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Department of the

## **Return of Organization Exempt From Income Tax**

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

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

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

DLN: 93493136157692 OMB No. 1545-0047

> Open to Public Inspection

Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021 C Name of organization D Employer identification number B Check if applicable: BROOKLYN ACADEMY OF MUSIC INC ☐ Address change 11-2201344 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 LAFAYETTE AVENUE ☐ Amended return ☐ Application pending (718) 636-4110 City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY  $\,$  11217 G Gross receipts \$ 30,072,546 Name and address of principal officer: H(a) Is this a group return for GINA DUNCAN □Yes ☑No subordinates? 30 LAFAYETTE AVENUE H(b) Are all subordinates BROOKLYN, NY 11217 ☐ Yes ☐No included? **✓** 501(c)(3) ☐ 501(c)() **(**insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.BAM.ORG L Year of formation: 1861 M State of legal domicile: NY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: BAM IS THE HOME FOR ADVENTUROUS ARTISTS, AUDIENCES, AND IDEAS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 33 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 794 Total number of volunteers (estimate if necessary) . . . . 6 33 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 41,878,868 28,862,628 Ravenue 8,747,099 9 Program service revenue (Part VIII, line 2g) . 620,368 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,634 2,452 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,404,821 86,631 52,051,422 29,572,079 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10,613 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 26,958,908 17,561,685 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶4,874,337 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 14,694,201 7,882,324 41,663,722 25,446,359 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 10,387,700 4,125,720 Net Assets or Fund Balances **Beginning of Current Year** End of Year 147,044,436 168,013,887 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 8,501,693 11,187,442 22 Net assets or fund balances. Subtract line 21 from line 20 . 138,542,743 156,826,445 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here JENNIFER ANGLADE CFO & VP OF FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2022-05-12 P00535099 Paid self-employed Firm's EIN ► 87-3707167 Preparer Use Only Firm's address ► 685 THIRD AVENUE Phone no. (212) 503-8800 NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

Form	990 (2020)					Page <b>2</b>
Pa	statement	of Program Ser	vice Accomplis	hments		
	Check if Sche	dule O contains a re	esponse or note to	any line in this Part III .		🗹
1	Briefly describe the c	organization's missio	on:			
BAM	S MISSION IS TO BE T	HE HOME FOR ADV	ENTUROUS ARTIST	S, AUDIENCES, AND ID	EAS.	
2	Did the organization	undertake any sign	ificant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on	Schedule O.			
3	Did the organization	cease conducting, o	or make significant	changes in how it condu	icts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Sch	edule O.			
4		d 501(c)(4) organiz	ations are required	to report the amount of	largest program services, as r f grants and allocations to oth	
4a	(Code:	) (Expenses \$	2,179,691	including grants of \$	) (Revenue \$	39,423 )
	See Additional Data					
4b	(Code:	) (Expenses \$	1,586,521	including grants of \$	) (Revenue \$	222,304 )
	See Additional Data					
4c	(Code:	) (Expenses \$	1,067,253	including grants of \$	) (Revenue \$	77,798 )
	See Additional Data	, , ,	, ,			, ,
	(Code:	) (Expenses \$	10,343,404	including grants of \$	2,350 ) (Revenue \$	292,576 }
	EXPENSES IN THIS CAT COSTS COVERING PROD	EGORY INCLUDE 2020 DUCTION MANAGEMEN	FALL SEASON, COMMU T, ARTIST SERVICES,	JNITY AND ART PROGRAMM MARKETING, AND BUILDING	ING. EXPENSES IN THIS CATEGOR G OPERATIONS ALL IN SUPPORT O ROFIT GROUPS, AS WELL AS COMM	RY ALSO INCLUDE OVERHEAD F THE ORGANIZATION'S
4d	Other program service	ces (Describe in Sch	nedule O.)			
4d	Other program service (Expenses \$	•	nedule O.) including grants of	\$ 2,3	50 ) (Revenue \$	292,576 )

Form	990 (2020)			Page <b>3</b>
Pa	tiV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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 $\ref{20}$ .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part   2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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		No
	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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a

20b

21

No

Nο

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**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Par	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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	'		
	Check if Schedule O contains a response or note to any line in this Part V			
	Establis assessed in Page 2 of Farm 1000 Fatan 0 15 of 18 of 18 of 18		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 157  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
IJ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0	ı I		1

**1**c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
	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)?  If "Yes," enter the name of the foreign country:	4a		No
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			<b>.</b> .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	lines
Se	ction 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 33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 33			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8				
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶JENNIFER ANGLADE - CFO & VP OF FINANCE 30 LAFAYETTE AVENUE BROOKLYN, NY 11217 (718) 724-8244			

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• 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.

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

• List all of the organization's former officers, key employees, or 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.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related							/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form <b>990</b> (2020)

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Part	VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp!	loye	ees	, and	High	nest Cor	mpens	ated	Employees	(conti	nued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, i an of ctor/t	ot che unles officer trust		rson a	Repo compe fror organ	(D) cortable censation om the nization 2/1099-		(E) Reportable compensation from related organizations (W-2/1099-	n a d s	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- IISC)		MISC)		relat organiza	ed
See Ad	dditional Data Table	-	<del></del>	$\vdash$	+	+	+	+			+		+		
											$\perp$				
				lacksquare	$oxed{\bot}$	$\perp$	igsqcup	<u> </u>			$\exists$				
				_	$\vdash$	+	+	+-	-		+		+		
			<del> </del>	_	+	+	+	+			+		+		
		+		$\vdash$	+	+	+	+			$\dagger$		+		
					I						$\Box$				
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1h Sı	ub-Total	'	<u> </u>	<u></u>	$\perp$	<u>L</u>	<u> </u> ▶	'		<del></del>	$\perp$		+		
с То	otal from continuation sheets to P	Part VII, Section	1A				▶	<u> </u>		=======================================					502.007
	otal (add lines 1b and 1c)  Total number of individuals (including						<b>▶</b>   /e) who	 o rec		,779,629 ore than	\$100	 0.000	0		602,007
	of reportable compensation from the													1	
	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			:ee, k •	ey e	∍mpl •	oyee,	or hi	ghest cor	mpensat	:ed e	mployee on	3	<b>Yes</b> Yes	No
1	For any individual listed on line 1a, is organization and related organization individual											:he			
5	Did any person listed on line 1a receiservices rendered to the organization												5	Yes	No No
	ction B. Independent Contract			<u> </u>	_	<u> </u>		_							
	Complete this table for your five high from the organization. Report compe	ensation for the c										s tax year.	mpens		
·····NTE		(A) and business addre	ess								_	(B) otion of services		Comper	nsation
55 WAT	R ROBERTS CONSTRUCTION GROUP TER ST 51ST FLOOR									CONSIR	JCIIC	ON MANAGEMENT		10	,240,295
NEW YO	ORK, NY 10041 ELL GIURGOLA ARCHITECTS LLP				—					ARCHITE	CT'S	FEES			690,252
	NTH AVENUE ORK, NY 10036														
KAUFF	MCGUIRE & MARGOLIS LLP									LEGAL SE	ERVIC	JES			442,203
NEW YO	HIRD AVE 14TH FLOOR ORK, NY 10022 TION INTERACTIVE									E ECTRO	ONIC	MEDIA SERVICES			271,506
469 7TI	TH AVENUE STE 1300									ELECTIVE	/NIC.	TEDIA SENVICES			2/1,300
	ORK, NY 10018 SIMON				_					ARTIST F	FEE				264,898
WIEN AU	IAUERSTRASSE 30														
_	otal number of independent contractor ompensation from the organization <b>&gt;</b>	•	: not lim	iited t	to th	ıose	listed	abov	ve) who r	eceived	mor	e than \$100,00			
														Form OO	n (2020)

orm 9 Part		(2020) Statement	of F	Revenue						Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. A	<b>1</b> a	Federated campai	gns	1	La		L	revenue		312 314
s, Grants Amounts	b	Membership dues			b					
. G.	С	Fundraising events	s .	. [1	lc	732,887				
ifts,		Related organizati		<u> </u>	ld	7,687,204				
s. Gimil		Government grants (		· -	Le	9,034,315				
Contributions, Gifts, Grants and Other Similar Amounts		All other contribution and similar amounts above Noncash contribution	not ir	ncluded	Lf	11,408,222				
ntrig d Oc	g	lines 1a - 1f:\$	5 11101		lg	1,631,164				
<u>ဒီ</u>	h	Total. Add lines 1a	a-1f			•	28,862,628			
						Business Code	278,165	278,165		
OÚ.	2a	BAMART REVENUE				900099	276,103	276,103		
nue	b	PERFORMANCE INCO	ME			711110	264,405	264,405		
\$		BAM ROSE CINEMA					77,798	77,798		
Program Service Revenue	٩	BAM ROSE CINEMA				711110	,	,		
Ser	٥									
me		·								
rogr	e									
۵	l f	All other program	serv	ice revenue.						
		Total. Add lines 2			_ [ ▶	620,368				
	_	Investment income					1			
	,	similar amounts) .				•		0		990
		Income from invest Royalties			•	nd proceeds	ļ	3		73
		Royaldes	Ė	(i) Real		(ii) Personal				,,
	_			.,		. ,	-			
	l	Gross rents	6a	31	00,275					
	P	Less: rental expenses	6b	4.	37,783					
	С	Rental income or (loss)	6c	-1	37,508					
	(	d Net rental income						8		-137,508
				(i) Securit		(ii) Other				
	7 <i>a</i>	Gross amount from sales of assets other than inventory	7a			1,46	2			
	b	Less: cost or other basis and sales expenses	7b				0			
	С	Gain or (loss)	7c			1,46	2			
	، ا	<b>d</b> Net gain or (loss)					1,46	1,462		
Other Revenue	8 <i>a</i>	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	732,887 of line 1c).	8a	21,140				
æ	1	<b>b</b> Less: direct expen	ses		8b	62,684				
hei	١ (	c Net income or (los	ss) fr	om fundraisii	ng eve	ents 🕨	-41,544	4		-41,544
	9a	Gross income from See <b>Part</b> IV, line 19	gam •	ing activities.	9a					
	1	<b>b</b> Less: direct expen	ses		9b		1			
	١ (	c Net income or (los	ss) fr	rom gaming a	ctiviti	es 🕨	_			
	10	aGross sales of inve returns and allowa	ento ance:	ry, less s	10a					
	ŀ	<b>b</b> Less: cost of good	ls so	ld	10b					
	_	Net income or (los			nvento		1			
	11	Miscellaneo LamanaGEMENT FE		evenue		Business Code 56100	0 251,52	2		251,522
	ŀ	MISCELLANEOUS	INC	OMF		90009	9 10,27	1 10,271		
				-·· <b>-</b>		90009	2.00	7		2,687
	'	MAILING LIST				90009	9 2,68			2,087
	l	d All other revenue					1,130	0		1,130
	•	e <b>Total.</b> Add lines 1	1a-:	11d		•	265,610	0		
	12	<b>2 Total revenue.</b> S	ee ir	nstructions .	_ •	• • •	29,572,07	9 632,101		0 77,350
							· ·		_	Form <b>990</b> (2020)

Form 990 (2020)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX		· · · · · ·	<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,350	2,350		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,089,537	1,110,193	525,346	453,998
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	10,551,951	6,464,297	1,769,551	2,318,103
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,043,992	705,601	146,662	191,729
9 Other employee benefits	2,712,992	1,753,905	424,031	535,056
<b>10</b> Payroll taxes	1,163,213	740,405	188,384	234,424
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	526,666	2,659	524,007	
c Accounting				
<b>d</b> Lobbying	45,000		45,000	
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 (A) amount, list line 11g expenses on Schedule O)	1,474,767	496,197	466,557	512,013
12 Advertising and promotion	219,514	198,709	1,331	19,474
13 Office expenses	388,196	12,345	323,481	52,370
14 Information technology	616,325	605,048	8,352	2,925
<b>15</b> Royalties				
<b>16</b> Occupancy	1,599,866	1,584,938	728	14,200
<b>17</b> Travel	113,734	108,527	838	4,369
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	137,171		137,171	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,669,665	1,006,301	357,827	305,537
23 Insurance	277,767	3,557	274,210	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION EXPENSES	394,947	278,405	28,871	87,671
b HUMAN RESOURCES AND PER	162,152	8,234	153,718	200
c MISC. AND OPER. ALLOC.	130,467	116	18,752	111,599
d FILM RENTAL	42,372	42,372		
e All other expenses	83,715	52,710	336	30,669

25,446,359

15,176,869

4,874,337

Form **990** (2020)

5,395,153

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

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25

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31

32

33

Liabilities 22

Fund Balances

5 29

Assets 30 End of year

27.975 1,613,673

8.040.126

788.946

59.656

237.650

43,140,995

93.135.415

147,044,436

4,700,740

2,650,593

1,150,360

8.501.693

36,293,241

102.249.502

138,542,743

147,044,436

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10c

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32

33

Page **11** 

25.250

2,502,464

10.915.802

741.778

47,443

507,461

46,005,332

107.268.357

168,013,887

3.803.832

2,573,896

3.880.700

920.789

11.187.442

40,120,904

116,705,541

156,826,445

168,013,887

Form 990 (2020)

8.225

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

		Beginning of year
1	Cash-non-interest-bearing	2
2	Savings and temporary cash investments	1,613

Pledges and grants receivable, net . . . . Accounts receivable, net .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use .

Prepaid expenses and deferred charges .

10a 10b

basis. Complete Part VI of Schedule D b Less: accumulated depreciation

**Total assets.** Add lines 1 through 15 (must equal line 33) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here ▶ 🗹 and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other

Investments—other securities. See Part IV, line 11 . . .

Investments—program-related. See Part IV, line 11 .

11 12 13

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Assets

64,256,613 18,251,281

☐ Both consolidated and separate basis

Yes

No

Form 990 (2020)

2c

3a

3h

c 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Consolidated basis

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

✓ Separate basis

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

FY2021 EDUCATION PROGRAMS BAM EDUCATION CONTINUED SERVING STUDENTS, FAMILIES, AND EDUCATORS THROUGH A RANGE OF VIRTUAL PROGRAMS

Software Version:

**EIN:** 11-2201344

Name: BROOKLYN ACADEMY OF MUSIC INC.

Form 990 (2020)

### Form 990, Part III, Line 4a:

THROUGHOUT FY21. BAM'S VIRTUAL IN-SCHOOL RESIDENCIES INCLUDED DANCEAFRICA IN THE CLASSROOM, WHICH ENGAGES STUDENTS IN GRADES K-8 IN THE DANCE, MUSIC, AND ARTISTIC TRADITIONS OF HAITI, IN CONJUNCTION WITH DANCEAFRICA 2021; AND WORD, SOUND, POWER, IN THE CLASSROOM, WHICH ENCOURAGES HIGH SCHOOL STUDENTS TO READ, WRITE, AND REFLECT THROUGH THE STUDY OF POETRY COMPOSITION AND SPOKEN WORD PERFORMANCE. BAM'S VIRTUAL AFTER-SCHOOL PROGRAMS INCLUDED BROOKLYN INTERNS FOR ARTS AND CULTURE, A COLLEGE PREPARATION AND CAREER READINESS PROGRAM FOR HIGH

SCHOOL SENIORS, AND ARTS & JUSTICE, A DEVISED THEATER PROGRAM THAT EMPOWERS HIGH SCHOOL STUDENTS TO CREATE CHANGE IN THEIR COMMUNITY, WHICH CENTERED AROUND THE THEME OF "SEXISM AND GENDER IDENTITY" IN FALL 2020 AND "EQUITY" IN SPRING 2021. FINALLY, FROM FEBRUARY 20-28, 2021, BAM EDUCATION PRESENTED THE 23RD EDITION OF THE BAMKIDS FILM FESTIVAL. WHICH ENGAGED VIRTUAL AUDIENCES OF 838 IN 68 FILMS BY 103 FILMMAKERS FROM 27 COUNTRIES, AS WELL AS VIRTUAL MUSIC, DANCE, AND ANIMATION WORKSHOPS, A DANCE PERFORMANCE BY PILOBOLUS, YOGA AND MEDITATION SESSIONS, AND A DANCE PARTY.

### Form 990, Part III, Line 4b: 2021 WINTER/SPRING SEASON IN RESPONSE TO THE COVID-19 PANDEMIC, BAM PRESENTED A HYBRID VIRTUAL AND IN-PERSON 2021 WINTER/SPRING SEASON. HIGHLIGHTS FROM THE SEASON INCLUDE: DANCEAFRICA 2021 (VIRTUAL; MAY 29-JUNE 14, 2021), FEATURING LIVESTREAMED PERFORMANCES BY HAITIDANSCO (CAP

HAITIEN, HAITI), RARA TOU LIMEN (OAKLAND, CA), ASEE DANCE THEATRE COLLECTIVE (BROOKLYN, NY), AND THE FRITZATION EXPERIENCE (BROOKLYN, NY): INFLUENCES, MONTREAL-BASED LE PATIN LIBRE'S EXHILARATING ICE-DANCE PERFORMANCE SHOWCASING THE COMPANY'S UNIQUE BLEND OF ATHLETICISM AND

AESTHETICS: THIS PRODUCTION WAS BAM'S FIRST IN-PERSON LIVE PERFORMANCE IN OVER A YEAR (SAMUEL J. AND ESTHER LEFRAK CENTER AT LAKESIDE, PROSPECT

PARK, APRIL 6-11, 2021): 1:1 CONCERTS, AN INTIMATE SERIES OF LIVE PERFORMANCES BETWEEN ONE AUDIENCE MEMBER AND ONE MUSICIAN, FEATURING MEMBERS

OF SILKROAD ENSEMBLE AND GUESTS (BROOKLYN NAVY YARD, MAY 8-9 AND 15-16, 2021); AND ALESHEA HARRIS' ACCLAIMED PLAY, WHAT TO SEND UP WHEN IT GOES

DOWN, WHICH BORE WITNESS TO THE PHYSICAL AND SPIRITUAL DEATHS OF BLACK PEOPLE AS A RESULT OF RACIST VIOLENCE. AND WAS PARTICULARLY RELEVANT IN

THE WAKE OF THE BLACK LIVES MATTER MOVEMENT. (BAM FISHER; JUNE 20-JULY 11, 2021).

FY2021 FILM PROGRAMS IN FY2021, BAM FILM SERVED IN-PERSON AND VIRTUAL AUDIENCES THROUGH A DIVERSE RANGE OF CINEMA FROM AROUND THE WORLD, WITH A FOCUS ON WORKS BY UNDERREPRESENTED FILMMAKERS. HIGHLIGHTS INCLUDE: OUR TIME MACHINE, DIRECTORS YANG SUN AND S. LEO CHIANG'S FILM ABOUT THE MAKING OF CHINESE ARTIST MALEONN'S AMBITIOUS NEW THEATER PROJECT IN RESPONSE TO LEARNING OF HIS FATHER'S ALZHEIMER'S DIAGNOSIS; NATIONTIME, A 4K RESTORATION OF WILLIAM GREAVES' LOOK AT THE 1972 NATIONAL BLACK POLITICAL CONVENTION IN ITS RARELY SCREENED FULL, 80-MINUTE FORM. IN ADDITION, BAM PRESENTED ITS FIRST-EVER VIRTUAL BAMCINEMAFEST IN 2021. WHICH FEATURED THE WORLD PREMIERE OF OUGLE PAK'S FEATURE FILM CLYTAEMNESTRA, WHICH

EXPLORED THE TENSIONS THAT DEVELOP AMONG A DOMINEERING DIRECTOR, THE LEAD ACTRESS, AND OTHER COMPANY MEMBERS REHEARSING A NEW PRODUCTION;
BASSAM TARIQ'S MOGUL MOWGLI, THE TALE OF A RISING RAPPER TORN BETWEEN A PROMISING MUSIC CAREER AND HIS TRADITIONAL PAKISTANI FAMILY; FRUITS OF
LABOR. EMILY COHEN IBANEZ' DOCUMENTARY LOOK AT A MEXICAN-AMERICAN HIGH SCHOOL SENIOR WHO WORKS TO SUPPORT HER FAMILY WHILE FACED WITH THE

Form 990, Part III, Line 4c:

WHATEVER IT TAKES TO SUPPORT HER FAMILY BACK IN HAITI.

LABOR, EMILY COHEN IBANEZ' DOCUMENTARY LOOK AT A MEXICAN-AMERICAN HIGH SCHOOL SENIOR WHO WORKS TO SUPPORT HER FAMILY WHILE FACED WITH THE EVER-PRESENT THREAT OF FAMILY SEPARATION DUE TO DEPORTATION; AND EDSON JEAN'S LUDI, THE TALE OF A HARDWORKING NURSE IN MIAMI DETERMINED TO

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

and Independent Contractors

ANNE HUBBARD

AXEL STAWSKI

BARRY M FOX

......

BARTHOLOMEW SHEEHAN III

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

**BRIAN STAFFORD** 

	any nours	and	a dir	ecto	r/tr	ustee,	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ADAM E MAX CHAIR (OUTGOING)	5.00 0.50	Х		х				0	0	0
ADAM WOLFENSOHN	0.50	х						0	0	0
TRUSTEE										
	0.50					1				

CHAIR (OUTGOING)	0.50					
ADAM WOLFENSOHN	0.50	v			0	
TRUSTEE		^			J	
AHRIN MISHAN	0.50	V			0	
TRUSTEE		^			U	
ALEXA DAVIDSON SUSKIN	0.50	V			0	
TRUSTEE		^				
ANNA KUTAMIK CAMBAC	0.50					

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AHRIN MISHAN	0.50	V			0	0	
TRUSTEE		^				0	
ALEXA DAVIDSON SUSKIN	0.50	~			0	0	
TRUSTEE		^			J	0	
ANNA KUZMIK SAMPAS	0.50	v			0	0	
TRUSTEE (OUTGOING)		^			٥	U	

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TRUSTEE		Х				0	0	,
AHRIN MISHAN	0.50	¥				0	0	
TRUSTEE		^						
ALEXA DAVIDSON SUSKIN	0.50	V				0	0	
TRUSTEE		^						
ANNA KUZMIK SAMPAS	0.50	V						
TRUCTEE (OUTCOINC)		X	1			l "		'

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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	a dir	ectc	r/trد	ustee)	)	organization							
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Highest compensated employee Key employee	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations							
BRIGITTE VOSSE TRUSTEE	0.50	×						0	0	0					
CHERYL DELLA ROSA TRUSTEE	0.50	х						0	0	0					
CLAIRE WOOD TRUSTEE	0.50	Х						0	0	0					

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TRUSTEE						
CHERYL DELLA ROSA	0.50	v			0	
TRUSTEE		^			0	
CLAIRE WOOD	0.50	v			0	
TRUSTEE		^			0	
DAVID PICKET	0.50	V			0	
TRUSTEE		^			0	

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and Independent Contractors

DIANE L MAX

DINYAR S DEVITRE

DOUG STEINER

EDGAR LAMPERT

.......

FRANCES RESHESKE

GORDON BOWEN

TRUSTEE (OUTGOING)

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	1 6 1 !	1 ' ' 1						(1) 2 (4 000	(1) 2/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES I MCLAREN TREASURER	5.00 0.50	Х		х				0	0	0
JEANNE DONOVAN FISHER TRUSTEE	0.50	х						0	0	0
JOHN USDAN TRUSTEE	0.50	Х						0	0	0
10SEPH STERN	0.50									

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76,669

294,300

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JEANNE DONOVAN FISHER
TRUSTEE
JOHN USDAN
TRUSTEE
JOSEPH STERN
TRUSTEE

......

......

KATY CLARK

TRUSTEE

LINDA CHINN

MARK DIKER

TRUSTEE

TRUSTEE

PRESIDENT (OUTGOING)

LENNY H SINGLETARY

TRUSTEE (OUTGOING)

TRUSTEE (OUTGOING)

MARYANNE GILMARTIN

LORRAINE LYNCH

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours and a director						,	Organization		arganization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
NATALIA CHEFER VICE CHAIR	5.00	х		х				0	0	0	
NORA ANN WALLACE CHAIR	5.00 0.50	Х		х				0	0	0	
PEDRO J TORRES TRUSTEE (OUTGOING)	0.50	х						0	0	0	
RICHARD E FELDMAN	0.50	Х						0	0	0	

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PEDRO J TORRES
TRUSTEE (OUTGOING)
RICHARD E FELDMAN
TRUSTEE

ROBERTA GARZA

RUDOLPH CREW

TRUSTEE (OUTGOING)

......

SCOTT MCDONALD

STEVEN G FELSHER

THERESE M ESPERDY

TRUSTEE (OUTGOING)

TIMOTHY SEBUNYA

VICE CHAIR

TRUSTEE

**TRUSTEE** 

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

ARTISTIC DIRECTOR

GINA DUNCAN

JENNIFER ANGLADE

MARK JACKSON

PATRICK SCULLY

ELIZABETH N MOREAU

CO-INTERIM PRES, ASSOCIATE VP & SR. PRODUCER

VP, FILM & STRTGIC PROG (OUTGOING)

CO-INTERIM PRES., CFO & VIP OF FIN

LEGAL COUNSEL & SECRETARY

VICE PRESIDENT & GEN. MGR.

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TONY BECHARA TRUSTEE	0.50	X						0	0	0
WILLIAM I CAMPBELL VICE CHAIR	5.00	Х		х				0	0	0
YRTHYA DINZEY-FLORES TRUSTEE (OUTGOING)	0.50	Х						0	0	0
COURTNEY KILLINGSWORTH	40.00									

VICE CHAIR							
YRTHYA DINZEY-FLORES	0.50				0		
TRUSTEE (OUTGOING)		Х			U		
COURTNEY KILLINGSWORTH	40.00		v		143,835		
CO-INTERIM PRES.,VP OF CREATIVE SOC IMPACT			^		143,633		
DAVID BINDER	40.00		V		201 209		

40.00

40.00

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5.00 35.00

40.00

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YRTHYA DINZEY-FLORES	0.50	Y					,	0	0
TRUSTEE (OUTGOING)		^						0	U
COURTNEY KILLINGSWORTH	40.00			X			143.835	0	53.378
CO-INTERIM PRES.,VP OF CREATIVE SOC IMPACT				^			143,033	Ŭ	33,370
DAVID BINDER	40.00			,			204 200		46.000
			1	X	l	1 1	391,208	l O	46,089

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118,997

150,799

191,429

108,794

151,986

27,324

32,902

60,599

16,323

45,734

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

409,347

organizations

from the

74,342

56,430

1,930

	1 411, 10413				J., C.	ascee	,	01941112441011	(in a frage	organization and related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	
ALLEN LEE ASSOCIATE VP, IT	40.00					х		160,100	0	47,993
MARY E REILLY DIR OF ARTIST SERV (OUTGOING)	40.00					х		169,536	0	25,682
SETH AZIZOLLAHOFF	40.00					Х		140,143	0	36,612

ASSOC VP. HR & FACILITIES

any hours

40.00 STACY MARGOLIS 193,901

VP OF DEVELOPMENT

40.00 WILLIAM LYNCH

CFO (FORMER)

Х 155,254

DIRECTOR OF LEAD. GIFTS 40.00

KEITH STUBBLEFIELD

efile GRAPHIC print - DO NO			t - DO NOT PROCE	- DO NOT PROCESS As Filed Data -					DLN: 93493136157692			
SCI	HED	ULE A	Dubl	ic C	harity Statu	s and Dul	nlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if t	he org	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2020			
		the Treasury	► Go to <u>ww</u>	w.irs.	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service ne organiza CADEMY OF MU						Employer identific	ation number			
BROOI	YEIN A	CADEMI OF M	JOSEC INC					11-2201344				
	rt I		for Public Charity S a private foundation bed					See instructions.				
1 ne o	rganiz		a private roundation bed onvention of churches,		•	•	, ,	(A)(:)				
		•	•				. ,, ,	. , . ,				
2			scribed in section 170	. , .	,,,,,	`	,,					
3	Ш	·	or a cooperative hospita		_			-				
4		A medical r name, city,	esearch organization op and state:	perate	d in conjunction with	a hospital descri	bed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's			
5		(b)(1)(A)	ation operated for the back (iv). (Complete Part II.	)	-				bed in <b>section 170</b>			
6			tate, or local governme									
7	✓	-	ation that normally rece O(b)(1)(A)(vi). (Com			s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust described in <b>se</b>	ction	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization						ege or university or a			
10		from activit investment	ation that normally rece lies related to its exemp income and unrelated I See <b>section 509(a)(2)</b>	t func busine	tions—subject to cert ss taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross			
11		An organiza	ation organized and ope	rated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ation organized and ope ly supported organizati through 12d that descr	ons de	escribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2)	). See <b>section 509</b> (a				
a		<b>Type I.</b> A so	supporting organization n(s) the power to regula Part IV, Sections A ar	opera arly ap	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization nt of the supporting org	n supe Janizat	tion vested in the sar							
c		Type III f	unctionally integrated organization(s) (see ins	d. A su	upporting organizatio				ted with, its			
d		Type III n functionally	on-functionally integ integrated. The organi i). You must complete	<b>rated</b> zation	. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization i or Type III non-functio	receive	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported organizat			-						
g			ing information about t									
	(i) N	(i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)							
						Yes	No					
			I									
Tota			tion Act Notice, see t			Cat. No. 11285		 Schedule A (Form 9	<u> </u>			

3,808,279 301,338 14,465,819 securities loans, rents, royalties 1,380,535 2,362,002 6,613,665 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain 10 or loss from the sale of capital 960,063 1,193,824 721,390 639.515 286,750 3,801,542 assets (Explain in Part VI.). . **Total support.** Add lines 7 through 205,165,605 12 53,027,074 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage

14

15

Schedule A (Form 990 or 990-EZ) 2020

90.440 %

88.910 %

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under t	ne tests listed i	pelow, please co	ompiete Part II.	)	
56	ection A. Public Support  Calendar year			I		T	
	(or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(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 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						
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.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
Se	from line 6.) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	businesses acquired after June 30, 1975.						
C	1975. Add lines 10a and 10b.						
c 11	1975. Add lines 10a and 10b. Net income from unrelated business						
_	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
_	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is						
_	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
11	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.						
11	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,						
11 12 13	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.).	ne organization's	first. second. thir	J. fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.
11	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the	-			•	( ) ( )	· —
11 12 13 14	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here.	<u> </u>	<u> </u>		•	( ) ( )	· —
11 12 13 14	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here.	Support Perce	ntage	·	<u> </u>		· —
11 12 13 14 Se	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public Support percentage for 2020 (lines.)	Support Perce e 8, column (f) d	ntage ivided by line 13,	column (f))		15	· —
11 12 13 14 Se 15 16	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here.  Public support percentage for 2020 (lin Public support percentage from 2019 S	Support Perce e 8, column (f) d chedule A, Part I	ntage ivided by line 13,	column (f))			· —
11 12 13 14 Se 15 16 Se	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here.  Ection C. Computation of Public Section D. Computation of Investigation.	Support Perce e 8, column (f) d chedule A, Part I: nent Income	ntage ivided by line 13, II, line 15	column (f))		15 16	· —
11  12  13  14  Section 15  16  Section 17	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here. Public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Investing Investment income percentage for 2020.	Support Perce e 8, column (f) d chedule A, Part I ment Income (0 (line 10c, colu	ntage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))		15 16	· —
11  12  13  14  Se  15  16  Se  17  18	1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the check this box and stop here.  Ection C. Computation of Public Section D. Computation of Investigation.	Support Perce e 8, column (f) d chedule A, Part I ment Income (0 (line 10c, column) 019 Schedule A,	ntage ivided by line 13, II, line 15  Percentage mn (f) divided by Part III, line 17 .	column (f))	))	15 16	• □

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . .  $\blacktriangleright$ b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% 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. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . .

Page 4

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Vec No

				'''		
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1				
,	Did the organization have any supported organization that does not have an IRS determination of status under section 509		-			
2	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described					
	in section $509(a)(1)$ or $(2)$ .					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.					
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination.					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
ŧa	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

acternment.	3b				
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
ir res, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
checked box 12a or 12b in Part 1, answer lines 4b and 4c below.					
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
Did the organization support any foreign supported organization that does not have an IRS determination under sections					
			<del>                                     </del>		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	TO When I would in the Board MT what control a the consensation must be also be account on the control of the			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	o the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Ρā	art IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?				
h	<b>b</b> A family member of a person described in 11a above?				
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11b 11c			
	VI.				
S	Section B. Type I Supporting Organizations		Yes	No	
1	Did the officers, 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		res	NO	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1			
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2			
	organization.				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
S	Section D. All Type III Supporting Organizations				
			Yes	No	
1	the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the m 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	ocuments in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2			
•	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3			
S	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 instruction)	ions):			
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.				
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.				
	c	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	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 <b>Part VI identify those supported organizations and explain</b> 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 line 2a 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 <b>Part VI</b> 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 lines 3a and 3b below.	2b			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b			

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
<u></u>	Average mentally each balances	16		

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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		С	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		
		1		

Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7 instructions) Schedule A (Form 990 or 990-F7) 2020

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2020 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

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

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12: Part IV. Part VI 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). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10. MISCELLANEOUS REVENUE - 2016 AMOUNT: \$ 748.278. 2017 AMOUNT: \$ 64.122. 2018 AMOUNT: \$ 142. EXPLANATION OF OTHER 158. 2019 AMOUNT: \$ 310,077. 2020 AMOUNT: \$ 10,271. FUNDRAISING REVENUE - 2016 AMOUNT: \$ 2 11,785. 2017 AMOUNT: \$ 685,860. 2018 AMOUNT: \$ 92,595. 2019 AMOUNT: \$ 1,800. 2020 AMOUNT: INCOME: \$ 21,140. MANAGEMENT FEES - 2017 AMOUNT: \$ 203,441. 2018 AMOUNT: \$ 201,570. 2019 AMOUNT: \$ 252,608. 2020 AMOUNT: \$ 251,522. BAZAAR INCOME - 2017 AMOUNT: \$ 106,800. 2018 AMOUNT: \$ 1 13,700, 2019 AMOUNT: \$ 0, 2020 AMOUNT: \$ 0, CONSULTING INCOME - 2017 AMOUNT: \$ 12,733, 201 8 AMOUNT: \$ 8,350, 2019 AMOUNT: \$ 5,692, 2020 AMOUNT: \$ 0, MAILING LIST - 2017 AMOUNT: \$ 1 6,496, 2018 AMOUNT: \$ 27,292, 2019 AMOUNT: \$ 4,940, 2020 AMOUNT: \$ 2,687, CAFETERIA INCOME - 2017 AMOUNT: \$ 93,741. 2018 AMOUNT: \$ 101,525. 2019 AMOUNT: \$ 60,989. BOUTIOUE SALES -2017 AMOUNT: \$ 10,631, 2018 AMOUNT: \$ 34,200, 2019 AMOUNT: \$ 3,409, 2020 AMOUNT: \$ 1,130,

## **Political Campaign and Lobbying Activities**

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493136157692

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** BROOKLYN ACADEMY OF MUSIC INC 11-2201344 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a

				separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	e instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (	Form 990 or 990-EZ) 2020

expenses, and share of excess lobbying expenditures).

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Schedule C (Form 990 or 990-EZ) 2020

(d) 2020

1,000,000

45,000

250,000

45,000

Schedule C (Form 990 or 990-EZ) 2020

(e) Total

4,000,000

6,000,000

249,000

1,000,000

1.500.000

249,000

(c) 2019

1,000,000

66,000

250,000

66,000

Page 2

Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals totals (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) ..... 45,000 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... Total lobbying expenditures (add lines 1a and 1b) ..... 45,000 25,401,359 Other exempt purpose expenditures ..... Total exempt purpose expenditures (add lines 1c and 1d) 25,446,359

f Lobbying nontaxable amount. Enter the amount from the following table in both 1,000,000 columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175.000 plus 10% of the excess over \$1.000.000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) .....

250,000 Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c. If zero or less, enter -0-. section 4911 tax for this year? ..... 4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No (Some organizations that made a section 501(h) election do not have to complete all of the five

# columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

1,000,000

66,000

250,000

66.000

**(b)** 2018

1,000,000

72,000

250,000

72,000

(a) 2017

Return Reference

or each "Vec" response on lines 1a through 1i helew, provide in Part IV a detailed description of the lebbying		a)	(b)	
or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ctivity.	Yes	No	Amou	nt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
		1 -		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	)(5), c	or section		□ Na
Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).			Yes	No
Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes 1 2	No
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 [	Yes 1 2 3	No
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 )(5), d		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 )(5), d		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	)(5), c		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), c : III-A		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	)(5), c : III-A		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	1 2a 2b 2c		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	)(5), c : III-A		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	)(5), c : III-A 2a 2b 2c 3		Yes 1 2 3 on 501(6	
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	1 2a 2b 2c		Yes 1 2 3 on 501(6	

Explanation

**SCHEDULE D** 

### **Supplemental Financial Statements**

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

► Attack to Form 990.

OMB No. 1545-0047 2020

DLN: 93493136157692

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	ne of the organization OKLYN ACADEMY OF MUSIC INC				identification	
Pa				11-220134	14	
	Organizations Maintaining Donor Advi Complete if the organization answered "Ye			r Account	s.	
	· •	(a) Donor advised f		<b>(b)</b> Fu	unds and other	accounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's experience.					Yes 🗆 N
	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any	other purpose o		permissible	Yes 🗌 N
ar	<b>Conservation Easements.</b> Complete if the organization answered "Ye	es" on Form 990. Part IV. I	line 7.			
_	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e.g., recreation	`	servation of an	historically i	mnortant land :	area
	Protection of natural habitat	· —	servation of a c	•	•	
	Preservation of open space	rie		a. anica misto	55, 46,416	
	·			6		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contrib	oution in the for		ervation ld at the End o	of the Year
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified histor	ic structure included in (a)		2c		
	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not or	n a historic	2d		
	Number of conservation easements modified, transferred tax year	ed, released, extinguished, or	terminated by t	he organizat	tion during the	
	Number of states where property subject to conservation	on easement is located <b>&gt;</b>				
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, inspects?	ction, handling o	of violations,	☐ Yes	□ No
	Chaff and an lamban become developed to manufaction in the			nservation e	asements durir	
	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, a	and enforcing co			ng the year
		-	_	ation easem		
	Amount of expenses incurred in monitoring, inspecting.  \$  Does each conservation easement reported on line 2(d)	, handling of violations, and er	nforcing conserv		nents during the	
	Amount of expenses incurred in monitoring, inspecting,  \$ \bigset\$	, handling of violations, and er	nforcing conserv		nents during the	
	Amount of expenses incurred in monitoring, inspecting.  \$  Does each conservation easement reported on line 2(d)	, handling of violations, and er ) above satisfy the requiremer	nforcing conservents of section 17	'0(h)(4)(B)(i ise statemer	i)  Yes	e year
ri	Amount of expenses incurred in monitoring, inspecting,  \$ Does each conservation easement reported on line 2(d, and section 170(h)(4)(B)(ii)?	, handling of violations, and er ) above satisfy the requirement of the recommendation easements in its reverse footnote to the organization of the recommendation of the recomm	nforcing conservants of section 17	00(h)(4)(B)(i use statemen ments that c er Similar	i)  Yes ot, and describes  Assets.	e year No
ri	Amount of expenses incurred in monitoring, inspecting.  \$  Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	, handling of violations, and er ) above satisfy the requirement of the control of the organization of the control of the cont	nforcing conservants of section 17 enue and expers financial state ures, or Otheline 8. venue statemenesearch in further	one statement that can be stated as the state of the stat	Tyes  at, and describes  Assets.	e year  No
	Amount of expenses incurred in monitoring, inspecting.  \$ \$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	, handling of violations, and er ) above satisfy the requirement of the control of the organization of the control of the organization of the control of the	nforcing conservants of section 17	one statements that comments that comments that comments that comments that comments that comments and balance of pulling the design of the comments that comments the comments that the comment	i)  Yes  Assets.  The sheet works of an elect wo	of art, ovide, in
	Amount of expenses incurred in monitoring, inspecting.  \$ \$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	, handling of violations, and er  ) above satisfy the requirement of the control of the organization of the control of the organization of the control of th	nforcing conservants of section 17	or Similar  t and balance ar and balance of puller and balance of	Yes  Assets.  The sheet works of an oblic service, pro-	of art, ovide, in
(i	Amount of expenses incurred in monitoring, inspecting.  \$ \$	, handling of violations, and er above satisfy the requirement of servation easements in its reverse footnote to the organization of the set of	nforcing conservants of section 17 enue and expers financial state ures, or Otheline 8. venue statement esearch in furthers. ue statement an esearch in furthers.	se statement that comer similar that comer and balance of pull distance of pull that comer ance of pull that comer and that comer an	Yes  It, and Idescribes  Assets.  The sheet works of an oblic service, pro-	of art, vide, in t, vide the
(i	Amount of expenses incurred in monitoring, inspecting.  \$ \$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	, handling of violations, and er  ) above satisfy the requirement of the control of the organization of the control of the organization of the control of th	nforcing conservants of section 17	ro(h)(4)(B)(in the state of the state of pull of the state of	Yes  Assets.  The sheet works of an oblic service, pro-	of art, vide, in t, vide the
(i	Amount of expenses incurred in monitoring, inspecting.  \$  Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	, handling of violations, and er  ) above satisfy the requirement of the control of the organization of the control of the organization of the control of th	nforcing conservants of section 17 enue and expers financial state  ures, or Otheline 8. venue statement and esearch in furtherns. ue statement and esearch in furtherns. assets for finances:	ro(h)(4)(B)(in the set of statements that contents that contents that contents that contents the set of pulling the set of pull	Yes  Assets.  The sheet works of an ablic service, property of the service of the	of art, ovide, in

**d** Equipment .

	dule D (Form 990) 2020						Page 2
		taining Collections o					
3	Using the organization's acquisition (check all that apply): ————————————————————————————————————	tion, accession, and other	·	any of the f	following that are a	significant use of it	s collection
а	Public exhibition		d	☐ Loa	n or exchange prog	ırams	
b	Scholarly research		е	☐ Oth	er		
c	Preservation for future ge	nerations					
4	Provide a description of the orga Part XIII.	anization's collections and	explain how the	ey further t	he organization's e	kempt purpose in	
5	During the year, did the organiz assets to be sold to raise funds						es 🗌 No
Par	rt IV Escrow and Custodi Complete if the organ X, line 21.	ial Arrangements. iization answered "Yes'	' on Form 990	), Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1a	Is the organization an agent, truincluded on Form 990, Part X? .						es 🗆 No
b	If "Yes," explain the arrangeme	nt in Part XIII and comple	te the following	table:		Amount	
c	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year .				1e		
f	Ending balance				1f		
2a	Did the organization include an	amount on Form 990, Par	t X, line 21, for	escrow or o	custodial account lia	ability? 🔲 Ye	es 🗆 No
b	If "Yes," explain the arrangemen	nt in Part XIII. Check here	if the explanat	ion has bee	n provided in Part :	кпп 🗆	
	rt V Endowment Funds.				·		
	Complete if the organ	ization answered "Yes'					
_		(a) Curren		Prior year	(c) Two years back		
	Beginning of year balance	92,		101,160,417	99,853,636		91,574,003
	Contributions	22	21,467 119,816	72,000 1,450,320	<u>'</u>		181,650 13,391,193
	Net investment earnings, gains, a	103363		9,599,095		' '	
	Grants or scholarships	/,	687,204	9,599,095	4,449,813	7,478,996	8,598,441
	Other expenditures for facilities and programs		200 400	200 212	242.422	644.604	750.007
	Administrative expenses		290,492	303,213	<u> </u>	· ·	768,807
g	End of year balance		944,016	92,780,429		99,853,636	95,779,598
2	Provide the estimated percentage	,	balance (line 1	g, column (	a)) held as:		
а	Board designated or quasi-endo						
b	Permanent endowment > 8	0.280 %					
c	Term endowment ▶ 0.120						
3a	The percentages on lines 2a, 2b  Are there endowment funds not	·		t are held a	nd administered fo	r the	
	organization by: (i) Unrelated organizations .					T3	Yes No a(i) No
	<b>2113 5 1 1 1 1 1 1 1 1</b>						a(ii) Yes
b	If "Yes" on 3a(ii), are the relate		equired on Sch	edule R?			3b Yes
4	Describe in Part XIII the intende	ed uses of the organization	n's endowment	funds.			
Par	rt VI Land, Buildings, and						_
		ization answered "Yes' (a) Cost or other basis	on Form 990 (b) Cost or other	<del> </del>	1	<del></del>	ne 10. (d) Book value
	Description of property	(investment)	(D) Cost or other	nasis (otner	(c) Accumulated (	іергесіацоп	(u) book value
1 ~	Land				+		
	Land			2,509,91	9	1,101,747	1,408,172
	Buildings Leasehold improvements			16,108,37		12,729,490	3,378,883
-	Ecasciloia illibrovellielits			20,200,07	- I	,,	5,5,5,505

5,413,776

40,224,545

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,260,029

39,958,248

46,005,332

4,153,747

266,297

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990, I	Part IV line	11h.See Form 990	Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
	al derivatives			
	held equity interests			
В)				
C)				
D)				
E)				
F)				
(G)				
(H)				
(I)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990, I	Part IV, line	11c. See Form 990,	Part X, line 13.
	(a) Description of investment	·	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col.(B) line 13.)		<b>&gt;</b>	
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d. See Form 990, Pa	rt X, line 15.
(1)BENEFIC	(a) Description  CIAL INTEREST IN BAM ENDOWMENT TRUST			<b>(b)</b> Book value 106,944,01
	TY DEPOSITS			44,48 265,11
(4)STRAND	THEATER TENANTS' RESERVE			14,67
(5)DUE FRO (6)	DM BAM ENDOWMENT TRUST			7
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			107,268,35
	Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P			990 Part Y line 25
1.	(a) Description of liability	are IV, mic	110 01 111.000 101111	(b) Book value
	income taxes			020 700
(2) DUE TO I	NTC CIRS			920,789
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<del>                                     </del>
(9)				<del>                                     </del>
	(() ( (D) t 25 )			
l otal. (Columi	nn (b) must equal Form 990, Part X, col.(B) line 25.)		▶	920,789

2

1

2

b

Schedule D (Form 990) 2020

Page 4

-437,783 29,572,079

25,707,850

437 783

Schedule D (Form 990) 2020

е	Add lines <b>2a</b> through <b>2d</b>	2e	-176,
3	Subtract line <b>2e</b> from line <b>1</b>	3	30,009,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		

2a

2b

2c 2d

2a

2b 2c

2d

-176,292

437,783

c	Add lines <b>4a</b> and <b>4b</b>			4c
b	Other (Describe in Part XIII.)	4b	-43	7,783
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
ŀ	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.)	4b				-437,783		
С	Add lines $4a$ and $4b$						4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)					•	5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With	Exp	oen	ses per R	eturr	١.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Add lines 2a through 2d . . .

_	Add mies zu amough zu i i i i i i i i i i i i i i i i i i	I		1377703			
3	Subtract line <b>2e</b> from line <b>1</b>	Γ	3	25,270,067			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Γ					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.) 4b	76,292					
c	Add lines <b>4a</b> and <b>4b</b>		4c	176,292			
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	25,446,359			
Part 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.							

Total expenses. Add filles 5 and 4	re: (This mast equal form 550, Fart I, line 10.)	٠,	23,440,33				
Part XIII Supplemental Info	ormation						
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.							
Return Reference	Explanation						
ee Additional Data Table							

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

#### Additional Data

#### Software ID: Software Version:

EIN: 11-2201344

Name: BROOKLYN ACADEMY OF MUSIC INC

### Supplemental Information

Return Reference

Explanation

PART V, LINE 4:

THE ENDOWMENT FUNDS REPORTED IN PART V ARE BEING ADMINISTERED THROUGH THE BAM ENDOWMENT TR
UST, A SUPPORTING ORGANIZATION AS DEFINED IN CODE SECTION 509(A)(3) OF THE INTERNAL REVENU E CODE OF 1986. THE EARNINGS OF THE TRUST ARE USED EXCLUSIVELY TO ASSIST BAM IN CARRYING O UT ITS MISSION.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	BAM BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021 AND 2020 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES WHICH PROVIDES STAN DARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISION FOR UNCERTAIN TAX POSITIONS.

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Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INDIRECT FUNDRAISING EXPENSES -176,292.

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Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -437,783.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 437,783.

.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INDIRECT FUNDRAISING EXPENSES 176,292.

OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. **Open to Public** Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** BROOKLYN ACADEMY OF MUSIC INC 11-2201344

As Filed Data -

Pa	Fundraising Activ		_			form 990, Part IV, line	17.
	Indicate whether the organiza	ation raised funds th	rough an	y of the fo	ollowing activities. Check	all that apply.	
a	Mail solicitations			е	Solicitation of nor	n-government grants	
b	☐ Internet and email solicita	ations		f	Solicitation of gov	ernment grants	
C	Phone solicitations			g	Special fundraisin	ng events	
d	☐ In-person solicitations						
2a	Did the organization have a vor key employees listed in Fo						es 🗆 No
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers)	pursuant to agreements	under which the fundraise	er is
) [	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
		•	•	٠_ ا			

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493136157692

Pai	than \$15,000 of fundraising e				
	gross receipts greater than \$!	5,000.			
		(a)Event #1 2021 BAM GALA	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
. l					
Keverkie					
Y Y					
	<b>1</b> Gross receipts	754,027			754,027
	2 Less: Contributions	732,887			732,887
	3 Gross income (line 1 minus line 2)	21,140			21,140
	4 Cash prizes				
S L	5 Noncash prizes	7.000			7.006
Direct Experises	7 Food and beverages	7,000 55,323			7,000 55,323
1	8 Entertainment	33,323			33,323
۲ I	9 Other direct expenses	361			361
	Other unect expenses				
בֿ בֿ	10 Direct expense summary. Add lines 4 to				62,684
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10	through 9 in column (d) from line 3, column (d)			-41,544
	10 Direct expense summary. Add lines 4 to	through 9 in column (d) from line 3, column (d)	s" on Form 990, Part 1		-41,544
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 till Gaming. Complete if the organizations.	through 9 in column (d) from line 3, column (d)	cs" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		-41,544
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 till Gaming. Complete if the organizations.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-41,544 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) fanization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-41,544 d more than \$15,000 (d) Total gaming (add
S Keverne	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	-41,544 d more than \$15,000 (d) Total gaming (add
Par physical Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	-41,544 d more than \$15,000 (d) Total gaming (add
Direct Expenses   Keverne	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 I Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes %  No  n (d)	(c) Other gaming  Yes % No	-41,544 d more than \$15,000 (d) Total gaming (add
a Direct Experises   Keverkie	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes %  No  n (d)	(c) Other gaming  Yes % No	-41,544 If more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
a Direct Experises   Keverkie	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No No (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2020							Page <b>3</b>
11	Does the organization conduct gamin	g activities with nonmember	s?			Yes	□No	
12	Is the organization a grantor, benefic formed to administer charitable gami		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gaming ac	tivity conducted in:				□ les		
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the pe	erson who prepares the orga	nization's gaming/special events bo	oks and re	cords:			
	Name •							
	Address P							
15a	Does the organization have a contrac revenue?	t with a third party from who	_	_		□Yes	Пыс	
b	If "Yes," enter the amount of gaming	revenue received by the org	janization 🕨 \$			□ res		
	amount of gaming revenue retained b	oy the third party ► \$						
c	If "Yes," enter name and address of t	he third party:						
	Name •							
	Address •							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ▶							
	☐ Director/officer	☐ Employee	☐ Independent contrac	ctor				
17	Mandatory distributions:							
а	Is the organization required under started retain the state gaming license? .			ds to 		□Yes	Пы	
b	Enter the amount of distributions req	uired under state law distrib	uted to other exempt organizations	or spent		LI TES	100	
Dai	in the organization's own exempt acti t IV Supplemental Informati		\$ tions required by Part I, line 2b	columns	z (iii) a	nd (v/): 3	nd Dart	
-61			licable. Also provide any additi					s.
	Return Reference		Explanation	_				

efil	le GRAPHIC pi	rint - DO NOT PROCESS As Fi	iled Dat	a -	DLN: 93	349313	86157	692	
Sch	nedule J	Comp	ensat	ion Information	(	DMB No.	1545-(	0047	
(Form 990)  Department of the Treasury		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					2020 Open to Public		
Intern	al Revenue Service					Insp	ectio	n	
	me of the organiza OOKLYN ACADEMY O				Employer identific	ation nu	ımber		
					11-2201344				
Pa	rt I Questi	ons Regarding Compensation							
1a	Check the appro	opiate box(es) if the organization provid ection A, line 1a. Complete Part III to p	ded any of provide an	f the following to or for a person liste y relevant information regarding the	d on Form se items.		Yes	No	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
	Travel for	companions		Payments for business use of perso	nal residence				
	Tax idemi	nification and gross-up payments		Health or social club dues or initiati	on fees				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chaut	ffeur, chef)				
b		xes on Line 1a are checked, did the org or provision of all of the expenses desc				1b			
2		ation require substantiation prior to reir				2			
	directors, truste	ees, officers, including the CEO/Executive	/e Directo	r, regarding the items checked on Lir	ne 1a? .     .				
3	organization's C	if any, of the following the filing organi CEO/Executive Director. Check all that a ed organization to establish compensati	pply. Do i	not check any boxes for methods					
	✓ Compens	ation committee		Written employment contract					
		ent compensation consultant	<b>✓</b>	Compensation survey or study					
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year related organiza	, did any person listed on Form 990, Pa ation:	art VII, Se	ction A, line 1a, with respect to the f	iling organization or a	a			
а	Receive a sever	ance payment or change-of-control pay	ment? .			4a	Yes		
b	Participate in, o	r receive payment from, a supplementa	al nonqual	ified retirement plan?		4b	Yes		
C		r receive payment from, an equity-base of lines 4a-c, list the persons and provid	•	_		4c		No	
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organ	nizations	must complete lines 5-9.					
5	For persons liste	ed on Form 990, Part VII, Section A, lin ontingent on the revenues of:							
а	The organization	n?				5a		No	
b		anization?				5b		No	
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of:	e 1a, did	the organization pay or accrue any					
а	The organization	n?				6a		No	
b		anization?				<b>6</b> b		No	
	If "Yes," on line	6a or 6b, describe in Part III.							
7		ed on Form 990, Part VII, Section A, lin escribed in lines 5 and 6? If "Yes," desc				7		No	
8	subject to the ir	nts reported on Form 990, Part VII, pai nitial contract exception described in Re	gulations	section 53.4958-4(a)(3)? If "Yes," d		8		No	
9		8, did the organization also follow the r				9			
For I	Panerwork Redu	uction Act Notice, see the Instruction	ns for Fo	orm 990. Cat. No. 5	50053T Schedule	J (Forn	1990)	2020	

lote. The sum of columns (B)(i)-(iii) for each listed individual must equ  (A) Name and Title	iai the tota		kdown of W-2 and/c		(C) Retirement	(D) Nontaxable	(E) Total of	(F)	
		compensation (i) Base (ii)		(iii) Other	and other deferred	benefits	columns (B)(i)-(D)	Compensation in column (B)	
			ompensation Bonus & incentive reportable compensation compensation	compensation			reported as deferred on prio Form 990		
See Additional Data Table						ı			

Schedule J (Form 990) 2020	Page 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									
Return Reference	Explanation								
	THE FOLLOWING EMPLOYEES RECEIVED PAYMENTS DURING THE YEAR: - KEITH L. STUBBLEFIELD, RECEIVED A RETIREMENT SEPARATION PAYMENT OF \$168,275. IN ADDITION, HE RECEIVED A DISTRIBUTION FROM A 457(B) RETIREMENT PLAN FOR \$167,210MARY E. REILLY, RECEIVED A VOLUNTARY SEPARATION PAYMENT OF \$108,193GINA DUNCAN, RECEIVED A VOLUNTARY SEPARATION PAYMENT OF \$19,123. THESE AMOUNTS ARE REPORTED IN PART II, COLUMN B (III).								
PART II, LINE B (III)	THE AMOUNTS IN COLUMN B(III) INCLUDES CONTRIBUTIONS TO A 457(B) RETIREMENT PLAN FOR CERTAIN PEOPLE.								

Schedule J (Form 990) 2020

**5**WILLIAM LYNCH

ASSOCIATE VP, IT

**7**PATRICK SCULLY

VICE PRESIDENT & GEN.

CO-INTERIM PRES.,VP OF CREATIVE SOC 9MARY E REILLY

VP, FILM & STRTGIC PROG

11SETH AZIZOLLAHOFF

DIR OF ARTIST SERV (OUTGOING)

10GINA DUNCAN

ASSOC VP, HR & FACILITIES

(OUTGOING)

**6**ALLEN LEE

MGR.

COURTNEY KILLINGSWORTH

8

DIRECTOR OF LEAD. GIFTS

(i)

(ii)

(i)

(ii)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

152,792

159,898

150,529

143,624

55,905

119,852

139,829

Software ID: Software Version:

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Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**EIN:** 11-2201344

Name: BROOKLYN ACADEMY OF MUSIC INC

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1DAVID BINDER ARTISTIC DIRECTOR	(i)	390,204	o	1,004	35,340	10,749	437,297	0
	(ii)	l ol	0	0	0	0	0	, <u> </u>
1KEITH STUBBLEFIELD CFO (FORMER)	(i)	67,560	0	341,787	0	1,930	411,277	0
'	(ii)	l ol	0	0	,	0	0	, 0
2KATY CLARK PRESIDENT (OUTGOING)	(i)	285,966	0	8,334	44,921	31,748	370,969	0
·	(ii)	ol	10	0	0	0	0	0
3STACY MARGOLIS VP OF DEVELOPMENT	(i)	174,901	0	19,000	47,732	26,610	268,243	. 0
<b>'</b>	(ii)	l ol	0	0	, 0	0	0	, 0
4JENNIFER ANGLADE CO-INTERIM PRES.,CFO &	(i)	191,215	0	214	48,020	12,579	252,028	. 0
VIP OF FIN	(ii)	l ol	0	0	,	0	0	0

2,462

202

1,457

211

113,631

30,947

314

0

44,897

26,837

33,205

22,816

20,822

29,370

29,413

11,533

21,156

12,529

30,562

4,860

3,532

7,199

211,684

208,093

197,720

197,213

195,218

183,701

176,755

0

0

0

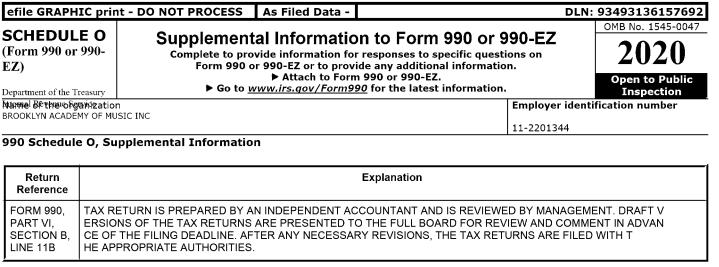
0

0

0

DLN: 93493136157692 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number BROOKLYN ACADEMY OF MUSIC INC 11-2201344 Part I **Types of Property** (d) (a) (c) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications **5** Clothing and household . . . . . Cars and other vehicles 7 Boats and planes . . Intellectual property . . . 688,692 AVG. HIGH/LOW 9 Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . Archeological artifacts . . **ENERGY** Χ 1 691,346 FAIR MARKET VALUE Other ► ( SUPPORT Χ 251,126 FAIR MARKET VALUE **CIRS** PENSION, GROUP LIFE **INSURANCE** AND ADMIN Other ▶ ( FEES 27 Other ► ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2020)

Schedule M (Form 990) (2020)	Page <b>2</b>									
is reporting in Part I, colu	Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation									
PART I, COLUMN (B):	THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.									
	Schedule M (Form 990) (2020)									



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, ALL MEMBERS OF THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT ARE REQUIRED TO REVIEW AND SIGN BAM'S CONFLICT OF INTEREST POLICY. WHEN A BIDDING SITUATION WITH A POTENTIAL CONFLICT ARISES, PROPOSALS FROM MULTIPLE SOURCES ARE REQUESTED. A SUBCOMMITTEE OF BAM'S BOARD GOVERNANCE COMMITTEE SERVES AS THE CONFLICT OF INTEREST COMMITTEE AND EVALUATES EACH CONFLICT OR POTENTIAL CONFLICT TO ENSURE THAT EACH BID MEETS THE CRITERIA SET FORTH IN BAM'S CONFLICT OF INTEREST POLICY. THOSE MEMBERS WITH A CONFLICT MAY NOT PARTICIPATE IN OR ATTE ND AN AUTHORIZED BODY'S DELIBERATIONS OR VOTE ON THE CONFLICT OF INTEREST ARRANGEMENT.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, A COMMITTEE CONSISTING OF INDEPENDENT TRUSTEES AND MEMBERS OF MANAGEMENT COMPLETED A COMPE PART VI, NSATION REVIEW. THE SALARY AND BENEFIT DATA FOR COMPARABLE ROLES WAS REVIEWED AND DISCUSSE D. FOR TOP MANAGEMENT AND OFFICERS, A COMPENSATION TARGET AND RANGE WAS ESTABLISHED FOR EA CH POSITION. THIS PROCESS IS UNDERTAKEN ON AN ANNUAL BASIS.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THROUGH ITS WEBSITE (WWW.BAM.ORG), BAM MAKES AVAILABLE ITS CONFLICT OF INTEREST POLICY AND ITS
PART VI,	FINANCIAL STATEMENTS.
SECTION C,	
LINE 19	

Return Explanation

Reference	
FORM 990,	INCREASE IN BENEFICIAL INTEREST IN BET ENDOWMENT TRUST 14,163,587. CULTURAL INSTITUTIONS RETIREMENT
PART XI,	SYSTEM -5,605.

LINE 9:

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XII,	THE PROCESS OF OVERSEEING OF THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.
LINE 2C:	

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

DLN: 93493136157692 OMB No. 1545-0047

> **Open to Public** Inspection

**Employer identification number** 

BROOKLYN ACADEMY OF MUSIC INC							11-22013	44				
Part I Identification of Disregarded Entities. Comple	te if the orgar	nization answe	red "Yes	" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Total inc	ome End	(e) End-of-year assets		ssets (f) Direct con entit		
Part II Identification of Related Tax-Exempt Organiza		ete if the orga	nization	answered '	"Yes" on F	orm 990	, Part IV, liı	ne 34 bed	cause it	had one or	more	
related tax-exempt organizations during the tax yea (a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) charity status tion 501(c)(3))		(f) t controlling entity		512(b ntrolle ity?
(1)BAM ENDOWMENT TRUST 30 LAFAYETTE AVENUE  BROOKLYN, NY 11217 11-3112268	THE BAM EI TRUST OPE EXCLUSIVE BENEFIT OF	RATES LY FOR THE		NY	501(C)(3)		LINE 12C, III-		N/A		Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.		Ca	t. No. 50135	Y				Schedi	ule R (Form	990) 20	020

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded fro tax under sections 512 514)	ed, total incom	(g) Share of e end-of-year assets	Disprop alloca	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or Penging of or ner?	(k) ercent owners
								Yes	No		Yes	No	
Identification of Related Orga	nizatione Tavable as a 1	Cornoration	or Trus	• Complet	e if the orga	nization an	awarad "Va	s" on F	Form C	OO Dart IV	/ line	3/1	
because it had one or more relat							swered re	5 0111	Offilia	750, Fait IV	, iiiie	J+	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	(c) egal micile or foreign untry)		(d) t controlling T entity (C	(e) ype of entity corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) e of end- year assets		ntage ership	(13)	(i) tion 5 ) conf entity
			uncry									Ye	S
													+
													+
													_

Pa	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j		1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s	Yes	
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.			
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolve	l

Page **3** 

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

was not a related organization. See instructions regarding exclusion for certain investment partitions.													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2020

chedule R (Fo	rm 990) 2020	Page	5							
Part VII	Supplemental Info	Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation								