FOR TAX YEAR 2019

BROOKLYN ANIMAL ACTION INC

Macanta Business Services 2109 Homecrest Ave Brooklyn, NY 11229 (718)998-3106

990EF	EF Transmission Status	2019
	(Keep for your records)	2010
Name(s) as shown on return	· · · · · · ·	EIN number
Brooklyn Animal Act	tion Inc	27-1454911
The following will be trans	nitted to the IRS.	14
The following state returns	will be transmitted:	
The following returns have	been suppressed or are not eligible and will NOT be transmitted.	
EF Notes		
Federal return h	as a MESSAGE PAGE.	

Macanta Business Services

2109 Homecrest Ave Brooklyn, NY 11229 info@macanta.com Phone: (718)998-3106 | Fax: (718)998-3156

August 11, 2020

Brooklyn Animal Action Inc 935 President Street BROOKLYN, NY 11215-1603

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (718)998-3106.

Sincerely,

lare _

Kathryn M Keane EA Macanta Business Services

Form 8879-	EO
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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning , and ending

> Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

2019

Employer identification number

27-1454911

OMB No. 1545-1878

Form 8879-EO (2019)

Department of the Treasury Internal Revenue Service Name of exempt organization

Brooklyn Animal Action Inc

Name and title of officer

S Berman, PRESIDENT

Ρ	art I Type of Return and Return Information (Whole Dollars Only)
Ch	eck 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
che	eck the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then
lea	we line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the	e applicable line below. Do not complete more than one line in Part I.
1a	Form 990 check here 🕨 🗴 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)
2a	Form 990-EZ check here Form 990-EZ, line 9)
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)
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 B Balance Due (Form 8868, line 3c)

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's federal taxes owed on this retum, 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's DIN, sheek one he

Officer's PIN: check	one box only

I authorize	to enter my PIN	as my signature
ERO firm name	Enter five numbers, but do not enter all zeros	
on the organization's tax year 2019 electronically filed return. If I	have indicated within this return that a copy	y of the return is
being filed with a state agency(ies) regulating charities as part of ERO to enter my PIN on the return's disclosure consent screen.		ize the aforementioned
X As an officer of the organization, I will enter my PIN as my signal If I have indicated within this return that a copy of the return is be the IRS Fed/State program, I will enter my PIN on the return's di 54321	eing filed with a state agency(ies) regulating	
Officer's signature	Date 🕨	05-13-2020
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	XXXXX	XX 60904
		Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature or indicated above. I confirm that I am submitting this return in accordance Information for Authorized IRS <i>e-file</i> Providers for Business Returns.		
ERO's signature	Date 🕨	08-11-2020
	is Form - See Instructions the IRS Unless Requested To Do	o So

For Paperwork Reduction Act Notice, see instructions.

EEA

_	0	90	Dotur	n of Organization Exam	nt Erom Ind				L	OMB No. 1545-0047
Form	93	90	Retur	n of Organization Exem	pt From in	com	elax			2019
(Rev.	Januar	ry 2020)	•	c), 527, or 4947(a)(1) of the Internal R	•			ndations)		
Depart	ment of	the Treasury		nter social security numbers on this	•		•			Open to Public
		ue Service		www.irs.gov/Form990 for instruction	ns and the lates	t inforr	nation.			Inspection
-	or the	e 2019 calendar	year, or tax year begi		, 2019, aı	nd end	ing		:	, 20
Bc	heck if a	applicable:	C Name of organization	rooklyn Animal Action Inc	!					ification number
L A	ddress o	change	Doing business as						27-1	454911
	ame cha	ange		P.O. box if mail is not delivered to street address)		Room/su	ite	E Telepho	one numb	er
	itial retu		935 President							
		urn/terminated		ovince, country, and ZIP or foreign postal code				G Gross r	eceipts	
	mended		BROOKLYN, NY 1					\$		274,354
	pplicatio	on pending		rincipal officer: SHERI BERMAN				group return for		
		npt status: X 50	Same as C abov	·				subordinates		
) ◀ (insert no.) 4947(a)(1) or	527		1	attach a list.		
	/ebsite:		BROOKLYNANIMALA		L Year of formation	200		exemption r		
Pa	_	organization: X Co	prporation Trust As	sociation Other ►	L Year of formatio	on: 200	19 M	State of legal	domicile	NY NY
ra	1		the organization's miss	aion or most significant activities:			CILITON I		TT 17/	
		-	-	• <u> </u>	ROOKLYN ANII				LL-V(JLUNTEER
e		TEAM WHO H	IELP RESCUE, SP	AY/NEUTER AND REHOME BROC	KLIN'S ANIM	MALS	IN NEEL	•		
Activities & Governance										
ver	2	Check this box	▶ ☐ if the organizatio	n discontinued its operations or dispose	ed of more than 2	25% of i	ts net asse	ts		
в	3							1		4
ა ა	4		• •	rs of the governing body (Part VI, line						4
itie	5			n calendar year 2019 (Part V, line 2a)				. 5		0
cti	6			necessary)				. 6		
◄	7a			Part VIII, column (C), line 12				. 7a		0
	b			e from Form 990-T, line 39				. 7b		0
							Prior Year			Current Year
	8	Contributions a	nd grants (Part VIII, line	e1h)		•	233	3,345		274,354
anu	9	Program servic	e revenue (Part VIII, lir	ne 2g)						0
Revenue	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)						0
Å	11	Other revenue	(Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)						0
	12		ů.	(must equal Part VIII, column (A), line 1	12)		23:	3,345		274,354
	13					·				0
	14		o or for members (Part I			·				0
ŝ	15			e benefits (Part IX, column (A), lines 5-		·				0
nse				column (A), line 11e)		·				0
Expenses			g expenses (Part IX, co							
ш	17			ines 11a-11d, 11f-24e)				5,054		280,276
	18			t equal Part IX, column (A), line 25)				5,054		280,276
. 0	19	Revenue less e	expenses. Subtract line	18 from line 12				7,291		(5,922)
Net Assets or Fund Balances	20	Total accesta (D	ort V line 16)				nning of Curr			End of Year
\sse Bala	20							1,601 8,649		52,832 5,802
Net /	22			t line 21 from line 20				2,952		47,030
Pa		Signature				•		2,952		47,030
		<u> </u>		urn, including accompanying schedules and statem	nents, and to the best of	of my kno	wledge and be	lief, it is		
				fficer) is based on all information of which preparer			0	·		
		S Berm	an							
Sig	า	Signature of						Date		
Her		S Berm	an, PRESIDENT							
	-		t name and title							
		Print/Type prepar	er's name	Preparer's signature	Date		Check	if F	PTIN	
Paid	ł	Kathrvn M	M Keane EA		08-11-202	20		nployed	XXX	xxxxxx
	- oarei	-		Business Services			Firm's EIN			
	Only			mecrest Ave			hone no.			

Brooklyn NY 11229

718-998-3106

Form	n 990 (2019) Brooklyn Animal Action Inc	27-1454911	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	BROOKLYN ANIMAL ACTION IS AN ALL-VOLUNTEER TEAM WHO HELP RESCUE, SPAY/NEUTER	AND REHOME	
	BROOKLYN'S ANIMALS IN NEED.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		Ne
	prior Form 990 or 990-EZ?		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			No
	If "Yes," describe these changes on Schedule O.		No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed bv	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$276,674 including grants of \$) (Revenue	\$)
	RESCUE AND REHOME PROGRAM-ANIMALS ARE RESCUED, GIVEN MEDICAL CARE, REHABILAT	ED FOR HOME L	IFE,
	FOSTERED AND PLACED INTO PERMANENT HOMES. ADOPTION DONATIONS ARE ACCEPTED TO	OFFSET COSTS	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
A.1	Other program convises (Describe on Schodule Ω)		
4d)	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 276,674)	
<u>4e</u>	Total program service expenses 276,674		

	m 990 (2019) Brooklyn Animal Action Inc 27-14549	11	F	Page 3
P	art IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
~			x	
2	Is the organization required to complete <i>Schedule B, 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)			
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		x
0	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,"	-		Λ
Ũ	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a		х
I	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a		14a		х
k				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	116		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		v
17		10		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			x
10	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?	10		~
13	If "Yes," complete Schedule G, Part III.	19		x
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2019) Brooklyn Animal Action Inc 27-14	54911	F	Page 4
Pa	rt 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	-	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	<u>24a</u>		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24</u> d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>2</u> 5a		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?	054		
26	If "Yes," complete Schedule L, Part I	25b	-	x
26	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%	26		v
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	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			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	5 I) I 5 I I)			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

	990 (2019) Brooklyn Animal Action Inc 27-14549	11	P	Page 5
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		x
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a 7b		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		v
d	required to file Form 8282?	70		x
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		x
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

Form	1990 (2019) Brooklyn Animal Action Inc 27-14549	11	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	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 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (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 X 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

-0	otate the name, addre		ber of the person who	p03303303 ii	ne organization t	
	SHERI BERMAN	(718)998-3106,	935 President	Street,	BROOKLYN,	NY 11215-1603

Form 990 (20	9) Brooklyn Animal Action Inc	27-1454911	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with tax year.	or within the	

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

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

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

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

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

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

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

				(C)			
(A)	(B)			sition	(D)	(E)	(F)
Name and title	Average			nore than one rson is both an	Reportable	Reportable	Estimated amount
	hours			rector/trustee)	compensation	compensation	of other
	per week				from the	from related	compensation
	(list any	or Inc	q	Hi em Ke	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	Institutional trustee Individual trustee or director	Officer	Former Highest compe employee Key employee	(11-2/1033-10100)		related organizations
	organizations	ona Jal tr		t cor			
	below	uste		/ee			
	dotted line)	e tee		Former Highest compensated employee Key employee			
				ä			
(1) SHERI BERMAN	2.00						
PRESIDENT			х		0	0	0
(2) Jennie Anne Simpson	1.00						
TREASURER			x		0	0	0
(3) Cindy Molk	2.00						
SECRETARY			x		0	0	0
(4) BELINDA COOPER	5.00						
VICE PRESIDENT			х		0	0	0
<u>(5)</u>							
<u>(6)</u>							
[7]							
(8)							
<u>(9)</u>							
(10)							
<u>(11)</u>							
·							
<u>(12)</u>							
(13)							
<u>(14)</u>							
							E arra 200 (2010)

	90 (2019) Brooklyn Animal A										1454911	F	Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar			est Co	ompe	ensated Employe	ees (continue	d)		
	(A) Name and title	(B) Average hours per week (list any hours for related	(B) Positic (do not check more box, unless persor officer and a direct r week			nore ti rson i: rector	ion re than one on is both an ctor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	n s s(C) o	(F) timated an of othe compensa from the rganization ated organi	r tion and
		organizations below dotted line)	r r	nstitutional trustee		oyee	Highest compensated employee						
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal						•••	• •					
С	Total from continuation sheets to Part VII, Section			•••	•••	•••		• •					
d 2	Total (add lines 1b and 1c)	ed to those I							0 ore than \$100,000	of	0		<u> </u>
												Yes	No
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul		-				-				3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the	eportable co	mpensa	ation	and	l oth	er con	npen	sation from the				
	individual					•••					4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>			-			-				5		x
Secti	on B. Independent Contractors						'						
1	Complete this table for your five highest compensation from the organization. Report comp										year.		
	(A)								(B)		(C)	
	Name and business addres								Description of servic		Comp	ensation	
2	Total number of independent contractors (including	g but not lim	ited to	thos	e lis	ted a	above) who	0				

►

reasized more than	100 000 of	compensation from the organization
received more than a	5100,000 OI	compensation from the organization

Form 9	90 (20	19) Brooklyn Animal Act	ion Inc			27-14549	11 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line in th	is Part VIII			<u></u>
				(A) 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					
ŝ	b	Membership dues 1b					
unt	c	Fundraising events 1c					
s, G Amo	d	Related organizations 1d					
Gifts ar A	е	Government grants (contributions) 1e					
inil S	f	All other contributions, gifts, grants,					
er S		and similar amounts not included above 1f	274,354				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in					
		lines 1a-1f		_			
	h	Total. Add lines 1a-1f	<u></u> ▶	274,354			
			Business Code				
e	2a						
le Si	b						
ent ent	C .						
lran Rev	d						
Program Service Revenue	e	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	· · · · · · •				
	72	Gross amount from (i) Securities	(ii) Other				
	10	sales of assets					
	h	other than inventory Less: cost or other basis 7a					
nue		and sales expenses 7b					
ven	c	Gain or (loss)					
Other Reve		Net gain or (loss)	•••••				
ther	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18		-			
		Less: direct expenses	ס				
			<u></u> ►				
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a		-			
		Less: direct expenses 9	-				
			···· ▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	h	Less: cost of goods sold		-			
			<u>⊳</u> ►				
			Business Code				
S	11a						
Miscellanous Revenue	b						
ella ver	с						
Alisc Re	d	All other revenue					
<	е	Total. Add lines 11a-11d	· · · · · · · ►				
		Total revenue. See instructions	•	274 354	0	0	0

Form 990	(2019) Brooklyn	2

 Form 990 (2019)
 Brooklyn Animal Action Inc

 Part IX
 Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	nizations must comple	te column (A)	
0001	Check if Schedule O contains a response or note to			· · · · · · · · · · · · · · · · · · ·	x
Dor	not include amounts reported on lines 6b, 7b,		(B)	(C)	<u>A</u> (D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	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,				
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	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				
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Fees for services (nonemployees):				
a	Management				
b				1	
c		1,168		1,168	
d		1,100		1,100	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	168,469	168,469		
12	Advertising and promotion	3,924	3,924		
13	Office expenses	883	669	214	
14	Information technology	2,026		2,026	
15	Royalties				
16	Occupancy				
17	Travel	1,263	1,263		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses 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	100,833	100,833		
b	BANK AND CREDIT CARD FEES	193	,	193	
c	PERMITS AND FEES	175	175		
d		1.5	1/5		
e	All other expenses	1,341	1,341		
25	Total functional expenses. Add lines 1 through 24e.	280,276	276,674	3,602	0
26	Joint costs. Complete this line only if the	200,270	2,0,0,1	5,002	•
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20		2	7-145	4911 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	71,601	1	52,832
	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	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	71,601	16	52,832
	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%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	4,659	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	13,990	25	5,802
	26	Total liabilities. Add lines 17 through 25	18,649	26	5,802
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	52,952	27	47,030
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Г.		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	52,952	32	47,030
	33	Total liabilities and net assets/fund balances	71,601	33	52,832

EEA

Form 990 (2019)

Form	990 (2019) Brooklyn Animal Action Inc	27-145491	.1	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		274,	354
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		280,	276
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(5,	922)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		52,	952
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		47,	030
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:	1			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2019)

	Acknowledgement and General Information for Entities That File Returns Electronically	2019
Name(s) as shown on return		Employer Identification Number
Brooklyn Animal	Action ine	**-***4911
935 President	Street	
BROOKLYN, NY		
	ticipating in IRS e-file.	
2. x 990 an electronic sign The submission I PLEASE IRS. IF Y	ing services were provided by <u>Macanta Business Services</u>	го тне

SCREDULE A Complete if the organ			Complete if the or		Public Charity Status and Public Support vization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus						
•		0 or 990-E	Z)	-	 Attach to Form 990 or Form 990-EZ. 						
•		of the Treasur			ov/Form990 for instruct		the latest	information.	Open to Publi Inspection		
		e organizatio						Employer identification	on number		
Bro	okl	vn Anim	al Action Inc					27-1454911			
Pa				rity Status (All or	ganizations must co	mplete	this part				
The o	orga				s 1 through 12, check only			/			
1	Ŭ		•	,	irches described in secti		,				
2	\square	A school	described in section 170	D(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)				
3	\square				n described in section 1						
4	\square	•		•	n with a hospital describ			(1)(A)(iii). Enter the			
			name, city, and state:	, , ,							
5	\square	•		enefit of a college or u	university owned or opera	ited by a d	overnmen	tal unit described in			
		-	70(b)(1)(A)(iv). (Comple	-	, ,	, ,					
6				,	init described in section	170(b)(1)	(A)(v).				
7	\square		•	•	of its support from a gov			m the general public			
		-	l in section 170(b)(1)(A)	•				0 1			
в			nity trust described in se								
9			•		ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant college	е		
					see instructions). Enter the						
		university	:								
0	х	An organi	zation that normally rece	ives: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gross			
		receipts f	om activities related to it	s exempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its			
					siness taxable income (le						
		acquired	by the organization after	June 30, 1975. See s	section 509(a)(2). (Com	olete Part	III.)				
1		An organi	zation organized and op	erated exclusively to	test for public safety. See	e section	509(a)(4).				
2		An organi	zation organized and ope	erated exclusively for t	the benefit of, to perform	he functio	ns of, or to	carry out the purposes			
		of one or	more publicly supported	organizations describ	bed in section 509(a)(1)	or sectior	n 509(a)(2)	. See section 509(a)(3).		
				•	e type of supporting orga						
	а	🗌 Туре	I. A supporting organiza	tion operated, superv	ised, or controlled by its	supported	organizati	ion(s), typically by givin	g		
					appoint or elect a major				-		
			orting organization. You								
	b		• •		ontrolled in connection wi	th its supp	orted orga	anization(s), by having			
		contro	ol or management of the	supporting organization	on vested in the same per	sons that o	control or n	nanage the supported			
			ization(s). You must co								
	с				anization operated in cor	nection w	ith, and fui	nctionally integrated wit	h,		
					u must complete Part IV						
	d				g organization operated i				(s)		
					enerally must satisfy a di						
					e Part IV, Sections A ar		•				
	е				determination from the IF			Type II, Type III			
					ntegrated supporting orga		,				
	f		number of supported or								
	g		ne following information a	•					L		
			ported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	(-	,		. ,	(described on lines 1-10	listed in you	-	support (see	other support (see		
					above (see instructions))	docum	ent?	instructions)	instructions)		

		res		
(A)				
(B)				
(C)				
(D)				
(E)				
Total				

	tule A (Form 990 or 990-EZ) 2019 Brooklyn	Animal Acti		ions 170(b)(1	$(\Delta)(iv)$ and	27-14549	
ιa	(Complete only if you checked th						
	Part III. If the organization fails to				•		
Sec	ction A. Public Support	s quality and					
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			(0) = 0 = 0	(.,		(7)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
-	tion B. Total Support	1					
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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.)						
	Total support. Add lines 7 through 10		\			40	
	Gross receipts from related activities, etc. (s					12	-) (0)
13	First five years. If the Form 990 is for the ol						
800	organization, check this box and stop here ction C. Computation of Public Support						· · · · · • 🗋
14	Public support percentage for 2019 (line 6, c			column (f))		14	%
15	Public support percentage from 2018 Sched		-			15	%
-	33 1/3% support test - 2019. If the organiza					-	
iva	box and stop here. The organization qualifie						
b	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.			-			
	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact						
	organization						
b	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization meet						licly
	supported organization						
18	Private foundation. If the organization did r	not check a box	x on line 13, 16	6a, 16b, 17a, or	17b, check th	is box and see	
	instructions						<u></u> ► 🗌

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 Brooklyn	Animal Acti	on Inc			27-145491	1 Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked the	he box on line	e 10 of Part I	or if the orgar	nization failed	to qualify unc	ler Part II.
	If the organization fails to qualify	y under the te	sts listed belo	w, please co	mplete Part I	.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	188,999	184,003	211,303	227,479	274,354	1,086,138
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	Total. Add lines 1 through 5	188,999	184,003	211,303	227,479	274,354	1,086,138
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.)						1,086,138
Se	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	188,999	184,003	211,303	227,479	274,354	1,086,138
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
12							
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	188,999	184,003	211,303	227,479	274,354	1,086,138
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	<u></u>	• • • • • • • •	• • • • • • • • •		••••	· · · · ► 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c		•			15	100.00 %
_	Public support percentage from 2018 Sched					16	100.00 %
Se	ction D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2019 (line	e 10c, column (1	f), divided by lii	ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2018 So					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz	ation did not ch	neck the box or	n line 14, and l	ine 15 is more	than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box	and stop here.	. The organizat	tion qualifies a	s a publicly sup	ported organization	ation 🕨 🗴
b	33 1/3% support tests - 2018. If the organiz	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	6 is more than 3	3 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	nere. The organ	nization qualifi	es as a publicly	v supported orga	anization 🕨 🗌
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instructions	s 🕨 🗌

Part	IV Supporting Organizations 27-14549	<u>'</u> ⊥⊥	P	age 4
i uit	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	•		
Secti	on A. All Supporting Organizations	urt vij		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	_		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	_		
ou	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Cu		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
10	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
		4b		
•	despite being controlled or supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under agations $501(a)(2)$ and $500(a)(4)$ or $(2)2$ if "Vec " cycle in in Part VI what controls the experimentation under			
	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)	40		
	purposes.	4c		
зa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	-		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Brooklyn Animal Action Inc 27-	1454911	Р	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
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 (b) and (c)			
below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	art VI. 11c		
Section B. Type I Supporting Organizations			
4 Did the directory to start any sector of any sector compared and institute have the neuron to		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, of	or		
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the support	ted		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported	-		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P	art		
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations	Z		
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directo	irs	100	110
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 manage			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			
Section D. An Type in Supporting Organizations		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NU
organization's tax year, (i) a written notice describing the type and amount of support provided during the			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
organization's governing documents in effect on the date of notification, to the extent not previously provid			
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
the organization maintained a close and continuous working relationship with the supported organization(s). 2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a			
significant voice in the organization's investment policies and in directing the use of the organization's			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.	3		
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 D 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).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Brooklyn Animal Action Inc		27-145	4911 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 🗌 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Aujusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	le A (Form 990 or 990-EZ) 2019 Brooklyn Animal Action In		27-145	4911 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
-	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
-	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_ <u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from			
4	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributions of phot years			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 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.)
_	

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

OMB No. 1545-0047

(Form 990)		► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Department of the Treesury		► Attach to Form 990.			Open to Public	
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and the latest informa	ation.	Inspection	
Name	of the organization			Employer identification	number	
Bro	oklyn Animal	Action Inc		27-1454913	L	
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	unts.		
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds a	nd other accounts	
1	Total number at en	nd of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at	tend of year				
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in donor advised			
	funds are the orga	nization's property, subject to the organizati	on's exclusive legal control?	• • • • • • • • • •	. 🗌 Yes 🗌 No	
6	Did the organizatio	n inform all grantees, donors, and donor ad	visors in writing that grant funds can be used			
	only for charitable p	purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose			
	conferring impermi	ssible private benefit?			. 🗌 Yes 🗌 No	
Pa	rt II Conserv	vation Easements.				
	Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation o	f land for public use (e.g., recreation or edu	cation)	a historically import	ant land area	
Protection of natural habitat Preservation of a certified historic structure				tructure		
	Preservation o	f open space				
2	Complete lines 2a th	nrough 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation		
	easement on the la	st day of the tax year.		Held at	the End of the Tax Year	
а	Total number of co	nservation easements		2a		
b	Total acreage restr	ricted by conservation easements		. 2b		
С	Number of conserv	vation easements on a certified historic strue	cture included in (a)	. 2c		
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a			
	historic structure lis	ted in the National Register		2d		
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the		
	tax year ►					
4	Number of states v	where property subject to conservation ease	ement is located			
5	Does the organizat	ion have a written policy regarding the perio	odic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it h	nolds?		. 🗌 Yes 🗌 No	
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	ion easements during	g the year	
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation e	easements during the	year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?			. 🗌 Yes 🗌 No	
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stat	ement, and		
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
organization's accounting for conservation easements.						
Pa	rt III Organi	zations Maintaining Collections	of Art, Historical Treasures, or C	ther Similar As	sets.	
	Complet	e if the organization answered "Yes" of	on Form 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and b	alance sheet works		
	of art, historical trea	asures, or other similar assets held for publi	ic exhibition, education, or research in further	ance 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: ▶ \$

	(ii) Assets included in Form 990, Part X				
2	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:				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organizations accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): d Loan or exchange programs 6 Difference (check all that apply): d Loan or exchange programs e 7 Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's count for the organization accession of ant, Netorical Treasures, or other similar assets to be dori nate for the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 7 Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 8 Beginning the year 1 <th></th> <th>ule D (Form 990) 2019 Brooklyn Animal Ac</th> <th></th> <th>storical 7</th> <th></th> <th>or Othor (</th> <th>27-14549 Similar Acc</th> <th></th> <th>Page 2</th>		ule D (Form 990) 2019 Brooklyn Animal Ac		storical 7		or Othor (27-14549 Similar Acc		Page 2
control tens (check all that apply): d _ Loan or exchange programs d _ Chen - exchange programs d _ Deter								ets (00)	ninueu)
a Delation presentor a b Scholary research a c Previous a description of the organization societ or receive domaines of art, historical treasures, or other similar assate to be dot raise functions that there to the intermination societ control. Ves No 7 Provide a description of the organization societ or receive domaines of art, historical treasures, or other similar assate to be dot raise functions cubectorize. Ves No 7 Derified 11 the organization answered Ytes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, in exact, and the organization and the organizati	3		I UTIEL LECOLUS, CHECK A		owing that make	e significant			
be Scholary research e Other	а		Ь		or exchange or	oarams			
C Provide a deciption of the organization solicitors and explain how they further the organization's exempt purpose in Part XII. During the year, dd the organization solicitor receive donalions of art, historical treasures, or other similar assets to be sold or take funds rather than to be maintained as part of the organization's collection? Complete If the organization and other reference of the organization's collection and wavered 'Yes' on Form '990, Part IV, line 9, or reported an amount on Form '990, Part X, line 21. Is the organization and out to be explained as an out on Form '990, Part IV, line 9, or reported an amount on Form '990, Part X, line 21. If 'Yes' application and explained as an out on Form '990, Part IV, line 9, or reported an amount on Form '990, Part X, line 21. If 'Yes' application and explained as a not the relative solutions or other assets not include an amount on Form '990, Part X, line 21. Did the organization include in amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization include an amount on Form '990, Part X, line 21. Did the organization and explain the arrangement in Part XIII. Decimation the transment in Part XIII. Did the organization and explain the arrangement in Part XIII. Did the organization and explain the arrangement in Part XIII. Did the organization and explain the arrangement in Part XIII. Did the organization and explain the arrangement in Part XIII. Did the organization and the organization	-		u e			-			
4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XI. 5 During the year, dd the organization solicit or receive dorations of art, historical treasures, or other similar assets to be odd to rader than to be maintenide as part of the organization's collection?			c						
Xili. So During the year, did the organization solicit or receive dorations of art, historical treasues, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No I is the organization anagent russe, custodian or other intermodiary for contributions or other assets not included on Form 990, Part X, line 21. Yes No I if Yes, 'explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21. Yes No I if Yes, 'explain the arrangement in Part XII. Complete the following table: Amount Image: Complete if the organization include an amount on Form 990. Part X, line 21, for escrew or usolidial account table: Yes No I if Yes, 'explain the arrangement in Part XII. Image: Complete if the organization answered 'Yes' on Form 990. Part X, line 21, for escrew or usolidial account table: Yes No I as the organization and part trans table. Image: Complete if the organization answered 'Yes' on Form 990. Part X, line 10. Yes No I as the organization and part table: Image: Complete if the organization answered 'Yes' on Form 990. Part X, line 10. Yes: 'no		-	ns and explain how they	further the	organization's e	exempt purp	ose in Part		
5 During the year, did the organization solid or receive donations of art, historial treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?. Image: The second and custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Image: The second and custodial Arrangements. Include on form 990, Part X, line 21. Image: The second and custodial Arrangements. Image: The second and custodial Arrangements. Include on form 990, Part X, line 21. Image: The second and custodial arrangement. Image: The second and custodial arrangement. Include on form 990, Part X, line 21. Image: The second and custodial arrangement. Image: The second and custodial arrangement. Include on form 990, Part X, line 21. Image: The second and custodial arrangement.	•	·			organization o	, to the the sub-			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5		ve donations of art. histo	rical treasu	res. or other sim	nilar			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custoden or other intermediary for contributions or other assets not included on form 990, Part X, line 91. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ives No c Beginning balance 1d 1d Ives No d Additions during the year 1t Ives No Ives No d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountibuity? Ves No Ives Ives No d H"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ives Iv		assets to be sold to raise funds rather than to be m	aintained as part of the	organizatior	n's collection?.			Yes	🗌 No
990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives Ives <th>Pa</th> <th></th> <th>-</th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa		-	•					
1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? Image: Control Contrel Contro Control Contrel Control Contrecontrol Control Control C		Complete if the organization answ	vered "Yes" on For	m 990, Pa	art IV, line 9	, or report	ed an amou	nt on Fo	orm
included on Form 390, Part X?		990, Part X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Additions during the year Distributions during the year Id Id Id Id If Yes," explain the arrangement in Part XIII and complete the following table: Id If U Id If U Id If U Id If U Ending balance If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. If Wes, "explain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If a Beginning of year balance in 0. in 0. in 0. If Contributors in 0. in 0. in 0. If Contributors in 0. in 0. in 0. If Administrative expenditures for facilities	1a	Is the organization an agent, trustee, custodian or ot	ther intermediary for cor	tributions or	r other assets n	ot			
c Beginning balance Image: Construction of the second								. 🗌 Yes	No
c Beginning balance 1c d Additions during the year 1e 1c 1e 2a Did the organization include an amount on Form 9900, Part X, line 21, for escrow or custodial adcount liability? Vest No bit Y'ese' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. (e) Todyeensback (e) Todyeensback (e) Four yeast Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four yeast (e) Todyeensback (e) Four yeast back. 1a Beginning of year balance (e) Current year (f) Todyeensback (f) Todyeensback (f) Four yeast back. 1b Contributors (f) Cher yeast (f) Todyeensback (f) Todyeensback (f) Four yeast back. 1c Grants or scholarships (f) Cher yeast (f) Todyeensback (f) Four yeast back. 1d Grants or scholarships (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses 1f Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses 1g End of year balance (f) Todye	b	If "Yes," explain the arrangement in Part XIII and co	omplete the following tak	ole:		r			
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodal account liability? Image: Complete if the organization answered if the cyplanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Current year Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Current year Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back Image: Complete if the organization the auront year end balance (line 1g, column (a)) held as: (f) Three years back Image: Complete if the organization that are held and administered for the organization by: (f) Three years back Image: Complete in the intended uses of the organization shifts and part or ganization that are held and administered for the organizations bill the intended uses of the organizations is endowment the start or held and administered for the organizations bill the intended uses of the organizations is endowment the start held and administered for the organizations bill the intended uses of the organizations is endowment the start held and adminis	е								
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1a Beginning of year balance (a) Current year (b) Prior year (c) Two yeans back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two yeans back (e) Four yeans back b Contributions (c) Contributions (c) Contributions (c) Contributions c Net investment enrings, gains, and losses (c) Contributions (c) Contributions (c) Contributions c Other expenditures for facilities and programs (c) Contributions (c) (c) Contributions Co	Гd		warad "Vas" on For	m 000 D	art IV, line 1/	0			
1a Beginning of year balance									ooro book
b Contributions	12		Current year (b)	Filor year	(c) Two years b		liee years back	(e) Four y	Ears Dack
c Net investment earnings, gains, and losses									
losses Grants or scholarships									
d Grants or scholarships	Ū								
e Other expenditures for facilities and programs Image: Constraint of the programs in the program in the progr	d								
programs		•							
f Administrative expenses									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % d Permanent endowment % d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thunds not in the possession of the organization that are held and administered for the organization by:	f								
a Board designated or quasi-endowment // b Permanent endowment // c Term endowment // organization by: // (i) Unrelated organizations	g	End of year balance							
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the current year	ar end balance (line 1g,	column (a))	held as:				
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiii) Related organizations (iiiiiiii) Related organizations (iiii) Related organizations (iiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	а	Board designated or quasi-endowment	%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (investment) (other) (d) Book value (d) Book value (d) Book value (d) Equipment (d) Related org	b								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Related for other basis (other) (iii) Related fore the fore there is the fore there is the fore is the	С	Term endowment • %							
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3b 3b 3b 3b 3a(i) 3b 3a(i) 3b 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b 3b 3a(i) 3b 3a(i) 3b 3a(i) 3b 3a(i) 3b 3a(i) 3a(i)									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3a		of the organization that a	are held and	administered for	or the		L	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									res No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		., .							
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land Land (d) Book value (e) Cost or other basis (investment) (c) Accumulated depreciation (c) Accumulated depreciation b Buildings Image: Cost of the cost of t		., .							
Or VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land <th></th> <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th>30</th> <th></th>			•					30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land L		0		nus.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	ıa			m 990 P	art IV line 1	1a See F		art X lin	e 10
Image: Instant of the second secon		· · ·							
b Buildings Image: Constraint of the second se			.,			.,		(u) Dook (
b Buildings Image: Constraint of the second se	1a								
c Leasehold improvements									
d Equipment Image: Constraint of the constrai		o							
	d	•							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other							
	Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X, colu	mn (B), line	10.c.,)				

Schedule D (Form 990) 2019

EEA

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on For	m 990. Part	IV. line 11t	. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book val		(0	:) Method of valuation: r end-of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F) (G)						
(G) (H)						
	n (b) must equal Form 990, Part X, col. (B) line 12	2)				
Part VIII	Investments - Program Related.					
	Complete if the organization answered	d "Yes" on For	m 990, Part	IV, line 11c	. See Form	990, Part X, line 13.
-	(a) Description of investment		(b) Book val) Method of valuation:
			(b) BOOK Var			end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13	3.) ►				
Part IX	Other Assets. Complete if the organization answered	d "Yes" on For	m 990, Part	IV, line 110	d. See Form	990, Part X, line 15.
(1)	(a) D	escription				(b) Book value
(2)						
(3)						
(4)						
(5)		•				
(6)						
(7)						
(8)						
(9)	n (b) must equal Form 990, Part X, col. (B) line 15	=)				
Part X	Other Liabilities.			• • • • • • •		
Tartx	Complete if the organization answered	d "Yes" on For	m 990 Part	IV line 11e	or 11f See	Form 990 Part X
	line 25.		in 550, i un			
1.	(a) Description of liability	(b) Book v	alue			
-	ncome taxes	(0) 2001				
(2)Credit			5,802			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ►		5,802			
2. Liability for	uncertain tax positions. In Part XIII, provide the tex	t of the footnote to	the organization	on's financial s	statements that	reports the

Brooklyn Animal Action Inc

Schedule D (Form 990) 2019

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. EEA

Page 3

27-1454911

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

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

990	Overflow Statement	2019 Page 1				
Name(s) as shown on return	L	FEIN				
<u>Brooklyn Ar</u>	nimal Action Inc	27-1454911				
FORM 990, PART VIII, LINE 1F CONTRIBUTIONS						
Description		Amount				
Adoption Fe	es Donations Total:	\$ 274,354 \$ 274,354				
	FORM 990 PART IX LINE 11G PAYMENTS FOR SERV					
Description	1	Amount				
VETERINARY	EXPENSES					
<u>VETERINARY</u>	OUTSIDE SERVICES	<u>835</u>				
	10001:	\$ 168,469				
	FORM 990, PART IX, LINE 12 PROGRAM ADVERTI	SING				
Description		Amount				
General Adv	vertising to Promote Events Total:	\$ 3,924 \$ 3,924				
	iotai.					
_Description	FORM 990 PART IX LINE 13 OFFICE EXPENSES PR	OGRAM				
	ND COPYING TO PROMOTE SERVICES	\$ 159				
TELEPHONE	Total:	_ <u>510</u> \$ 669				
		<u>\$ 009</u>				
Descriptior	FORM 990, PART IX, LINE 13 OFFICE EXPENSES-	ADMIN Amount				
	ice Supplies	\$ 214				
	Total:	\$ 214				
	Part IX, Line 14 General Admin Info Techno	logy				
Description		_ Amount				
<u>Computer ar</u> <u>Computer Sc</u>	nd Internet	\$1,589				
	Total:	\$ 2,026				

990	Overflow Statement	2019 Page 2
Name(s) as shown on return		
Brooklyn Anin	al Action Inc	27-145493
	FORM 990 PART IX LINE 24B BANK/CC FEES ADM	IIN
Deggnintion		
Bank Fees		Amount
	ion Expenses	10
	Total:	\$19
FO	ORM 990 PART IX LINE 24 E OTHER EXPENSES PRO	OGRAM
Description		Amount
	Directly Linked to Deliver/Retrieve Animal	
	s	7!
<u>Food for Volu</u> Search Expens	nteers es	2
<u> </u>	Total:	
		•

2019 Filing Instructions Brooklyn Animal Action Inc Tax year ending 12-31-2019

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

07-15-2020

The return reflects neither a refund nor a balance due.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization

Brooklyn Animal Action Inc

27-1454911

Employer identification number

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 \$ 123,563

VETERINARY OUTSIDE \$ 892

Macanta Business Services

2109 Homecrest Ave Brooklyn, NY 11229 info@macanta.com Phone: (718)998-3106 | Fax: (718)998-3156

August 11, 2020

Brooklyn Animal Action Inc 935 President Street BROOKLYN, NY 11215-1603

Subject: Preparation of 2019 Tax Returns

Brooklyn Animal Action Inc:

Thank you for choosing Macanta Business Services to assist with the 2019 taxes for Brooklyn Animal Action Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2019 federal and state income tax returns for Brooklyn Animal Action Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Brooklyn Animal Action Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2019 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(718)998-3106.

Sincerely,

Kn Leane___

Kathryn M Keane EA Macanta Business Services

Accepted By:

Officer

Date

Macanta Business Services

2109 Homecrest Ave Brooklyn, NY 11229 info@macanta.com Phone: (718)998-3106 | Fax: (718)998-3156

Customer Name		Customer Information
Brooklyn Animal Action Inc	Invoice #:	
935 President Street	Date:	August 11, 2020
BROOKLYN, NY 11215-1603	Phone:	
	E-mail:	

Your 2019 tax return was prepared by Kathryn M Keane EA.

Description		
Federal And Supplemen	ital Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	
Schedule D	Supplemental Financial Statement, page 1	
EF Notice	General Information for Electronic Filing	
New York Forms		
NY T500 Annual Filing for Charitable Organizations pg		
	· · · · · ·	

Total Forms	4	Forms Subtotal	850.00
Adjustments			
50%			-425.00
		Subtotal	425.00
		Total Balance Due	425.00

Payment due upon receipt. Thank you for your business!

2019 NY 500 Filing Instructions Brooklyn Animal Action Inc

Form filed:

NY 500 and supplemental forms and schedules

Filing method:

Your return will not be e-filed. Sign and date your return and check or money order. Mail them on or before the due date of the return to the address listed below.

Due date:

11-16-2020

Payment:

\$50.00

Transaction method:

Make check or money order payable to the New York Department of Law All fees must be paid by a single payment. Do not staple the payment to the return Do not submit payment separately from the CHAR500/C

Mail-to address:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

CHAR500

NYS Annual Filing for Charitable Organizations

1. General Information

Open to Public Inspection

For Fiscal Year Beginning (mm/dd/yyyy) 2019 and Ending (mm/dd/yyyy)					
Check if Applicable:	Name of Organization: BROOKLYN ANIMAL ACTION	Employer Identification Number (EIN): 27-1454911			
Address Change	INC				
Name Change	Mailing Address: 935 PRESIDENT STREET	NY Registration Number: 43-12-80			
Initial Filing					
Final Filing	City / State / Zip: BROOKLYN, NY 11215-1603	Telephone:			
Amended Filing					
Reg ID Pending	Website: WWW.BROOKLYNANIMALACTION.ORG	Email:			
Check your organization's registration category:		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com.</u>			
2 Certification					

ertincatio

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

	of perjury that we reviewed this report			•		
they are true,	correct and complete in accordance w	ith the laws of the State of SHERI	⁷ New York applicable to this rep	ort.		
President or Authorized Officer:		BERMAN	PRESIDENT	08-11-20		
	Signature	Print	Name and Title	Date		
Chief Financial Officer or Treasurer:		JENNIE ANNE	SIMP TREASURER	08-11-20		
	Signature		Name and Title	Date		
3. Annual Reporting Exem	nption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and Attachn	nents					
attachments to	4a. Did your organization use a p fund raising activity in NY State? No 4b. Did the organization receive	P If yes, complete Schedule	e 4a.	I co-venturer for		
5. Fee						
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	g fee: EPTL filing fee: \$	5. \$ 5	Make a single check <u>)</u> . payable 'Department	e to:		
CHAR500 Annual Filing for Charitable (Organizations (Updated January 2020)			Page 1		

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

BROOKLYN ANIMAL ACTION INC

27-1454911

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Annual Filing Checklist

CHAR500

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- X \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY aw at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).