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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

	Ar	or th	e 2008 calendar year, or tax year beginning JUL 1, 2008 and el	nding J	UN 30, 2009	
	Bc	heck if pplicab	Please use IRS		D Employer identifi	cation number
		Addre	ss label or BAM ENDOWMENT TRUST			
		Name	type		11-3	112268
		Initial	See Number and street (or P 0 box if mail is not delivered to street address) Right-	loom/suite	E Telephone numbe	
		Termi	Specific 30 LAFAYETTE AVENUE		(718	
]Amen retum	ded tions City or town, state or country, and ZIP + 4		G Gross receipts \$	31,608,311.
		Application	BROOKEIN, NI 11217		H(a) Is this a group re	eturn
		pendi	F Name and address of principal officer: TIMOTHY J. INGRASSIA	A	for affiliates?	Yes X No
			SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
			empt status: X 501(c) (3			list. (see instructions)
			te: N/A	٦	H(c) Group exemption	
			organization Corporation X Trust Association Other ►	L Year	of formation 1992 N	State of legal domicile NY
	P	rt I	Summary Briefly describe the organization's mission or most significant activities: THE BZ	AM EN	DOMENT TOIL	CM ODEDAMEC
	Se	1	EXCLUSIVELY FOR THE BENEFIT OF THE BROOKLY			
	Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose			
	ver		Number of voting members of the governing body (Part VI, line 1a)	a or more	3	10
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	10
	Š		Total number of employees (Part V, line 2a)		5	0
	vitie		Total number of volunteers (estimate if necessary)		6	0
	cti		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	8,937.
2	_	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	<1,313.>
20 00			•		Prior Year	Current Year
\sim 2	ne		Contributions and grants (Part VIII, line 1h)		9,865,333.	5,503,178.
12	enne/		Program service revenue (Part VIII, line 2g)	ļ	2 200 220	10 040 161
	Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,288,238.	<2,040,161.>
MAR			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	5,572.	1,450.
			Total revenue - add lines 8 through (Timus) equal Part VIII, column (A), line 12)		12,159,143. 2,200,808.	3,464,467.
SCANNED			Grants and similar amounts paid (Part IX, column (A) lines (3)	-	2,200,000.	2,586,864.
		14 15	Benefits paid to or for methoers (Part IX, column (A), line (4) Salaries, other compensation, employee benefits (Part X) column (A), lines 5-10)			
A	Expenses		Professional fundraising fees (Part IX, column (A), line 19			
Q	реп			o .		······································
\mathbb{Q}_{2}	Ĕ	17	Total fundralsing expenses (fat (2, column (D), line 25) 75,000 Other expenses (Part IX, column (A), line 11e, 11e, 11f.24)		445,856.	560,176.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,646,664.	3,147,040.
		19	Revenue less expenses. Subtract line 18 from line 12	. —	9,512,479.	317,427.
	Net Assets or Fund Balances			В	leginning of Year	End of Year
	sets	20	Total assets (Part X, line 16)		78,562,724.	69,301,319.
	쭒	21	Total liabilities (Part X, line 26)		1,013,232.	43,063.
	컐	22	Net assets or fund balances. Subtract line 21 from line 20		77,549,492.	69,258,256.
	Pa	rt II	Signature Block			
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and st and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any time.	tatements, an knowledge	d to the best of my knowledge	e and belief, it is true, correct,
	Δ.		M		1 2/12	> lin
	Sigr		Signature of officer		Date	, 110
	Her	e	▶ KEITH STUBBLEFIELD, CFO, VP FINANCE/ADM	ITNTST		
			Type or print name and title	111110		,
			Preparer's Date	Chec		's identifying number
	Paid -		signature Plulus (C. homo CPA 2/1/10	self- emp	loyed	ructions)
		arer's	Firm's name (or MARKS PANETH & SHRON LLP yours if		EIN >	
	Use	uniy	Seri-employed, 622 THIRD AVENUE			
			NEW YORK, NY 10017		Phone no ►21	2 503-8800
	Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2008) BAM ENDOWMENT TRUST Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	 	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	İ	İ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	_	•	l .
7	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_	1	v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			X
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		X	
12	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	_^_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	100	Х	}
13		12		X
14a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S.?	13		X
b		14a		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	$\overline{}$		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1 1	Ī	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		- 1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I.	25ь		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		ļ	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
		Form 9	990 (2	(800

Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	i i		
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ

Form **990** (2008)

Form		-3112268	<u> </u>	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	•		
	U.S. Information Returns. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming) [
	(gambling) winnings to prize winners?	1c		
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	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib	oited		
	Tax Shelter Transaction?	_5c	ļ	
6a	Did the organization solicit any contributions that were not tax deductible?	6a_	ļ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).	ŀ		١
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a_		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>		v
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	Α.
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	.7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	_7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0		
	Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter: N/A	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: N/A			
'' a	Gross income from members or shareholders			
_	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	1		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O. See instructions.				
1a		10	,	, *	
b	Enter the number of voting members that are independent	10			
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?	L	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 organizational documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	ſ	5		Х
6	Does the organization have members or stockholders?	Γ	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	Γ			
	governing body?		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:		1		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?		9a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		-		
_	and branches to ensure their operations are consistent with those of the organization?		9ь	1	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		-		
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	•		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11	1	Х
Sec	tion B. Policies		<u></u>		
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1	12a	X	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
_	to conflicts?	1	12ь	\mathbf{x}	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Γ.			
Ī	In Schedule O how this is done	1	12c	x	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		' 	-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
-	The organization's CEO, Executive Director, or top management official?	1.	5a	İ	Х
ь Ь	Other officers or key employees of the organization?		-		$\frac{x}{x}$
U	Describe the process in Schedule O. (see instructions)	-	5b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
·va	taxable entity during the year?	١.	<u>_</u>		Х
_		-	6a		<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	1.			
800	tion C. Disclosure		6b		
17	List the states with which a copy of this Form 990 is required to be filed NY Section 5104 requires on accompanion to make the Forms 1003 for 1004 if each people. 000 T (504 (V/S)) and 000 T (V/S) and 000 T (V/S				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e to	r		
	public inspection. Indicate how you make these available. Check all that apply				
	X Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and	fınan	cıal	
	statements available to the public.				
2 0	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation	n: 🏲		
	KEITH STUBBLEFIELD - (718) 636-4153				
	30 LAFAYETTE AVENUE, BROOKLYN, NY 11217				_

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) (B)								(D)	(E)	(F)
Name and Title	Average hours	(0	Position (check all that apply				olv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	1		Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TIMOTHY J. INGRASSIA										
CHAIRMAN	10.00	X					<u></u>	0.	0.	0.
NORMAN L. PECK			İ							
VICE CHAIRMAN	5.00	X						0.	0.	0.
KEITH STUBBLEFIELD										
TREASURER	1.00	X	ļ			_		0.	175,261.	28,042.
SUSAN L. BAKER								_		
TRUSTEE	1.00	X	ļ			ļ		0.	0.	0.
HENRY CRISTENSEN III			-			İ			_	_
TRUSTEE	1.00	Х	_			<u> </u>		0.	0.	0.
DINYAR S. DEVITRE	1 00	. <i>.</i>								•
TRUSTEE	1.00	Х	<u> </u>		<u> </u>	_	ļ	0.	0.	0.
WILLIAM A. DOUGLAS III	1 00		İ				ĺ	0.	о.	0
TRUSTEE ELIZABETH HOLTZMAN	1.00	Х				\vdash		0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
JAMES I. MCLAREN	1.00	^	\vdash	-	_		\vdash	0.	0.	
TRUSTEE	1.00	X						0.	0.	0.
R. EDWARD SPILKA	1.00	 ^	-						<u></u>	
TRUSTEE	5.00	x						0.	0.	0.
NORA ANN WALLACE	<u> </u>				_					
TRUSTEE	1.00	Х						0.	0.	0.
ALAN H. FISHMAN (EX-OFFI										
TRUSTEE	1.00	х						0.	0.	0.
				_		╚				
					,					
										-

Pa	* VII Section A. Officers, Directors, Tru		mplo i	oyee			High	nest)			
	(A) Name and title	(B) Average)) Pos	C) Ition	1		(D) Reportable	(E) Reportable		-	(F) stimate	2 4
	Manie and the	hours per week	director	heci	k all	that	арр		compensation from the organization (W-2/1099-MISC)	compensat from relate organizatio (W-2/1099-M	ion ed ins	com	nount other pensation the	of ation e
			Individual trustee or	Institutional frustee	Officer	Key employe	Highest compensated emolowee	Former				and	d relat anızatı	ed
		_												
45	T-1-1		į						0.	175,2	61	29	3,0	12
2	Total Total number of individuals (including those	ın 1a) who red	ceive	ed m	ore	thar	n \$1	00,0		1/5,2	01.1		<i>3</i> ,0	12
	compensation from the organization										<u> </u>		Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	, key	/ em	ploy	/ee,	or h	ighest compensated er	mployee on		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl								the organization		4	х	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedu				rom	any	unr	elate	ed organization for serv	ices rendered to	,	5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt c	ontra	acto	rs th	nat received more than	\$100,000 of cor	npensat	tion fr	om	
	the organization. NONE (A)							1	(B)		0-	(C)		
	Name and business	address							Description of s	ervices	Co	преп	sation	1
												,	_	
												•000		
												•		•
<u>2</u>	Total number of independent contractors (in from the organization ▶	nciuaing those 0	ın 1) wh	o re	ceiv	ea n	nore	than \$100,000 in com	pensation			200	

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

8,937.<2049098.>

 \triangleright 3,464,467.

1,450.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b, (B) Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 2,586,864. 2,586,864. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal 18,500. 18,500. Accounting d Lobbying Professional fundraising services See Part IV, line 17 287,666. 287,666. Investment management fees 150,000. 75,000. 75,000. Other g 12 Advertising and promotion Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 7,120. 7,120. 23 Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 96,890 96,890. TAXES ь C d f All other expenses 3,147,040. 2,586,864. 485,176. 75,000. 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here - if following SOP 96-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

			(A)			(B)	
	1		Beginning of year		End	of yea	:r
	1	Cash · non-interest-bearing		_1			
	2	Savings and temporary cash investments	12,739,551.	_2	13,0	75,	<u>535</u>
	3	Pledges and grants receivable, net .	11,981,049.	3	11,6	25,	<u>375</u>
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
	ļ	Part II of Schedule L		6	<u> </u>		
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ď	9	Prepaid expenses and deferred charges		9		7,	120
	10a	Land, buildings, and equipment: cost basis 10a	_[
	ь	Less: accumulated depreciation. Complete					
		Part VI of Schedule D 10b		10c			
	11	Investments - publicly traded securities		11	31,3	34,	499.
	12	Investments - other securities. See Part IV, line 11	22,815,526.	12	13,1	61,	847.
	13	Investments - program-related. See Part IV, line 11	· · ·	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	113,522.	15		96,	943.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	78,562,724.	16	69,3	01,	319.
	17	Accounts payable and accrued expenses	4 5 4 5	17		· · · · ·	
	18	Grants payable		18	-		
	19	Deferred revenue	38,051.	19		35,	943.
	20	Tax-exempt bond liabilities		20			
Ś	21	Escrow account liability. Complete Part IV of Schedule D		21			
itie	22	Payables to current and former officers, directors, trustees, key employees,					
Liabilities		highest compensated employees, and disqualified persons. Complete Part II					
Ξ.		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24	· · · · · ·		
	25	Other liabilities. Complete Part X of Schedule D	0.00.0	25		7.	120.
	26	Total liabilities. Add lines 17 through 25	1 010 000	26		43.0	63.
		Organizations that follow SFAS 117, check here ► X and complete				·	
es		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	7,689,461.	27	<2,5	95,5	595.
<u>ala</u>	28	Temporarily restricted net assets		28			745.
Net Assets or Fund Balanc	29	Permanently restricted net assets		29	71,7	97,1	06.
Ş		Organizations that do not follow SFAS 117, check here			······································	······································	
or F		complete lines 30 through 34.					
ş	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ξ	32	Retained earnings, endowment, accumulated income, or other funds		32			
ž	33	Total net assets or fund balances		33	69,2	58.2	56.
	34	Total liabilities and net assets/fund balances		34	69,30	01,3	19.
Pa		Financial Statements and Reporting					
L	'					Yes	No
1	Acco	unting method used to prepare the Form 990. Cash X Accrual	Other			1	
2a		the organization's financial statements compiled or reviewed by an independent			2a	1	X
b		the organization's financial statements audited by an independent accountant?	•		2b	X	T
		s" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the a	udit		† 	
-		v, or compilation of its financial statements and selection of an independent acco		- u.t,	2c	X	
3 a		result of a federal award, was the organization required to undergo an audit or au	-	Audit		† -	
		nd OMB Circular A-133?	out forth in the onigle i	, want	3a		Х
b		s," did the organization undergo the required audit or audits?			3ь	1	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number

Scnedule A (Form 990 or 990-EZ) 2008

OMB NO 1545-0047

Name of the organization

			OWMENT TRUS							1-3112268
Part I	Reason	for Public Char	rity Status (All organ	ızatıons mi	ust comple	ete this pa	rt.) (see in:	structions)	
The organ	nization is not	a private foundation	because it is: (Please c	heck only	one organ	zation.)				
1 🔲	A church, co	nvention of churche	s, or association of chu	rches des	cribed in s	ection 17	D(b)(1)(A)(i).		
2 🗌	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach S	chedule E.)					
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	In section	170(b)(1	(A)(iii) . (A	ttach Sch	edule H.)	
4 🔲	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in s	ection 170	0(b)(1)(A)(iii). Enter t	the hospital's name,
	city, and stat	te								
5 🗔	An organizat	ion operated for the	benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental ur	nt describ	ed in
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6 🔲	A federal, sta	ate, or local governm	ent or governmental un	ıt describe	ed in secti o	on 170(b)(1)(A)(v).			
7	An organizat	ion that normally red	eives a substantial part	of its supp	port from a	governm	ental unit	or from th	e general j	public described in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)							
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	e Part II.)					
9 🗀	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support 1	from contr	ibutions, r	membersh	iip fees, ar	nd gross receipts from
	activities rela	ated to its exempt fu	nctions - subject to cert	aın except	ions, and ((2) no mor	e than 33	1/3% of it	s support	from gross investment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	ısınesses	acquired b	by the org	anization a	after June 30, 1975.
	See section	509(a)(2). (Complete	e the Part III.)							
10 🖳	An organizat	ion organized and op	perated exclusively to te	est for pub	lic safety.	See sect io	on 509(a)(4). (see in	structions)
11 X	An organizat	ion organized and op	perated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to car	ry out the	purposes of one or
	more publicly	y supported organiza	ations described in sect	ion 509(a)((1) or section	on 509(a)(2). See se	ction 509	(a)(3). Che	ck the box that
		· · · · -	organization and comp		-					1
	a Type		• •	с <u>X</u> Ту р		-	-		d	Type III · Other
e		•	at the organization is no		•		•			
			han one or more public						9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	ll, or Typ	e III		_
		rganization, check th								ل_ا
9	-		organization accepted a			•				
	••	•	irectly controls, either a	lone or tog	gether with	persons of	described	ın (iı) and	(III) below,	
	_		upported organization?	_						11g(i) X
			described in (i) above?		•					11g(ii) X
_			person described in (i)							11g(iii) X
h	Provide the f	ollowing information	about the organizations	s tne organ	nization su	pports.				
			(iii) Type of	(bu) to the		(w) Did wa		()		
	of supported	(iı) EIN	organization		organization sted in your			organizati	on in col	(vii) Amount of
org	anızation		(described on lines 1-9		document?			(I) organiz U S	red in the	support
			above or IRC section (see instructions))	Yes	No	Yes		Yes	No	
THE E	ROOKLYN		(555 mon 25mons))	+						
		11-2201344	7	x	ļ	x		х		2,586,864.
ACADL	OI				-	- 21		-	+ +	2/300/004.
									1	
						!		 	 	
					ļ					
					_			 		
				İ					i i	
				 	 			-	 	
								į		
								<u> </u>	 	
Total										2,586,864.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

	(Complete only if you checke						
	ction A. Public Support	T	·	, , , , , , , , , , , , , , , , , , , 	- 		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				-		1
	membership fees received. (Do not				Ì	İ	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				ļ		
3	The value of services or facilities					I	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 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			ĺ			
	amount shown on line 11,						
_	column (f)						_
	Public Support. Subtract line 5 from line 4	<u> </u>	<u> </u>	1	<u> </u>		
	ction B. Total Support	(a) 2004	(h) 2005	(~) 0006	(d) 2007	(-) 0000	49 T-4-1
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2004	(b) 2005	(c) 2006	(0) 2007	(e) 2008	(f) Total
_							.
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 IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ione)			12	
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	_	5 mot, 0000mg, mm	a, 1001 (11, 01 11) (1	21, 704, 45 4 5001,	55 ((5)(5)	▶□
Se	ction C. Computation of Publ		rcentage	"	·· ·· · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2008 (I	ine 6, column (f) d	livided by line 11, o	olumn (f))		14	%
	Public support percentage from 2007					15	%
	33 1/3% support test - 2008. If the o			n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	l			▶ □
b	33 1/3% support test - 2007. if the o	rganization did no	ot check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶□
b	10% -facts-and-circumstances test	_	•		•	17a, and line 15 is 1	 10% or
_	more, and if the organization meets th	-			•	•	
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		_	•			▶□
						dule A (Form 990	

Sch	edule A (Form 990 or 990-EZ) 2008 rt III Support Schedule for 0	Organizations	Described in	Section 509(a	1)(2) (Complete or	ily if you checked the b	Page 3	
	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		-	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to				<u> </u>			
	the organization without charge					-		
	Total. Add lines 1 · 5							
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
£	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	: Add lines 7a and 7b				ļ			
	Public support (Subtract line 7c from line 6)					<u> </u>		
	ction B. Total Support				T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
Ł	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,	
	check this box and stop here	<u> </u>					▶ □	
Sec	ction C. Computation of Publ	ic Support Per	rcentage			.,	·	
15	Public support percentage for 2008 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%	
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%	
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	08 (line 10c, colum	nn (f) divided by lin	e 13. column (f))		17	%	
18	Investment income percentage from	2007 Schedule A, F	Part IV·A, line 27h			18	%	
19a	33 1/3% support tests - 2008. If the	organization did no	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organi	zation	▶ 🗀	
b	33 1/3% support tests - 2007. If the	=					and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. It the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
20	Private foundation. It the organization	n did not check a t	oox on line 14, 19a	a, or 190, cneck th	• •		<u> </u>	
					Sc	hedule A (Form 990	or 990-EZ) 2008	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

BAM ENDOWMENT TRUST

Employer identification number 11-3112268

Schedule D (Form 990) 2008

Pai	rt 1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be	used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pri	vate benefit? Yes No
Pai	rt Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a con-	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C			2c
d	***************************************		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the taxable
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations, ar	
	enforcement of the conservation easements it holds?		└ Yes
6	Staff or volunteer hours devoted to monitoring, inspecting, an		· ·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
Fa	Complete if the organization answered "Yes" to Form		anei Olifinai Assets.
	Complete if the organization answered Test to Form	000,1 (111,111) 0.	
10	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and ha	plance sheet works of art, historical
Id	treasures, or other similar assets held for public exhibition, ec		
	the footnote to its financial statements that describes these		one service, provide, in har Air, the text of
	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures
ь	or other similar assets held for public exhibition, education, or		
	these items:	research in futilierance of public service	, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> ¢
	(ii) Assets included in Form 990, Part X	·	•
^	• • • • • • • • • • • • • • • • • • • •	nource or other similar assets for financial	. P Ψ
2	If the organization received or held works of art, historical treat		gain, provide
	the following amounts required to be reported under SFAS 1:	ro relating to these items:	• \$
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
þ	Assets included in Form 990, Part X		•

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. s	ee Form 990, Part X	, line 12.			
(a) Description of security or category (including name of security)	(b) Book valu	1	Co	(c) Method of values of or end-of-year manager	
Financial derivatives and other financial products					
Closely-held equity interests					
Other					
HEDGE FUNDS AND LIMITED	 				
PARTNERSHIPS	13,161,8	847.	END-OF-Y	YEAR MARKE	r VALUE
				<u>-</u>	
	 				
					
	ļ				
			 		
Total (Cal (h) about accord form 000 Part V act (R) line 10)	13,161,8	317	····	······································	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments - Program Related.					
				(c) Method of value	ation
(a) Description of investment type	(b) Book value	e	Co	ost or end-of-year ma	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. See Form 990, Part X, line					
(a)	Description				(b) Book value
					
		-			
					
				· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B) li	ino 15 \				
Part X Other Liabilities. See Form 990, Part X,			<u> </u>	<u> </u>	
(a) Description of liability		(b)) Amount		
Federal income taxes	-				
DUE TO BROOKLYN ACADEMY OF MU	SIC, INC.		7,120.		
			· · · · · · · · · · · · · · · · · · ·		
			-		
		<u> </u>			
Total. (Column (b) snould equal Form 990, Part X, col (B) ii	ne 25.) 🕨		7,120.		
to Do A VIV.					

Schedule D (Form 990) 2008 BAM ENDOWMENT TRUST	11-3112268 Page 5
Schedule D'(Form 990) 2008 BAM ENDOWMENT TRUST Part XIV Supplemental Information (continued)	
CHANGE IN POOLED INCOME FUND: \$2,108	
SFAS 116 PRESENT VALUE ADJUSTMENT: (\$101,160)	
7110 110 11100111 11100111111 (

(Form 990)		Grants and	Grants and Other Assistance to Organizations,	to Organizations	٠		OMB No 1545-0047	-0047
		Governn	Governments, and Individuals in the U.S.	uals in the U.S.			2008	
Department of the Treasury Internal Revenus Service	▼ Com	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pa n 990.	ırt IV, lines 21 or 22		Open to Public Inspection	jblic bn
Name of the organization BAM ENI	BAM ENDOWMENT TRUST	3T			·		Employer identification number	number 268
Part General Information on Grants and Assistance	ants and Assistance							
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	cords to substantiate th	te amount of the grants	or assistance, the	grantees' eligibility	for the grants or as	sistance, and the selec	tion	
criteria used to award the grants or assistance?	or assistance?	,					X Yes	°N ∏
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	in's procedures for mon	itoring the use of grant	funds in the United	d States.				İ
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Chack this how if no one recipient for the December 1997.	ice to Governments an	nd Organizations in the	e United States. Co	omplete if the orga	inization answered "	Yes* on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance] E
THE BROOKLYN ACADEMY OF MUSIC, INC 30 LAFAYETTE AVENUE - BROOKLYN, NY 11217	11-2201344	501(C)(3)	2 586 864	o			эколикадар	
į								
					1			
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	(c)(3) and government or zations	rganizations						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 900	Reduction Act Notice.	see the Instructions	or Form 990					•

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed APPROVES THE CALCULATION FOR THE DISTRIBUTION TO BROOKLYN ACADEMY OF MUSIC. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: THE BOARD OF TRUSTEES OF BAM ENDOWMENT TRUST (d) Amount of non-cash assistance 23 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, 832102 12-18-08 Part IV Part ≡

11-3112268

BAM ENDOWMENT TRUST

Schedule 1 (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part i Questions Regarding Compensation

BAM ENDOWMENT TRUST

Employer identification number 11-3112268

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			Ì
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			~~~	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
			]	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		_ <u>X</u> _
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>X</u>
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Χ
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- 1		
	contingent on the revenues of:	_	-	37
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
_	If "Yes," to line 5a or 5b, describe in Part III.	- 1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		<u>X</u>
þ	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III	1	1	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	İ		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	İ		
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	_8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Page 2

Part II Orficers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each inclividual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	N-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	Q)	(E)	(9)
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred	Nontaxable benefits	Total of columns (B)(ı)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1	€	0	0	0	0	0	0	0
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Schedule J (Form 990) 2008

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

BAM ENDOWMENT TRUST

Employer identification number 11-3112268

FORM 990, PART VI, SECTION A, LINE 10: THE TAX RETURNS FOR BET ARE
REVIEWED BY A SUB-COMMITTEE OF ITS BOARD OF TRUSTEES IN CONJUNCTION WITH
THE REVIEW OF THE RETURNS FOR ITS RELATED ORGANIZATION BROOKLYN ACADEMY OF
MUSIC. AFTER REVIEW AND COMPLETION OF ANY NEEDED REVISIONS, THE PROPOSED
FINAL VERSIONS OF THE TAX RETURNS ARE PRESENTED TO THE FULL BOARD FOR
REVIEW AND COMMENT. SUBSEQUENTLY, THE TAX RETURNS ARE FILED WITH THE
APPROPRIATE AUTHORITIES.
FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD OF
TRUSTEES ARE REQUIRED TO REVIEW AND SIGN BETS CONFLICT OF INTEREST POLICY
ON A REGULAR BASIS. WHEN A BIDDING SITUATION WITH A POTENTIAL CONFLICT
ARISES, PROPOSALS FROM MULTIPLE SOURCES ARE REQUESTED. THESE PROPOSALS ARE
EVALUATED BY A TRUSTEE (OR SURROGATE) TO DETERMINE WHETHER THE BID MEETS
THE FAIR AND ADVANTAGEOUS CRITERIA IN BETS CONFLICTS OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19: THROUGH THE WEBSITE OF ITS RELATED
ORGANIZATION (WWW.BAM.ORG), BET MAKES AVAILABLE ITS CONFLICT OF INTEREST
POLICY AND ITS TAX FORMS AVAILABLE. BETS TAX FORMS ARE ALSO AVAILABLE VIA
GUIDESTAR (WWW.GUIDESTAR.ORG).
FORM 990, PART XI LINE 2C
PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule R (Form 990) 2008 Employer identification number 11-3112268Open to Public OMB No 1545-0047 Inspection Direct controlling Direct controlling entity entity End-of-year assets status (if section Public charity Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) 501(C)(3) Total Income Exempt Code section 0 509(A)(1) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u></u> ► See separate instructions. NEW YORK LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PERFORMING ARTS, CINEMA AND Primary activity Primary activity <u>@</u> <u>@</u> BAM ENDOWMENT TRUST MEDIA Identification of Related Tax-Exempt Organizations BROOKLYN ACADEMY OF MUSIC - 11-2201344 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 30 LAFAYETTE AVENUE BROOKLYN NY 11217 Department of the Treasury Internal Revenus Service SCHEDULE: R (Form 990) Part Part

27

Part III Identification of Related Organizations Taxable as a Partnership

(J) General o managing partner?			-	(H) Percentage ownership			1001 2008
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				(G) Share of Prend-of-year o			Schedule R (Form 990) 2008
(H) Disproportionate allocations?							Sch
(G) Share of end-of-year assets				(F) Share of total Income	!		
			-! :	(E) Type of entity (C corp., S corp, or trust)			
(F) Share of total income							_
(E) Predominant income (related, investment, unrelated)				(D) Direct controlling entity			
(F Predomina (related, in unrel				(C) Legal domicile (state or foreign country)			
(D) Direct controlling entity			, to	(B) Primary activity			28
(C) Legal domicile Dir (state or foreign country)			oration or Trus	) Primary			
(B) Primary activity			Identification of Related Organizations Taxable as a Corporation or Trust	7			
(A) Narne, address, and EIN of related organization			Part IV Identification of Related Orga	(A) Name, address, and EIN of related organization			832162 12-23-08

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# Schedule R (Form 990), 2008 BAM ENDOWMENT TRUST

### Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		Ta X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
t sale of assets to other organization(s)		<b>4</b>
g Purchase of assets from other organization(s)		X 81
h Exchange of assets		Th X
i Lease of facilities, equipment, or other assets to other organization(s)	•	1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1 _i X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
_		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10 X
p Reimbursement paid by other organization for expenses		<u> </u>
<ul> <li>Qther transfer of cash or property to other organization(s)</li> <li>I Other transfer of cash or property from other organization(s)</li> </ul>		10 X X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.	
( <del>d</del> )	(B)	Ó
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) BROOKLYN ACADEMY OF MUSIC	0	150,000.
(2) BROOKLYN ACADEMY OF MUSIC	щ	2.586.864.
(3)		
(4)		
(9)		
(9)		
832163 12-23-38	Sche	Schedule R (Form 990) 2008

Page 4

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## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

•		•	1												,	ŗ		7	!	,		
E	General or managing	S		 	<u> </u>	_		 												_		
_													 									
(5)	Code V-UBI amount in box 20	(Form 1065)																				
Ð	or- sc					 		 		 -											-	
(E)	Share of end-of- year assets									•	****		_									
<u>e</u>	Are all partners section 501(c)(3) organizations?	Yes No																				
-							 <u> </u>													 -		$\dashv$
(0)	Legal domicile (state or foreign	country)		 								-1-55	 									
(B)	Primary activity																					
(A)	Name, address, and EIN of entity																					

1

Schedule R (Form 990) 2008

Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright \mathbf{X}$
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of			
Do	not complete Part II unless you have already been granted an automatic 3 month extension on a previous	ly filed	Form 8868.	
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			······································
A co	prporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and o	comple	te	
	I only			
All o	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques	tan exi	tension of time	
to fil	e income tax returns.	an on	consider or anno	
note (not you	stronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exter do below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electrical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures on the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the electronical procedures of the elec	onically	y if (1) you want th	e additional
Тур	e or Name of Exempt Organization	En	nployer identifica	tion number
prin			11 21100	- 0
File by			11-311226	8
due di filing )	OUT 30 LAFAYETTE AVENUE			
return Instruc	588		· · · · · · · · · · · · · · · · · · ·	······································
	BROOKLYN, NY 11217		······································	
Che	ck type of return to be filed (file a separate application for each return).			
		4700		
1		4720 5227		
$\vdash$		6069		
		8870		
	KEITH STUBBLEFIELD			
	ne books are in the care of $\triangleright$ 30 LAFAYETTE AVENUE - BROOKLYN, NY 112	17		
	elephone No ► <u>(718) 636-4153</u> FAX No. ►			_
• If 1	the organization does not have an office or place of business in the United States, check this box			
box l	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If  If it is for part of the group, check this box  and attach a list with the names and EINs of a	this is f	or the whole grou	p, check this
DOX 1	and attach a list with the harries and Eliks of a	an mem	oers the extensio	n will cover.
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniform FEBRUARY 15, 2010 , to file the exempt organization return for the organization named		. The extension	
	is for the organization's return for:			
	calendar year or			
	► X tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u>			
			•	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	inting period
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	3a	\$	<del></del> .
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<del></del>
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	See instructions.	3c	s	N/A
			<del> </del>	
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879	<ul> <li>EO for payment is</li> </ul>	nstructions.