Total       |
| 1       | Gifts, grants, contributions, and                    |                 |                  |                |                 |                 |                 |
|         | membership fees received. (Do not                    |                 |                  |                |                 |                 |                 |
| _       | include any "unusual grants.")                       |                 |                  |                |                 |                 |                 |
| 2       | Tax revenues levied for the                          |                 |                  |                |                 |                 |                 |
|         | organization's benefit and either paid to            |                 |                  |                |                 |                 |                 |
|         | or expended on its behalf                            |                 |                  |                |                 |                 |                 |
| 3       | The value of services or facilities                  |                 |                  |                |                 |                 |                 |
|         | furnished by a governmental unit to the              |                 |                  |                |                 |                 |                 |
|         | organization without charge                          |                 |                  |                |                 |                 |                 |
| 4       | <b>Total.</b> 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          |                 |                  |                |                 |                 |                 |
| Se      | ction B. Total Support                               |                 |                  |                |                 |                 |                 |
| Cal     | endar year (or fiscal year beginning in)▶            | (a) 2016        | <b>(b)</b> 2017  | (c) 2018       | (d) 2019        | <b>(e)</b> 2020 | (f) Total       |
| 7       | Amounts from line 4                                  |                 |                  |                |                 |                 |                 |
| 8       | Gross income from interest, dividends,               |                 |                  |                |                 |                 |                 |
|         | payments received on securities loans,               |                 |                  |                |                 |                 |                 |
|         | rents, royalties, and income from                    |                 |                  |                |                 |                 |                 |
|         | similar sources                                      |                 |                  |                |                 |                 |                 |
| 9       | Net income from unrelated business                   |                 |                  |                |                 |                 |                 |
|         | activities, whether or not the business              |                 |                  |                |                 |                 |                 |
|         | is regularly carried on                              |                 |                  |                |                 |                 |                 |
| 10      | Other income. Do not include gain or                 |                 |                  |                |                 |                 |                 |
|         | loss from the sale of capital assets                 |                 |                  |                |                 |                 |                 |
|         | (Explain in Part VI.)                                |                 |                  |                |                 |                 |                 |
| 11      |                                                      |                 |                  |                |                 |                 |                 |
| 12      | Gross receipts from related activities, etc. (s      | ee instructions |                  |                |                 | 12              |                 |
| 13      | First five years. If the Form 990 is for the or      |                 | •                |                |                 | a section 501(c | 2)(3)           |
|         | organization, check this box and stop here           | -               |                  |                | -               | •               | · · · · · · ► □ |
| Sec     | ction C. Computation of Public Support               |                 |                  |                |                 |                 |                 |
|         | Public support percentage for 2020 (line 6, c        |                 |                  | column (f)) .  |                 | 14              | %               |
|         | Public support percentage from 2019 Sched            |                 | -                |                |                 | 15              | %               |
|         | 33 1/3% support test - 2020. If the organiza         |                 |                  |                |                 | % or more, che  |                 |
|         | box and <b>stop here.</b> The organization qualified |                 |                  |                |                 |                 |                 |
| ŀ       | 33 1/3% support test - 2019. If the organiza         |                 |                  |                |                 |                 |                 |
|         | this box and <b>stop here.</b> The organization qu   |                 |                  |                |                 |                 | ·               |
| 17a     | 10%-facts-and-circumstances test - 2020.             | -               |                  | -              |                 |                 |                 |
|         | 10% or more, and if the organization meets           | •               |                  |                |                 |                 |                 |
|         | Part VI how the organization meets the facts         |                 |                  |                | _               | •               |                 |
|         | organization                                         |                 |                  | •              |                 | • • •           | _               |
| L       | o 10%-facts-and-circumstances test - 2019.           |                 |                  |                |                 |                 | _               |
| ı.      | 15 is 10% or more, and if the organization m         | -               |                  |                |                 |                 |                 |
|         | in Part VI how the organization meets the fac        |                 |                  |                |                 | -               |                 |
|         | _                                                    |                 |                  | -              | =               |                 | _               |
| 10      | organization                                         |                 |                  |                |                 |                 | _               |
| 10      | •                                                    |                 |                  |                |                 |                 |                 |
|         | instructions                                         | <u> </u>        | <u> </u>         |                | <u> </u>        |                 | <u> 🟲 📙</u>     |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec        | ction A. Public Support                                                                                                                                                 |                  |                   |                 |                  |                 |                 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|-----------------|------------------|-----------------|-----------------|
| Cal        | endar year (or fiscal year beginning in)▶                                                                                                                               | (a) 2016         | <b>(b)</b> 2017   | (c) 2018        | (d) 2019         | <b>(e)</b> 2020 | (f) Total       |
| 1          | Gifts, grants, contributions, and membership fees                                                                                                                       |                  |                   |                 |                  |                 |                 |
|            | received. (Do not include any "unusual grants.")                                                                                                                        | 184,003          | 211,303           | 227,479         | 274,354          | 378,955         | 1,276,094       |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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          | <b>Total.</b> Add lines 1 through 5                                                                                                                                     | 184,003          | 211,303           | 227,479         | 274,354          | 378,955         | 1,276,094       |
| 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.)                                                                                                                                                                |                  |                   |                 |                  |                 | 1,276,094       |
|            | ction B. Total Support                                                                                                                                                  |                  |                   |                 |                  |                 |                 |
| Cal        | endar year (or fiscal year beginning in)▶                                                                                                                               | (a) 2016         | <b>(b)</b> 2017   | (c) 2018        | <b>(d)</b> 2019  | <b>(e)</b> 2020 | (f) Total       |
|            | Amounts from line 6                                                                                                                                                     | 184,003          | 211,303           | 227,479         | 274,354          | 378,955         | 1,276,094       |
| 10a        | Gross income from interest, dividends,                                                                                                                                  |                  |                   |                 |                  |                 |                 |
|            | payments received on securities loans, rents,                                                                                                                           |                  |                   |                 |                  |                 |                 |
|            | royalties, and income from similar sources                                                                                                                              |                  |                   |                 |                  |                 |                 |
| b          | Unrelated business taxable income (less                                                                                                                                 |                  |                   |                 |                  |                 |                 |
|            | section 511 taxes) from businesses                                                                                                                                      |                  |                   |                 |                  |                 |                 |
|            | acquired after June 30, 1975                                                                                                                                            |                  |                   |                 |                  |                 |                 |
|            | Add lines 10a and 10b                                                                                                                                                   |                  |                   |                 |                  |                 |                 |
| 11         | Net income from unrelated business                                                                                                                                      |                  |                   |                 |                  |                 |                 |
|            | activities not included in line 10b, whether                                                                                                                            |                  |                   |                 |                  |                 |                 |
|            | or not the business is regularly carried on                                                                                                                             |                  |                   |                 |                  |                 |                 |
| 12         | Other income. Do not include gain or                                                                                                                                    |                  |                   |                 |                  |                 |                 |
|            | loss from the sale of capital assets                                                                                                                                    |                  |                   |                 |                  |                 |                 |
| 42         | (Explain in Part VI.)                                                                                                                                                   |                  |                   |                 |                  |                 |                 |
| 13         | Total support. (Add lines 9, 10c, 11, and 12)                                                                                                                           | 104.000          | 011 000           | 005 450         | 004 004          | 386 355         | 1 056 001       |
| 4.4        | and 12.)                                                                                                                                                                | 184,003          | 211,303           |                 |                  | 378,955         | 1,276,094       |
| 14         | First 5 years. If the Form 990 is for the organization, should this box and ston bore                                                                                   |                  |                   |                 | •                | . , , ,         | <b>.</b> $\Box$ |
| 800        | organization, check this box and stop here ction C. Computation of Public Support                                                                                       |                  |                   |                 |                  |                 | ▶ □             |
|            | Public support percentage for 2020 (line 8, c                                                                                                                           |                  |                   | column (f))     |                  | 15              | 100 00 %        |
|            | Public support percentage from 2019 Sched                                                                                                                               |                  |                   |                 |                  | 16              | 100.00 %        |
|            | ction D. Computation of Investment In                                                                                                                                   |                  |                   |                 |                  | 10              | 100.00 /8       |
| 17         |                                                                                                                                                                         |                  |                   | ne 13 column    | (f))             | 17              | 0.00 %          |
|            |                                                                                                                                                                         | •                |                   |                 |                  | 18              | 0.00 %          |
|            | 33 1/3% support tests - 2020. If the organization                                                                                                                       |                  |                   |                 |                  |                 |                 |
| ıJd        | 17 is not more than 33 1/3%, check this box                                                                                                                             |                  |                   |                 |                  |                 |                 |
| h          | 33 1/3% support tests - 2019. If the organiz                                                                                                                            | -                | -                 | -               |                  |                 |                 |
| D          | line 18 is not more than 33 1/3%, check this                                                                                                                            |                  |                   |                 |                  |                 |                 |
| 20         | <b>Private foundation.</b> If the organization did r                                                                                                                    | -                | -                 | •               |                  |                 |                 |
| <u> 20</u> | i invate roundation. Il the organization did r                                                                                                                          | IOL CHICCK & DUX | OIT III 10 14, 19 | a, or 190, thet | א נוווס טטא מווע | See monuclions  | · · · · • 📙     |

Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| A (Form 990 | or 990-E | Z) 2020 |

| 11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described in line 11a above?  c A 35% controlled entity of a person described in line 11a bot 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power for regularly appoint or elect at least a majority of the organization's efficiency operated, supervised, or controlled the arganization selvices. If the organization had more han one supported organization describe how the power for regularly appoint or elect at least a majority of the organization's efficiency operated, supervised, or controlled the supported organization had more here one each apported organization describe how the power to regularly appoint or elect at least an majority of the organization or electribing, if any, applied to such powers during the tax year gifts or organization or electribing, if any, applied to such powers during the tax year plan in Part VI have providing such benefit carried out the purposes of the supported organization of organization of controlled the supporting organizations.  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization study services and the supported organization's provided engine and the supported organization's provided organization's provided engine and provided organization's  | Pai        | t IV   Supporting Organizations (continued)                                                                             |        |        |      |
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| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below. He governing body of a supported organization?  b A Asthin the governing body of a supported organizations.  2 A 25% controlled entity of a person described in 11e 11a above?  A 25% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly speparior elect at least a najority of the organizations different discounts of the comparizations of the governing object of the comparization and more than one supported organization describe how the powers to appoint and/or remove officers, directors, or trustees are allocated among the supported organization of benefit of any supported organization or the than the supported aronganization of person to the theorem or controlled the supported organization of If Yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organization of If Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organizations of the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of the supported organizations (s) If "No." describe in Part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supported organizations of the supported organizations (s) If "No." septim in Part VI how control or management of the supported organizations (s) If "No." septim in P |            |                                                                                                                         |        | Yes    | No   |
| 11s below. the governing body of a supported organization?  A A family member of a person described in it a above?  A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have been owned to require the supported organization supported organization subject of controlled the organizations activities. If the organization had more than one supported organization, escent bow the powers or appoint and/or remove officers, directors, or trustees were discoaled among the supported organization, electrically operated, supervised, or controlled the supporting organization? If "Yes," escenbe are purposes of the supported organization of the supporting organization. Part VI how the providing such benefit carried out the unposes of the supported organization of the supporting organization.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the org |            |                                                                                                                         |        |        |      |
| b A Astilly member of a person described in line 11a above?  A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly spopint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "Yes" describe in Part VI from the supported organization's officers, directors, or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization of the organization of organization, describe how the powers to appoint and/or remove officers, directors, or inustees were allocated among the supported organization operate for the benefit of any supported organization of the supported organization of the supported organization of the than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization's of the supported organization's of the supported organization's or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of aeach of the organization's directors or trustees during the tax year also a majority of the directors or trustees of aeach of the organization's provided organization's at year, (i) a visit no notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's decised in line 2, above, did the organization's supported organization's averaged in the regert.  Yes No the organization maintained a cl | а          |                                                                                                                         |        |        |      |
| c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part V.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's deficiency operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe to the powers to appoint and/or rentwo officers, directors, or trustees were allocated among the supported organization of search of the benefit of any supported organization give any to providing such powers of the purposes of the supported organization of the supporting organizations. If you have providing such powers due to the benefit of any supported organizations (I*Yes," explain in Part VI how providing such powers due, supervised, or controlled the supporting organizations (I*Yes, "explain in Part VI how providing such powers due to the purposes of the supported organization (I*Yes," explain in Part VI how providing such powers due to the purposes of the supported organization (I*Yes," explain in Part VI how providing such powers due to the purposes of the supporting organizations.  1 Were a majority of the organization's supported organization (I*Yes," explain in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization in the supporting organization in the same persons that controlled or managed the supported organization in the supported organization in the organization in the relationship organization in the supported organization in the organization in the relationship described in line 2, above, did the organization in the relationship of the organization in the relationship described in line 2, above, did the organization in the relationship of the org |            |                                                                                                                         |        |        |      |
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| more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, of trustees at all times during the tax year? If No? 'describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were effected among the supported organization operate for the benefit of any supported organization between the supported organization of the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization of the supporting organization or controlled the supporting organization.  2 Did the organization such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of the each organization or the supporting organization's trustees of the control organization's activities organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's directors, or trustees either (i) appointed organization's average the provided organization's activities of the date o | 1          | Did the governing body members of the governing body officers acting in their official canacity or membership of one or |        | 163    | 140  |
| directors, or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization ther than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organizations.  1 Were a majority of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations by the last day of the fifth month of the organization's reason and the supported organization and (ii) copies of the organization's supported organization's and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees effect of notification, and (iii) copies of the organization's powerning body of a supported organization's I'No, "describe in Part VI the organization's supported organization's supported organization's as a significant voice in the organization's investment policies and in directing the use of the organization's as a significant voice in the organization's investment policies and in  | •          |                                                                                                                         |        |        |      |
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| supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations.  2 Vers No or trustees of each of the organization's supported organization's in Part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supported organization(s).  3 Esction D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's lax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization, and (iii) copies of the organization voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's power of organizations bave as isonome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's as supported organization's po |            |                                                                                                                         |        |        |      |
| 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting Organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of support during the prior tax year. (ii) a written notice describing the type and amount of support provided during the prior tax year. (ii) a written notice describing the type and amount of supported during the prior tax year.) (iii) a written notice described in line 2, above, did the organization's fir*\(^{ho}\), "explain in Part VI how organization(s)."  2 Were any of the organization's affects, or supported organization's supported organization's supported organization's supported organization's supported |            |                                                                                                                         | 1      |        |      |
| Vinow providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations   1   Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2          |                                                                                                                         |        |        |      |
| Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in line 2, above, 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 supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) and "The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) the supported o |            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part         |        |        |      |
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organizations).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization's supported organizationship described in line 2, above, did the organization supported organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization spleyed in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further t |            | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                  |        |        |      |
| Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                         | 2      |        |      |
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization maintained a close and continuous working relationship with the supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's supported 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.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's supported organization's supp | Sec        | ion C. Type II Supporting Organizations                                                                                 |        |        |      |
| or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization's proving on the governing body of a supported organization's proving organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization supported a government entity (see instructions).  a The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization was responsive to the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities during the tax year directly further the exempt purposes, how the organizations and explain how these activities of exempt purposes, how the orga | _          |                                                                                                                         |        | Yes    | No   |
| or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's incirclers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in line 2, above, did the organization's supported organization's investment policies and in directing the use of the organization's supported organizations played in this regard.  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  3 The organization susphorted a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  4 Chief The organization susphorted and 2b below.  5 Did the activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  5 Did the activities descri | 1          |                                                                                                                         |        |        |      |
| Section D. All Type III Supporting Organizations  Yes No  Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's overning documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in line 2, above, 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 supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes, how the organization (s) to which the organizations, and how the organization involvement, one or more of the organization's involvement.  Did the organization was responsive to those supported organizations, and how the organization's involvement.  Did the organization have the power to regularly appoint or elect a majority of th |            |                                                                                                                         |        |        |      |
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| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in line 2, above, did the organization's supported 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.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in line 2a, above, constitute activities that, but for the organization on the organization's involvement.  3 Parent of Supported Organization's involvement.  3 Parent of Supported Organization's involvem | <u>Sac</u> |                                                                                                                         | ı      |        |      |
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in line 2, above, 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 Section E. Type III Functionally Integrated Supporting Organizations.  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  1 The organization satisfied the Activities Test. Complete line 2 below.  2 Activities Test. Answer lines 2 and 2 below.  2 Activities Test. Answer lines 2 and 2 below.  3 Did substantially all of the organization's sinvolvement, one or more of the organization's supported organization was responsive? If "Yes," then in Part VI identify those supported organization's supported organizations, and how the organization determined that these activities constituted substantially all of its activities directly furthered their exempt purposes, how the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons | Jec        | ion b. All Type III Supporting Organizations                                                                            |        | Vac    | No   |
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| Section E. Type III Functionally Integrated Supporting Organizations  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | ·                                                                                                                       |        |        |      |
| Section E. Type III Functionally Integrated Supporting Organizations  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                         |        |        |      |
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| The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions.  Activities Test. Answer lines 2a and 2b below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  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? If "Yes" or "No," provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                         |        |        |      |
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| <ul> <li>3 Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>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? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                         | 01     |        |      |
| <ul> <li>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? <i>If "Yes" or "No," provide details in Part VI.</i></li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •          | •                                                                                                                       | 2b     |        |      |
| trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | • • • • • • • • • • • • • • • • • • • •                                                                                 |        |        |      |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | а          |                                                                                                                         | 32     |        |      |
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| , or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5          |                                                                                                                         | 3b     |        |      |

|     | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or                | rganiza | ntions         | TOUCK                       |
|-----|---------------------------------------------------------------------------------|---------|----------------|-----------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying |         |                | in in Part VI) See          |
| •   | instructions. All other Type III non-functionally integrated supporting organ   |         |                |                             |
| Sec | etion A - Adjusted Net Income                                                   |         | (A) Prior Year | (B) Current Year (optional) |
| 1   | Net short-term capital gain                                                     | 1       |                | (00101101)                  |
| 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       |                |                             |
| Sec | tion B - Minimum Asset Amount                                                   |         | (A) Prior Year | (B) Current Year (optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see                   |         |                |                             |
|     | instructions for short tax year or assets held for part of year):               |         |                |                             |
| а   | Average monthly value of securities                                             | 1a      |                |                             |
| b   | Average monthly cash balances                                                   | 1b      |                |                             |
| С   | Fair market value of other non-exempt-use assets                                | 1c      |                |                             |
| d   | Total (add lines 1a, 1b, and 1c)                                                | 1d      |                |                             |
| е   | Discount claimed for blockage or other factors                                  |         |                |                             |
|     | (explain in detail in <b>Part VI</b> ):                                         |         |                |                             |
| 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 0.015 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 0.035.                                                       | 6       |                |                             |
| _7  | Recoveries of prior-year distributions                                          | 7       |                |                             |
| _8_ | Minimum Asset Amount (add line 7 to line 6)                                     | 8       |                |                             |
| Sec | tion C - Distributable Amount                                                   |         |                | Current Year                |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1       |                |                             |
| 2   | Enter 0.85 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       |                |                             |

(see instructions).

EEA Schedule A (Form 990 or 990-EZ) 2020

| Pa | Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |   |  |  |  |  |
|----|----------------------------------------------------------------------------------------------|---|--|--|--|--|
| Se | Current Year                                                                                 |   |  |  |  |  |
| 1  | Amounts paid to supported organizations to accomplish exempt purposes                        | 1 |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported         |   |  |  |  |  |
|    | organizations, in excess of income from activity                                             | 2 |  |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations        | 3 |  |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets                                                    | 4 |  |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)      | 5 |  |  |  |  |
| 6  | Other distributions (describe in Part VI). See instructions.                                 | 6 |  |  |  |  |
| 7  | Total annual distributions. Add lines 1 through 6.                                           | 7 |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which the organization is responsive   |   |  |  |  |  |
|    | (provide details in Part VI). See instructions.                                              | 8 |  |  |  |  |
| 9  | Distributable amount for 2020 from Section C, line 6                                         | 9 |  |  |  |  |
|    |                                                                                              |   |  |  |  |  |

| 10  | Line 8 amount divided by line 9 amount                       |                             | 10                                     |                                           |
|-----|--------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| Sec | ction E - Distribution Allocations (see instructions)        | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
| _1  | Distributable amount for 2020 from Section C, line 6         |                             |                                        |                                           |
| 2   | Underdistributions, if any, for years prior to 2020          |                             |                                        |                                           |
|     | (reasonable cause required - explain in Part VI). See        |                             |                                        |                                           |
|     | instructions.                                                |                             |                                        |                                           |
| _ 3 | Excess distributions carryover, if any, to 2020              |                             |                                        |                                           |
|     | From 2015                                                    |                             |                                        |                                           |
| b   | From 2016                                                    |                             |                                        |                                           |
| С   | From 2017                                                    |                             |                                        |                                           |
| d   | From 2018                                                    |                             |                                        |                                           |
| е   | From 2019                                                    |                             |                                        |                                           |
| f   | <b>Total</b> of lines 3a through 3e                          |                             |                                        |                                           |
| g   | Applied to underdistributions of prior years                 |                             |                                        |                                           |
| h   | Applied to 2020 distributable amount                         |                             |                                        |                                           |
| i   | Carryover from 2015 not applied (see instructions)           |                             |                                        |                                           |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       |                             |                                        |                                           |
| 4   | Distributions for 2020 from                                  |                             |                                        |                                           |
|     | Section D, line 7: \$                                        |                             |                                        |                                           |
|     | Applied to underdistributions of prior years                 |                             |                                        |                                           |
|     | Applied to 2020 distributable amount                         |                             |                                        |                                           |
| С   | Remainder. Subtract lines 4a and 4b from line 4.             |                             |                                        |                                           |
| 5   | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h     |                             |                                        |                                           |
|     | and 4b from line 1. For result greater than zero, explain in |                             |                                        |                                           |
|     | Part VI. See instructions.                                   |                             |                                        |                                           |
| 7   | Excess distributions carryover to 2021. Add lines 3j         |                             |                                        |                                           |
|     | and 4c.                                                      |                             |                                        |                                           |
| 8   | Breakdown of line 7:                                         |                             |                                        |                                           |
| а   | Excess from 2016                                             |                             |                                        |                                           |
| b   | Excess from 2017                                             |                             |                                        |                                           |
| С   | Excess from 2018                                             |                             |                                        |                                           |
| d   | Excess from 2019                                             |                             |                                        |                                           |
| e   | Excess from 2020                                             |                             |                                        |                                           |
| FΕΔ |                                                              |                             | School                                 | dule A (Form 990 or 990-F7) 2020          |

| Part VI | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 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.) |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 Open to Public

OMB No. 1545-0047

Inspection Name of the organization Employer identification number Brooklyn Animal Action Inc 27-1454911 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . . 3 Aggregate value of grants from (during year) . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ...... Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements ........ 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... 🗌 Yes 🗍 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

| Sched    | ule D (Form 990) 2020 Brooklyn Animal Ac                 | tion Inc                             |                   |             |              | 27-14                  | 54911       | Page 2     |
|----------|----------------------------------------------------------|--------------------------------------|-------------------|-------------|--------------|------------------------|-------------|------------|
|          | t III Organizations Maintaining Coll                     |                                      | torical Trea      | asures      | , or Otl     |                        |             |            |
| 3        | Using the organization's acquisition, accession, and     |                                      |                   |             |              |                        | ,           |            |
|          | collection items (check all that apply):                 |                                      |                   |             | _            |                        |             |            |
| а        | Public exhibition                                        | d                                    | Loan or e         | xchange     | programs     | 5                      |             |            |
| b        | Scholarly research                                       | е                                    | Other             | _           |              |                        |             |            |
| С        | Preservation for future generations                      |                                      |                   |             |              |                        |             |            |
| 4        | Provide a description of the organization's collection   | ns and explain how they              | urther the orga   | nization's  | s exempt     | purpose in Part        |             |            |
|          | XIII.                                                    | ,                                    |                   |             |              |                        |             |            |
| 5        | During the year, did the organization solicit or receive | e donations of art, histori          | cal treasures,    | or other s  | similar      |                        |             |            |
|          | assets to be sold to raise funds rather than to be m     |                                      |                   |             |              |                        | 🗌 Yes       | s □ No     |
| Pai      | t IV Escrow and Custodial Arranger                       |                                      |                   |             |              |                        |             |            |
|          | Complete if the organization answ 990, Part X, line 21.  | vered "Yes" on Form                  | n 990, Part I     | IV, line    | 9, or re     | ported an ar           | mount on F  | orm        |
| 1a       | Is the organization an agent, trustee, custodian or of   | her intermediary for conti           | ibutions or oth   | er assets   | not          |                        |             |            |
|          |                                                          |                                      |                   |             |              |                        | Tes         | S No       |
| b        | If "Yes," explain the arrangement in Part XIII and co    | mplete the following table           | e:                |             |              |                        |             |            |
|          |                                                          |                                      |                   |             |              | Α                      | Amount      |            |
| 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 99        | 0, Part X, line 21, for esci         | ow or custodia    | l account   | t liability? |                        | 🗌 Yes       | S No       |
| b        | If "Yes," explain the arrangement in Part XIII. Check    | k here if the explanation h          | as been provid    | ded on Pa   | art XIII .   |                        |             |            |
| Pai      | t V Endowment Funds.                                     |                                      |                   |             |              |                        |             |            |
|          | Complete if the organization answ                        | ered "Yes" on Form                   | n 990, Part I     | V, line     | 10.          |                        |             |            |
|          | (a)                                                      | Current year (b) Pr                  | ior year (c       | ) Two years | s back       | (d) Three years bad    | ck (e) Four | years back |
| 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 year     |                                      | olumn (a)) held   | l as:       |              |                        |             |            |
| a        | Board designated or quasi-endowment                      | %                                    |                   |             |              |                        |             |            |
| b        | Permanent endowment > %                                  |                                      |                   |             |              |                        |             |            |
| С        | Term endowment ► %                                       |                                      |                   |             |              |                        |             |            |
| _        | The percentages on lines 2a, 2b, and 2c should equ       |                                      |                   |             |              |                        |             |            |
| 3a       | Are there endowment funds not in the possession of       | of the organization that ar          | e held and adn    | ninistered  | for the      |                        |             |            |
|          | organization by:                                         |                                      |                   |             |              |                        | - m         | Yes No     |
|          |                                                          |                                      |                   |             |              |                        | 3a(i)       |            |
|          | (.,                                                      | interest on a constitute of the Cala |                   |             |              |                        |             |            |
| b        | If "Yes" on line 3a(ii), are the related organizations   | ·                                    |                   |             |              |                        | 3b          |            |
| 4<br>Doi | Describe in Part XIII the intended uses of the organ     |                                      | ds.               |             |              |                        |             |            |
| rai      | t VI Land, Buildings, and Equipmen                       |                                      |                   | N/ I:       | 116 0        | 000 Cores 000          | Dort V II   | 20.10      |
|          | Complete if the organization answ                        |                                      |                   |             |              |                        |             |            |
|          | Description of property                                  | (a) Cost or other basis (investment) | (b) Cost or other |             |              | Accumulated preciation | (d) Boo     | k value    |
| 10       | Land                                                     | (iiivodineiii)                       | (other            | ,           | de           | p. 501411011           |             |            |
| 1a       | Land                                                     |                                      |                   |             |              |                        |             |            |

**c** Leasehold improvements

**d** Equipment

| Schedule D (Form  | 990) 2020 Brooklyn Animal                                            | Action Inc      |             |               | 27-1        | 454911                              | Page 3     |
|-------------------|----------------------------------------------------------------------|-----------------|-------------|---------------|-------------|-------------------------------------|------------|
| Part VII          | Investments - Other Securities.                                      |                 |             |               |             |                                     |            |
|                   | Complete if the organization answere                                 | ed "Yes" on For | m 990, Part | IV, line 11b. | See Form 9  | 990, Part X                         | , line 12. |
|                   | (a) Description of security or category (including name of security) |                 | (b) Book va | lue           |             | Method of valuationd-of-year market |            |
| (1) Financial of  | lerivatives                                                          |                 |             |               |             |                                     |            |
| (2) Closely-he    | ld equity interests                                                  |                 |             |               |             |                                     |            |
| (3) Other         |                                                                      |                 |             |               |             |                                     |            |
| (A)               |                                                                      |                 |             |               |             |                                     |            |
| (B)               |                                                                      |                 |             |               |             |                                     |            |
| (C)               |                                                                      |                 |             |               |             |                                     |            |
| (D)               |                                                                      |                 |             |               |             |                                     |            |
| (E)               |                                                                      |                 |             |               |             |                                     |            |
| (F)               |                                                                      |                 |             |               |             |                                     |            |
| (G)               |                                                                      |                 |             |               |             |                                     |            |
| (H)               | (1) 15 000 D 11/1 (D) (                                              | (a)             |             |               |             |                                     |            |
|                   | n (b) must equal Form 990, Part X, col. (B) line                     | 12.) ▶          |             |               |             |                                     |            |
| Part VIII         | Investments - Program Related.                                       | ad "Voo" on For | m 000 Dort  | IV/ line 11e  | Coo Form C  | 100 Dort V                          | lina 12    |
|                   | Complete if the organization answere                                 | ed tes on For   | m 990, Pan  | TV, line TTC. | See Form 8  | 90, Part A                          | , line 13. |
|                   | (a) Description of investment                                        |                 | (b) Book va | ue            | ` ,         | Method of valuation                 |            |
| (1)               |                                                                      |                 |             |               | Cost of el  | iu-oi-yeai maiket                   | value      |
| <u>(1)</u><br>(2) |                                                                      |                 |             |               |             |                                     |            |
| (3)               |                                                                      |                 |             |               |             |                                     |            |
| (4)               |                                                                      |                 |             |               |             |                                     |            |
| (5)               |                                                                      |                 |             |               |             |                                     |            |
| (6)               |                                                                      |                 |             |               |             |                                     |            |
| (7)               |                                                                      |                 |             |               |             |                                     |            |
| (8)               |                                                                      |                 |             |               |             |                                     |            |
| (9)               |                                                                      |                 |             |               |             |                                     |            |
| Total. (Colum     | n (b) must equal Form 990, Part X, col. (B) line                     | 13.) ▶          |             |               |             |                                     |            |
| Part IX           | Other Assets.                                                        |                 |             |               |             |                                     |            |
|                   | Complete if the organization answere                                 | ed "Yes" on For | m 990, Part | IV, line 11d. | See Form 9  | 90, Part X                          | , line 15. |
|                   | (a)                                                                  | Description     |             |               |             | <b>(b)</b> B                        | ook value  |
| (1)               |                                                                      |                 |             |               |             |                                     |            |
| (2)               |                                                                      |                 |             |               |             |                                     |            |
| (3)               |                                                                      |                 |             |               |             |                                     |            |
| (4)               |                                                                      |                 |             |               |             |                                     |            |
| (5)               |                                                                      |                 |             |               |             |                                     |            |
| (6)               |                                                                      |                 |             |               |             |                                     |            |
| (7)<br>(8)        |                                                                      |                 |             |               |             |                                     |            |
| (9)               |                                                                      |                 |             |               |             |                                     |            |
|                   | n (b) must equal Form 990, Part X, col. (B) line                     | 15.)            |             |               | >           |                                     |            |
| Part X            | Other Liabilities.                                                   | ,               |             |               |             |                                     |            |
|                   | Complete if the organization answere                                 | ed "Yes" on For | m 990, Part | IV, line 11e  | or 11f. See | Form 990,                           | Part X,    |
|                   | line 25.                                                             |                 | ,           | •             |             | ·                                   |            |
| 1.                | (a) Description of liability                                         | (b) Book v      | ralue       |               |             |                                     |            |
| (1) Federal i     | ncome taxes                                                          |                 |             |               |             |                                     |            |
| (2)Credit         | Cards                                                                |                 | 18,388      |               |             |                                     |            |
| (3)               |                                                                      |                 |             |               |             |                                     |            |
| (4)               |                                                                      |                 |             |               |             |                                     |            |
| (5)               |                                                                      |                 |             |               |             |                                     |            |
| (6)               |                                                                      |                 |             |               |             |                                     |            |
| (7)               |                                                                      |                 |             |               |             |                                     |            |
| (8)               |                                                                      |                 |             |               |             |                                     |            |
| (9)               |                                                                      | 1               |             |               |             |                                     |            |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . .

18,388

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

| Pa              | rt XI Reconciliation of Revenue per Audited Financial Statements With Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                 | Complete if the organization answered "Yes" on Form 990, Part IV, line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2a.                       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| 3               | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| 5               | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Pa              | Reconciliation of Expenses per Audited Financial Statements With I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
|                 | Complete if the organization answered "Yes" on Form 990, Part IV, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| <b>a</b>        | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| 3               | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                         |
| 4               | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| a               | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| b               | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40                        |
| C               | Add lines 4a and 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| 5<br><b>D</b> a | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                         |
|                 | vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; P | ort V lino 4: Part Y lino |
|                 | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| ۷, ۱ د          | art XI, illies 2d and 4b, and 1 art XII, illies 2d and 4b. Also complete this part to provide any additional illion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | iduon.                    |
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EEA Schedule D (Form 990) 2020

#### 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 Inspection

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 \$ 232,385 VETERINARY OUTSIDE \$ 3,239

| ######################################                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 990                                    | Overflow Statement                   | <b>2020</b><br>Page 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|-----------------------|
| FORM 990, PART VIII, LINE 1F CONTRIBUTIONS  Description Amount Adoption Fees Donations Other Contribution  Total: \$ 377,007 1,948 Total: \$ 378,955  FORM 990 PART IX LINE 11G PAYMENTS FOR SERVICES  Description Amount OTHER INARY EXPENSES OTHER INARY OUTSIDE SERVICES  FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  DESCRIPTION OTHER INARY SERVICES  FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  DESCRIPTION OTHER INARY SERVICES  FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  DESCRIPTION OTHER INARY SERVICES  FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  DESCRIPTION OTHER INARY SERVICES  FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  DESCRIPTION OTHER INARY SERVICES  Total: \$ 576  FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  DESCRIPTION OTHER INARY SERVICES  FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  DESCRIPTION OTHER INARY SERVICES  TOTAL: \$ 99  PART IX, Line 14 General Admin Info Technology  DESCRIPTION OTHER INARY SERVICES  Amount OTHER                                                                                                                                                                      | lame(s) as shown on return             |                                      | FEIN                  |
| Amount   Street   Amount   Street   Amount   Street   Amount   Street   Amount   Street   Amount   A                                                                                                                                                                           | Brooklyn Animal Act                    | tion Inc                             | 27-1454911            |
| S   377,007   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948                                                                                                                                                                            | FORM                                   | M 990, PART VIII, LINE 1F CONTRIBUTI | CONS                  |
| S   377,007   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948   1,948                                                                                                                                                                            | escription                             |                                      | Amount                |
| ### Total: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                      | \$ 377.007            |
| FORM 990 PART IX LINE 11G PAYMENTS FOR SERVICES  Description FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  Description FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  Description FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES PROGRAM  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES PROGRAM  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES PROGRAM  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  Description FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  FORM 990, PART IX, LINE 13 OFFICE EXPENSES ADMIN  FORM 990, PART IX, LINE 13 OFFICE E                                                                                                                                                                         |                                        | <del> </del>                         | 1,948                 |
| Part IX, Line 14 General Admin Info Technology   Part IX, Line 14 General Admin Info Technology   Description   Part IX, Line 14 General Admin Info Technology   Description   Part IX, Line 14 General Admin Info Technology   Description   Part IX, Line 14 General Admin Info Technology   Description   Part IX, Line 14 General Admin Info Technology   Part IX, Line IX General Adm                                                                                                                                                                           |                                        | Total                                | .: \$ <u>378,955</u>  |
| \$ 232,385   \$ 232,385   \$ 3,239   \$ 3,239   \$ 3,239   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624   \$ 235,624 | FORM 99                                | 90 PART IX LINE 11G PAYMENTS FOR SER | RVICES                |
| ### Total: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                      | Amount                |
| FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  Description  General Advertising to Promote Events  FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description  FELEPHONE  FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Description  FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Description  General Office Supplies  Part IX, Line 14 General Admin Info Technology  Description  Computer and Internet  Computer Software  Amount  S 240  Amount  S 240  Computer Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | S                                    | <u>\$ 232,385</u>     |
| FORM 990, PART IX, LINE 12 PROGRAM ADVERTISING  Description  General Advertising to Promote Events  FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description  FELEPHONE  FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Description  FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Description  General Office Supplies  Part IX, Line 14 General Admin Info Technology  Description  Computer and Internet  Computer Software  Amount  S 240  Amount  S 240  Computer Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VETERINARY OUTSIDE                     | SERVICES                             | 3,239                 |
| FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FORM 9                                 | 990, PART IX, LINE 12 PROGRAM ADVERT | rising                |
| FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Description                            |                                      | Amount                |
| FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | General Advertising                    | g to Promote Events                  | \$ 1,333              |
| FORM 990 PART IX LINE 13 OFFICE EXPENSES PROGRAM  Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | Total                                | : \$ 1,333            |
| FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Description General Office Supplies  Part IX, Line 14 General Admin Info Technology  Description Computer and Internet Computer Software  FORM 990, PART IX, LINE 13 OFFICE EXPENSES-ADMIN  Amount  Amount  \$ 240  609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Description                            |                                      | Amount                |
| Description General Office Supplies  Part IX, Line 14 General Admin Info Technology  Description Computer and Internet Computer Software  Amount \$ 240 609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | Total                                | \$ 576                |
| Total: \$ 99  Part IX, Line 14 General Admin Info Technology  Description Computer and Internet Computer Software  \$ 99  Amount \$ 240  609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FORM 99                                | 90, PART IX, LINE 13 OFFICE EXPENSES | -ADMIN                |
| Part IX, Line 14 General Admin Info Technology  Description Computer and Internet Computer Software  Total: \$ 99  Amount \$ 240  609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Description General Office Supr        |                                      |                       |
| Part IX, Line 14 General Admin Info Technology  Description Computer and Internet Computer Software  Amount \$ 240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | deficial dilice bapt                   |                                      |                       |
| Description Amount Computer and Internet \$ 240 Computer Software 609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part ]                                 |                                      |                       |
| Computer and Internet\$ 240Computer Software609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Description                            |                                      | Amount                |
| Computer Software 609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | —————————————————————————————————————— |                                      | 609                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | Total                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                      |                       |

# 990 **2020** Page 2 Overflow Statement FEIN Name(s) as shown on return Brooklyn Animal Action Inc 27-1454911 FORM 990 PART IX LINE 24B BANK/CC FEES ADMIN Description Amount Bank Fees 24 Total: \$\_\_ 24 FORM 990 PART IX LINE 24 E OTHER EXPENSES PROGRAM Description Amount Auto Expenses Directly Linked to Deliver/Retrieve Animal \$ 214 Food for Volunteers 70 Search Expenses 322 Total: \$\_ 606