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Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

7 1 01 tile 2	09 calendar year, or tax year beginning and ending	<u> </u>	
B Check if applicable	Please use iRS	D Employer identification num	ber
Address	BRONX COUNTY BAR ENDOWMENT INC.		
Name change Initial	Doing Business As	13-6138186	<u> </u>
Termin- ated	See Specific Instruc- 851 GRAND CONCOURSE Room/sul		
Amended	City or town, state or country, and ZIP + 4	G Gross receipts \$ 1	88,515
Applica- tion pending	BRONX, NY 10451-2937	H(a) Is this a group return	
, ,	F Name and address of principal officer: ALAN B. FRIEDBERG 851 GRAND CONCOURSE, BRONX, NY 10451		Yes X No
I Toy-ovom	ot status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527	<del>-</del>   ''	YesNo
J Website:		If "No," attach a list. (see ins	
K Form of or		ar of formation 1958 M State of leg	
	ummary		
g 1 Br	efly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PROVII}$	E ASSISTANCE TO ME	MBERS
Activities & Governance  Activities & Governance  Ch  2	THE NEW YORK STATE BAR AND TO ASSIST IN CH	ARITABLE CAUSES.	
E 2 Ch	eck this box 🕨 📖 if the organization discontinued its operations or disposed of mo	ore than 25% of its net assets.	
3 Nu	mber of voting members of the governing body (Part VI, line 1a)	3	
8 4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)	4	
5 To	al number of employees (Part V, line 2a)	5	
\$ 6 To	al number of volunteers (estimate if necessary)	6	0
	al gross unrelated business revenue from Part VIII, column (C), line 12	7a 7b	0
D Ne	unrelated business taxable income from Form 990-T, line 34	<del></del>	ent Year
8 Cc	ntributions and grants (Part VIII, line 1h)	104,783.	82,055
3 I	gram service revenue (Part VIII, line 2g)	82,100.	99,385
3 10 lax	etment/feeme (Part VIII, column (A), lines 3, 4, and 7d)	11,885.	7,075
	er revenue (Part VIII.) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	<del>.</del>
	al revenue ; add lines through 11 (must equal Part VIII, column (A), line 12)	198,768. 1	88,515
CH13 BH	hats Angustrallar amounts paid (Part IX, column (A), lines 1-3)	4,500.	15,000
\ <b>°14</b> Be	nefits paid to or for members (Part IX, column (A), line 4)		
	aries corper dembensation, employee benefits (Part IX, column (A), lines 5-10)		
15 Sa 16a Production to 17 Ott	Teseional fundraising fees (Part IX, column (A), line 11e)		
b To	al fundraising expenses (Part IX, column (D), line 25)   98,631.		
1,, 0,	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	104,926. 1	52,831
	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		67,831
19 Re	venue less expenses Subtract line 18 from line 12	89,342.	20,684
and	Г		of Year 02,448
20 To	al assets (Part X, line 16) al liabilities (Part X, line 26)	401,704.	02,440
#a ∈ l	assets or fund balances. Subtract line 21 from line 20	481,764. 5	02,448
	signature Block	1017,010	02/110
	der penalties of penuly, I declare that I have examined this return, including accompanying schedules and statement I complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	s, and to the best of my knowledge and belief, it	is true, correct,
	complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled		
an			
		1/1/8/10	
Sign Here	Signature of officer	Date 0	
Sign	ALAN B. FRIEDBERG, PRESIDENT	Date //	
Sign Here	ALAN B. FRIEDBERG, PRESIDENT Type or print name and title		
Sign Here	ALAN B. FRIEDBERG, PRESIDENT  Type or print name and title  Date	Check if Preparer's identifying r	number
Sign Here Paid Preparer's	ALAN B. FRIEDBERG, PRESIDENT Type or print name and title  Parer's Market Co.  Date 07/23/10	Check if Preparer's identifying r	number
Sign Here Paid Preparer's Use Only	ALAN B. FRIEDBERG, PRESIDENT  Type or print name and title  parer's nature  This name (or its if temployed), 180 PHILLIPS HILL ROAD - SUITE 3A	Check If eff- eff- employed  EIN	
Sign Here  Paid Preparer's Use Only seach	ALAN B. FRIEDBERG, PRESIDENT Type or print name and title  Parer's Market Co.  Date 07/23/10	Check if Preparer's identifying r (see instructions)	-1001

Form **990** (2009)

4d

4e

(Expenses \$

Other program services. (Describe in Schedule O)

Total program service expenses ►\$

including grants of \$

63,711.

) (Revenue \$

. . .

Form 990 (2009) BRONX COUNTY BAR ENDOWMENT INC.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1 If 'Yes, "complete Schedule Complete Schedule B, Schedule COntributions?  2 Is the organization requery or direct or indirect products or public office? If 'Yes, "complete Schedule C, Part II  3 Ded the organization engages or direct or indirect political campsing activities on behalf of or in opposition to candidates for public office? If 'Yes, "complete Schedule C, Part II  3 Section 501(c)(3) organizations. Did the organizations also the organization behalf of or in opposition to candidates for public office? If 'Yes, "complete Schedule C, Part II  5 Section 501(c)(3) organizations. Did the organizations and in the organization behalf of or in opposition to candidates for public office? If 'Yes, "complete Schedule C, Part II  5 Section 501(c)(3) organizations. Did the organizations and any chory tax' II' 'Yes, "complete Schedule C, Part II  6 Did the organization meant and proving visit of the organization and area, or historic structures? If 'Yes, "complete Schedule D, Part II  7 Did the organization meantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  8 Did the organization ineport an amount in Part X, line 21; serve as a custodian for amount not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, VIII, VII, VII, VII, VII, VII,				Yes	No
2 Is the organization enguined to complete Schedule B, Schedule of Contributions?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part II  Section 501(c)(3) organizations. Did the organizations is the organization subject to the section 603(d) notice and reporting requirement and proxy tax II "Yes," complete Schedule C, Part III  Both the organization and any donor advesded funds or any similar funds or accounts where 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 II  Did the organization report an amount or historic structures? If "Yes," complete Schedule D, Part II  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in part X, ire 21; serve as a custodian for amounts in part X, ire 21; serve as a custodian for amounts in part X, ire 21; serve as a custodian for amounts and listed in Part X; or provide order to conseiling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part IV, VII, VIII, IX, or X as applicable  Did the organization report an amount for investments - other securities in Part X, line 10; If "Yes," complete Schedule D, Part X  Did the organization report an amount for investments - tother securities in Part X, line 10; If "Yes," complete Schedule D, Part X  Did the organization report an amount for investments - tother securities in Part X, line 10; If Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 21; If Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 21; If Yes," complete Schedule D, Part X  Did the organization report an amount f	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		If "Yes," complete Schedule A	1	Х	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advesded funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment or accounts in If "Yes," complete Schedule D, Part II Did the organization amount in Part X, ine 21; 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 Did the organization report an amount for Investments or the accounts of the special part IV as applicable  Did the organization report an amount for Investments - organization accounts of It is a septiment or provided as assets reported in Part X, line 157 If "Yes," complete Schedule D, Part IV. 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 157 If "Yes," complete Schedule D, Part X. Did the organization report an amount for the reliabilities in Part X, line 157 If "Yes," complete Schedule D, Part X. Did the organization sh	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
4 Section 501(c)(3), organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III by the organization maintain any donor advised funds or any similar funds or accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II by the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part II by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV bid the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negolation services? If "Yes," complete Schedule D, Part IV bid the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV is 1s the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VII, VIII, IX, or X as applicable  • Dot 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  • Did the organization report an amount for investments other securities 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 XI  • Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  • Did the organization separate or consolidated, independent audited financial statements for the tax year?	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Section 501(c)(8), 501(c)(6), and 501(c)(8) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any symflar funds or accounts where 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 II  Did the organization maintain collections of works of art, historical, fluctuling easiering to present the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; 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  10 bid the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, as a spilicable  10 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, as a spilicable  11 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, as a spilicable  12 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 1		public office? If "Yes," complete Schedule C, Part I	3		
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17 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part III	6				
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  1 Did the organization report an amount in Part X, line 21; 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  1 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasrendowments?  If "Yes," complete Schedule D, Part V  1 Is the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VIII, IXI, 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.  • Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  • Did the organization report an amount for other sesting the 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 VII.  • Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VII.  • Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  13 Is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	7				
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, II, VIII, IX, or X as applicable 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 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 VIII. 14 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. 15 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII. 16 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII. In the Organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II 15 Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization organization report a total of more than \$15,000 of expenses f			7		_ <u>X</u> _
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, developed provided p	8				
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V  11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  12 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.  13 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 VII.  14 Did the organization report an amount for other isabilities 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 XII.  15 Did the organization is isability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  16 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII.  16 Did the organization maintain an office, employees, or agents outside of the United States?  17 Did the organization maintain an office, employees, or agents outside of the United States?  18 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II  19 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  19 Did the organization report a total	9				٠,,
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  16 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 II  17 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H					
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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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  18 X  18 X  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	17				
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
Et Die tite ofganization operate and a title place in the conference of the conferen		·			
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	

Pa	rt IV Checklist of Required Schedules (continued)			-9-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			}
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	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) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1 '		l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			]
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			١.,
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 . 1		
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		<sub>U</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
00	If "Yes," complete Schedule R, Part V, line 2	35_		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1¢ 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management	_		
000	tion A. Coverning Body and Management	_	Yes	No
1a	Enter the number of voting members of the governing body	3	.00	
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a		10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	:	Х
12a		12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	406		
_	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	- 11		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who person of the person of the person who person of the pe	ation: 🕨	<b>-</b>	
	ALAN B. FRIEDBERG, ESQ 914-323-7000			
	851 GRAND CONCOURSE, BRONX, NY 10451-2937			_

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

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

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

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

Per week week week week week week week we	<b>(A)</b> Name and Title	(B) Average			Pos				( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
ALAN B. FRIEDBERG PRESIDENT 1.00 X 0. 0. 0  JEFFREY BELOVIN V-PRESIDENT 1.00 X 0. 0. 0  ROY SCHWARTZ		li .					арр	ly)	compensation from	from related	other
PRESIDENT         1.00         X         0.         0.         0           JEFFREY BELOVIN         V-PRESIDENT         1.00         X         0.         0.         0           ROY SCHWARTZ         0.         0.         0.         0		week	Individual trustee or direct	Institutional frustae	Officer	Кеу етріоуве	Highest compensated employee	Former	organization		organization and related
JEFFREY BELOVIN V-PRESIDENT 1.00 X 0. 0. 0 ROY SCHWARTZ		1 00			v						•
V-PRESIDENT 1.00 X 0. 0. 0 ROY SCHWARTZ		1.00			X	_	├─	_	0.	U •	<u> </u>
ROY SCHWARTZ		1.00			x				0.	0.	0.
SECRETARY 1.00 X 0. 0. 0. 0											
	SECRETARY	1.00	_	_	X	_			0.	0.	0.
					-		-				
						<u> </u>					
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			-	_			-				
			-			_	-				

Check all that apply)   Compensation   Compensati		(A) Name and title	(B) Average			(C Pos		1		( <b>D)</b> Reportable	(E) Reportable			(F) mate	∉d
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 13° if "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization of the organization. NONE  (a) (b) Compensation NONE  (c) Compensation from the organization of services and business address  (d) Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization. NONE  (d) Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization. None:  (a) (b) Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization. None:  (a) (b) Description of services  Compensation from the organization of independent contractors that received more than \$100,000 of compensation from the organization of services organization from the organization from the organization organization from the organization			per	$\vdash$						from the organization	compensation from related organizations	s	o comp fro orga and	ther ensat m the nizati relate	tion e on ed
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.  Tyes    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.  Tyes    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes												0		_	
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  NONE  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		Total number of individuals (including but	not limited to th	ose	liste	ed at	oove	e) wh	o re	L	),000 in reportable				0.
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3				, key	/ em	plo	yee,	or h	nighest compensated er	mployee on			/es	No X
the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE  (A) (B) (C)  Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual	_		4		Х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE  (A) (B) (C) Compensation  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		the organization? If "Yes," complete Sche	•				any	uni	Giati	ed organization for serv			5		X
(A) Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		Complete this table for your five highest of	ompensated in	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pensat	ion fro	m	-
		(A)	s address								ervices	Coi			1
<u> </u>				•											
<u> </u>														•	
<u> </u>															
	2	Total number of independent contractors \$100,000 in compensation from the organ		ot lir	nite	d to	_	_	ted	above) who received m	nore than				<del></del>

	n 990 rt V	0 (2009) BRONX COUNTY E	BAR ENDO	WMENT INC.		13-6138	186 Page <b>9</b>
	it V	313   Statement of Nevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	(	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above	2,400. 79,655.				
Contril and ot		g Noncash contributions included in lines 1a-1f \$	<b>•</b>	82,055.			
Program Service Revenue	2	annarit niinima	Business Code	99,385.	99,385.		
		c					
ď		f All other program service revenue		00 205			
	3	g Total. Add lines 2a-2f Investment income (including dividends, interes	et and	99,385.			
	4 5	other similar amounts)	▶	7,075.	7,075.		
		b Less: rental expenses c Rental income or (loss)	(ii) Personal				
	7	d Net rental income or (loss) a Gross amount from sales of assets other than inventory	(II) Other				
	•	b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	<b>•</b>				
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 a					
Othe		b Less: direct expenses c Net income or (loss) from fundraising events a Gross income from gaming activities. See	<b>&gt;</b>				
	!	Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities	<b>&gt;</b>				
		<ul> <li>a Gross sales of inventory, less returns and allowances</li> <li>b Less: cost of goods sold</li> <li>b</li></ul>					
ł		c Net income or (loss) from sales of inventory	<b>&gt;</b>				
	11		Business Code				
		a b c					
		d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	<b>.</b>	188.515	106.460.	0 -	0

Form **990** (2009)

932009 02-04-10

### Part IX Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are (A)	not required to comple (B)	ete columns (B), (C), and (C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			,	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	15,000.	15,000.		·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(8)		<del></del> -		<del></del>
7	Other salaries and wages	······································	· ·		
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			<del></del>	<del>-</del>
ь		-			
c		2,740.	·	2,740.	
d	· · · · · · · · · · · · · · · · ·				
е					
f	Investment management fees		••••		· · · · · · · · · · · · · · · · · · ·
9	Other				
12	Advertising and promotion				
13	Office expenses	1,224.		1,224.	
14	Information technology	1,415.		1,415.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses Itemize expenses not covered				WALLAND TO THE TAXABLE PROPERTY.
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SPECIAL EVENTS	98,631.			98,631.
b		32,549.	32,549.		
С	THURGOOD MARSHALL MOCK	16,162.	16,162.		
d	N.Y.S. FILING FEES	110.		110.	
е					
_ f	All other expenses	167 001	62 611		
25	Total functional expenses. Add lines 1 through 24f	167,831.	63,711.	5,489.	98,631.
26	Joint costs. Check here		ļ		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		

Form 990 (2009)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	3,590.		205,325.
	2	Savings and temporary cash investments	478,174.	2	297,123.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
sets		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	401 764	15	E02 440
	16	Total assets. Add lines 1 through 15 (must equal line 34)	481,764.	16	502,448.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part	"	00	
	-	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	20	Organizations that follow SFAS 117, check here and complete	·=	20	<u> </u>
w		lines 27 through 29, and lines 33 and 34.			
Ö	27	Unrestricted net assets		27	
<u>jā</u>	28	Temporarily restricted net assets		28	
Ö	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117, check here			
F.		complete lines 30 through 34.			
ţş	30	Capital stock or trust principal, or current funds	0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Ä	32	Retained earnings, endowment, accumulated income, or other funds	0.		0.
ž	33	Total net assets or fund balances	481,764.		502,448.
	34	Total liabilities and net assets/fund balances	481,764.	34	502,448.
					Form <b>990</b> (2009)

Form **990** (2009)

Form 990 (2009)	BRONX	COUNTY	BAR	ENDOWMENT	INC.
1 OITH 330 (2000)		0001111	27.24.	DITE O HILLDER	11101

13-6138186 Page **12** 

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
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.	3ь		

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BRONX COUNTY BAR ENDOWMENT INC

Employer identification number

		BRONX C	OUNTY BAR EN	IDOWME	NT IN	C.			13	<u>3-613818</u>	36
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See inst	tructions.			
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	١.			
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E.)							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter t	he hospital's n	ame,
	city, and stat	te:									
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).				
7 🔲	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic describe	ed in
	section 170	<b>(b)(1)(A)(vi).</b> (Comple	te Part II.)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross receip	ots from
	activities rela	ated to its exempt fui	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33 1	1/3% of its	support	from gross inv	estment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	ifter June 30,	1975.
	See section	509(a)(2). (Complete	Part III)								
10 🖳			perated exclusively to te								
11 []			perated exclusively for the								
		, ,,	ations described in secti		•	, ,,	2) See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	ck the box tha	at
			organization and compl						. —		
	a L Type		- ••	Тур		•	-		d L	Type III - Oth	
e []	-		it the organization is not		-						
		-	han one or more publicl		_				9(a)(1) or s	section 509(a)(	(2).
f	_		ten determination from	tne IRS tha	atitisa iy	ре і, туре	ii, or Type	9 111			
_		rganization, check th					af Ab a fall		0		L
9	-		organization accepted a			-				[ <del>v</del> .	es No
			irectly controls, either a	one or tog	etilei witil	persons c	Jeschbeu I	in (ii) and (	iii) below,		es No
	_		upported organization? n described in (i) above?	)						11g(i) 11g(ii)	
	•	· ·	person described in (i)		a-2						
h		•	about the supported or							11g(iii)	
h	Flovide tile i	Ollowing information	about the supported of	yanızatıdı	(5).						
/!\ <b>\</b> !\		(1) FIN	(iii) Type of	fiv) is the c	rganization	(v) Did you	ı notify the	(vi) Is	the	f.: 113 A	-4 -4
	of supported anization	(ii) EIN	organization		sted in your			organizati	on in col	(vii) Amoui support	
org	amzanom		(described on lines 1-9 above or IRC section	governing	document?			(i) organiz U S	2 11 1116	зарроп	<u> </u>
			(see instructions))	Yes	No	Yes	No	Yes	No		
								1			
	<u></u> _				1						
											_
					ŀ						
									<del>   </del>		
						·	·			<del></del> -	
											_
Γotal											

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009  THE Support Schedule for (Complete only if you checken				)(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v	Page 2
<u>S</u>	ction A. Public Support	d the box on line s	, 7, 01 0 01 Fait 1.)	<del></del>			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(a) 2000	(0 Tatal
	Gifts, grants, contributions, and	(a) 2005	(6) 2000	(6) 2007	(d) 2008	(e) 2009	(f) Total
•	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					<del> </del>	
_	ization's benefit and either paid to				:		
	or expended on its behalf						
3	The value of services or facilities					<del> </del>	
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					<del>-</del>	·
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·			······································	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	<b>Y</b> -7 =	\-7 <u></u>	ζ., ζ.,	1-7	19,233	(7) . 3 . 3 .
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					1	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		<u> </u>	12	
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2009 (I	ıne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	It, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies		-				▶∟
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	ne 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	•					▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop i</b>	<b>here.</b> Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>▶</b>  _
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (e) 2009 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 68,790. 56,720 99,519. 104,783. 82,055. 411,867. include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus-82,100. 99,385. 181,485. mess 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 99,519. 56,720 68,790. 186,883. 181,440. 593,352. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year c Add lines 7a and 7b 593,352. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 56,720. 99,519. 68,790. 186,883. 181,440 593,352. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 11,157. 6,614. 13,048. 11,885. 7,075. 49,779. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6,614. 11,157. 13,048. 11,885 7,075. 49,779. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 81,838. 198,768. 63,334. 110,676. 188,515. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five 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 this box and stop here Section C. Computation of Public Support Percentage 92.26 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 7.74 17 investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BRONX COUNTY BAR ENDOWMENT INC.

Employer identification number 13-6138186

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	eleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		Ţ.
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	† 順 Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	-	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		OUNTY BAR						<u>13-61</u>			
Par	t III   Organizations Maintaining C	Collections of A	rt, His	to <u>rical Tr</u>	<u>easures,</u>	or Othe	er Simila	ar Asse	ts (cont	inued	
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following th	at are a s	ignificant i	use of its	collectio	n item	ıs
	(check all that apply):										
а	Public exhibition	c	· 🗀	Loan or exc	hange progr	ams					
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further t	he organizat	ion's exe	mpt purpo	se in Parl	XIV.		
5	During the year, did the organization solicit of				-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					s" to For	m 990. Pa	rt IV. line			
	reported an amount on Form 990, Pa								-,		
1a	Is the organization an agent, trustee, custod		dary for	contribution	ns or other a	ssets not	ıncluded		-		
	on Form 990, Part X?		,						Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						_	
_	, ree, expansion and germanical art are re-	and demplote and to	,						Amoun	<del></del>	
c	Beginning balance						1c		Amoun	<u> </u>	
	Additions during the year						1d				
e	Distributions during the year						1e				
•	Ending balance						1f		-		
22	Did the organization include an amount on F	orm 990 Part Y line	212						Yes		No
	if "Yes," explain the arrangement in Part XIV		211					<b>L</b>	J res		_ NO
Par	***********		ewered	"Ves" to Fo	rm 000 Parl	t IV line 1	0				
<u> </u>	2 T LINGS WITHOUT LANGE COMplete	(a) Current year		Prior year	(c) Two year		(d) Three y	onec book	(a) Fou		book
4	Beginning of year belongs	(a) Current year	(0) -	Tior year	(C) TWO YES	IIS Dack	(a) Tillee y	eats Dack	<b>(e)</b> Fou	years	Dack
	Beginning of year balance Contributions					************	<del></del>				<del></del>
					<del> </del>		·····				
C	Net investment earnings, gains, and losses										
	Grants or scholarships				<del> </del>						
е	Other expenditures for facilities										
	and programs				ļ		·····			·····	
T	Administrative expenses		ļ		<del> </del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<del></del>	
	End of year balance		<u> </u>		İ		***************************************				
2	Provide the estimated percentage of the year	ir end balance held a									
	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administ	ered for t	he organız	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	•							3b		
4	Describe in Part XIV the intended uses of the										
Par	<del></del>							-			
	Description of investment	(a) Cost or o			or other	1	ccumulate	d	( <b>d</b> ) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	preciation				
1a	Land		_			ļ					
b	Buildings										
С	Leasehold improvements										
	Equipment										
	Other	<u> </u>		L		L					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))						0.

► 0 . Schedule D (Form 990) 2009 BRONX COUNTY BAR ENDOWMENT INC.

13-6138186 Page **3** 

Schedule D (Form 990) 2009

. . .

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48.

932053 02-01-10

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public 2009

OMB No 1545-0047

Inspection

% × **Employer identification number** 13-6138186 (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. BRONX COUNTY BAR ENDOWMENT INC. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (**p**) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti Part

Schedule I (Form 990) 2009

Page 2	assistance							0000 0000
13-6138186	(f) Description of non-cash assistance							Schedule   (Form 990) 2009
to Form 990, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)				additional information			
tion answered "Yes"	(d) Amount of non- cash assistance	0			Ine 2, and any other			
ENDOWMENT INC. States. Complete if the organizals needed.	(c) Amount of cash grant	15,000.			required in Part I,			21
AR ENDOWME inted States. Compace is needed.	(b) Number of recipients	in in			I ide the information			
Schedule I (Form 990) 2009 BRONX COUNTY BAR ENDOWMENT INC.  Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance	SCHOLARSHIP GRANTS			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information			יוי מי מי מיוימי מי מיוימי מי מיוימי מי

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

**Employer identification number** Name of the organization BRONX COUNTY BAR ENDOWMENT INC. 13-6138186 FORM 990, PART VI, SECTION B, LINE 11: A SUMMARY OF ALL TRANSACTIONS IS FIRST PROVIDED TO CURRENT OFFICERS FOLLOWED BY A COPY OF FORM 990 PRIOR TO IT'S FILING.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits  Type or print  BRONX COUNTY BAR ENDOWMENT INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  851 GRAND CONCOURSE  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BRONX, NY 10451−2937  Check type of return to be filed (file a separate application for each return form 990-BL Form 990-T (corporation) Form 990-EZ Form 990-T (trust other tithin above) Form 6069  Form 990-PF Form 1041-A FRIEDBERG, ESQ.  The books are in the care of ▶ 851 GRAND CONCOURSE − BRONX, NY 10451−2937  Telephone No. ▶ 914−323−7000 FAX No. ▶ 914−323−7001  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the	■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.    Part I	■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (ion page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Part I	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.    Part I	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.    Part I		•	X
Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8968 if you want a 3-month automatic extension of time to file one of the return noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6099, or 870, group returns, or a composite or consolidated Form 990-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpirofits  Type or whome of Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  City, town or post office, state, and ZIP code. For a foreign address, set instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return for the filed (file a separate application for each return form 990-BL Form 990-T (corporation)  Form 990-EL Form 990-T (rust other tith above)  Form 990-F Form 6870  * The books are in the care of * 851 GRAND CONCOURSE - BRONX, NY 10451-2937  Telephone No. * 914-323-7000  FAND. CONCOURSE - BRONX, NY 10451-2937  Telephone No. * 914-323-7000  FAND. CONCOURSE - BRONX, NY 10451-2937  Telephone No. * 914-323-7000  FAND. CONCOURSE - BRONX, NY 10451-2937  Telephone No. * 11 it is for part of the group, check this box and the organization does not have an office or place of business in the United States, check this box  If it is so for part of the group, check this b	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorporation required to file Form 8868 if you want a 3-month automatic adension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional foral automatics) - disconstitution of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional foral automatics) - disconstitution of the returns of the file of the for Chartles & Nonpriorits  Provided and click on - elle for Chartles & Nonpriorits  BRONX COUNTY BAR ENDOWMENT INC.  Provided and click on - elle for Chartles & Nonpriorits  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  Number, street, and room or suste no. if a P.O. box, see instructions.  851 GRAND CONCOURSE  City, town or post office, state, and 2IP code. For a foreign address, see instructions.  BRONX (NY 10451-2937  Check type of return to be filed (file a separate application for each return for post post files, and 2IP code. For a foreign address, see instructions.  BRONX (NY 10451-2937  Check type of return to be filed (file a separate application for each return for post post post post post post post post	Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only	•	· ·	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) and want the additional filer and to the form sension or (2) you file Forms 990-T). However, you cannot file Form 8868 electronically if (1) and want the additional filer and to lick on e-file for Charities 8 Non/profiles  Instructions and citized on e-file for Charities 8 Non/profiles  Type or Name of Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  Sensitive the control of the file of	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part Lonly  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne teax returns  Electronic Filling (e-file). Generally, you can electronically file Form 9808 if you want a 3-month automatic extension of time to file one of the returns noted below file. Generally, you can electronically file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension of (2) you file Form 990-EL, 6009, or 8970, group returns, or a composite or consolidated Form 990-Ti. Instead, you must automit the fully completed and signed agage (2 Part II) of Form 8868. For more details on the electronic filing file for file for Chantes & Nonprofile  Winner of Exempt Cirpatrization  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return structure).  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return structure).  ALAN B. FRIEDBERG, ESQ.  The books are in the care of P 851 GRAND CONCOURSE  Form 990-F   Form 990-F   Form 990-T (corporation)  Form 990-F   Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of P 851 GRAND CONCOURSE - BRONX, NY 10451-2937  Telephone No. P 914-323-7000  FAX No. P 914-323-7001  Form 6009	A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only    All other corporations (including 1120-C filers), partnershps, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the returns to file incorne tax returns   Electronic Filing (e-file), Generally, you can electronically file Form 9808 if you want a 3-month automatic extension of time to file one of the returns returns for months for a corporation required to file Form 9807, However, you cannot file Form 8808 electronically if (1) you want the eductional returns return to file one of the returns return to file one of the returns return to the file of the form 9808 form 990-file and click on a file for Chartes & Nonprofits   All of Form 9808   Form 9808   Form 9808   Form 8808   For more details on the electronic filing of this form, visat war. As you was submit the fully completed and signed page 2 (Part II) of Form 8808   For more details on the electronic filing of this form, visat way. It is provided and click on a file for Chartes & Nonprofits   All of Form 9808   Form 9808   Form 9808   Form 9808   Form 9808   Form 9808   Form 9809	Do not complete Part II unless you have already been granted an automatic 3-month extension on a prev	viously filed Form 8868.	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 9808 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-7). However, you cannot file Form 8808 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-80-B. 0.009, or 8870, group returns, or a composite or consolidated Form 990-71 instead, you must submit the fully completed and signed page 2 (Part II) of Form 8808. For more details on the electronic filing of this form, visit www.ris.gov/effile and click on e-file for Chambes 8 Nonprofits  Type or Name of Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return form 990-BL  Form 990-BL  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-T (corporation Part No.	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file oncore tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (in months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-T). However, you cannot file Form 980-Electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-TI. However, you cannot file Form 980-Electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-TI. However, you cannot file Form 9868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-TI. Instead, you must submit the fully completed and signed page (2) feat 1) of Form 8868. For more details on the electronic filing of this form, you must submit the fully completed and signed and page (2) feat 1) of Form 8868. For more details on the electronic filing of this form you want the additional (not automatic) 3-month file form 990-TI.  BRONX COUNTY BAR ENDOWMENT INC.  BRONX County Bar Endowent Bar Endowent Bar Employer identification number should be refused to file form 990-TI (county Bar Employer Bar Bar Bar Bar Bar Bar Bar Bar Bar Ba	All other corporations (including 1/20-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (in months for a corporation required to file Form 990-T), However, you cannot file Form 8868 electronically if (if) you want the additional (not automatic) 3-month extension or (if) you file Forms 990-BL, 8009, or 8870, group returns, or a composate or consolidated Form 990-T. Instead, you must submit the fully completed and spaned page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit yours, applied and citick on a-file of Charletes & Nonpriorits.  Name of Exempt Crigarization  BRONX COUNTY BAR ENDOWMENT INC.    Name of Exempt Crigarization	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	l).	
to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part III) of Form 8868. For more details on the electronic filing of this form, visit waw.irs.govietile and click on e-file for Charities & Nonprofits  Type or Name of Exempt Organization  Employer identification number in the care of the Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  Employer identification number in the care of the Exempt Organization for each return to be filed (file a separate application for each return to be filed (file a separate application for each return form 990-BL Form 990-T (corporation) Form 990-EZ Form 990-FF Form 990-T (corporation) Form 990-FF Form 990-FF Form 990-T (corporation) Form 990-FF Form 990-T (corporation) Form 990-FF Form 990-T (corporation) Form 990-T (corporation) Form 990-FF Form 990-FF Form 990-T (corporation) Form 990-TF For	to file income tax returns Electronic Filing 6-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-1). However, you cannot file Form 8968 electronically if (1) you want the additional (not automatic). ∃month extension or (2) you file Form 990-11. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.is.gov/elife and click on en-file for Charles & Nonprofits  Type or Print  BRONX COUNTY BAR ENDOWMENT INC.  City, town or post office, state, and ZIP code. For a foreign address, se instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return form 990-12. Form 990-12. Form 990-12. Form 990-13. Form 990-14. Form 990-14. Form 990-14. Form 990-15. Form 990-15. Form 990-15. Form 990-15. Form 990-15. Form 990-15. Form 990-16. Form 990-17. For	to file noncome tax returns Electronics Filing 6-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-1). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic). 4-month extension or (2) you file Form 990-1. Hostead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit waw is qoviethe and citck on e-file for Chantries & Nonprofits  Type or print  Type or print  BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return semicons and the complete of the com	· · · ·	and complete	
noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically ff (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-B. [980-8, 808.] group returns, or a composite or consolidated form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charites & Nonprofits  Type or print  BRONX COUNTY BAR ENDOWMENT INC.  Number, street, and room or suite no. If a P.O. box, see instructions.  851 GRAND CONCOURSE  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return form 990-BL [Form 990-T] (see. 40, 100-4084) trust) [Form 4720]  Form 990-BL [Form 990-T] (rest other than above) [Form 8870]  **The books are in the care of **▶ 851 GRAND CONCOURSE — BRONX, NY 10451-2937  Telephone No. **▶ 914-323-7000 FAX No. **▶ 914-323-7001 [Fit its for part of the group, check this box	noted below (6 months for a corporation required to file Form 990-Ti. However, you cannot file Form 8868 electronically (1) you want the additional find automatic/3 month extension or (2) you file Form 990-Bi. 8089, or 8870, group returns, or a compositor or consolidated Form 990-Ti. Instead, you must submit the fully completed and signed page 2 (Part III) of Form 8868. For more details on the electronic filing of this form, visit www.rs. gov/felle and click on −elle for Chartense & Nonprofits  Type or Name of Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  City, town or post office, state, and ZIP code. For a foreign address, set instructions.  BRONX, NY 10451−2937  Check type of return to be filed (file a separate application for each returns a separate application for each returns a separate application for each return sport (corporation)  Form 990-E  Form 990-E  Form 990-F  Form 990-F  Form 990-T (trust other than above)  Form 990-P  Form 990-P  Form 990-F  Form 990-T (trust other than above)  Form 990-P  Form 990-P  Form 990-F  Telephone No. ▶ 914-323-7000  FAX No. ▶ 914-323-7001  FAX No. ▶ 914-323-7001  Form 990-F  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010  I of file the exempt organization return for the organization named above. The extension is for the organization's return for:  X (allendar year 200-9) or  X (allendar year 20	noted below (6 months for a corporation required to file Form 980-BL, 6090 or 8870, group returns, or a composite or consolidated Form 990-Ti. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit wave, is goverhele and cilck on en-file for Charattes & Nonprofits  Type or Print  Type or Name of Exempt Organization  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  BRONX COUNTY BAR ENDOWMENT INC.  Crist by the file street, and room or suite no. If a P.O. box, see instructions.  BRONX COUNTY BAR ENDOWMENT INC.  BRONX, NY 10451-2937  Check type of return to be filed file a separate application for each return and the promote of the promote	• • • • • • • • • • • • • • • • • • • •	quest an extension of time	
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BRONX COUNTY BAR ENDOWMENT INC.    Number, street, and room or suite no. If a P.O. box, see instructions.   851 GRAND CONCOURSE	BRONX COUNTY BAR ENDOWMENT INC.  13-6138186  Number, street, and room or suite no. If a P.O. box, see instructions.  851 GRAND CONCOURSE  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return form 990-E  Form 990	BRONX COUNTY BAR ENDOWMENT INC.    13-6138186	Type or Name of Exempt Organization	Employer identification	number
Number, street, and room or suite no. If a P.O. box, see instructions.  851 GRAND CONCOURSE  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BRONX, NY 10451-2937  Check type of return to be filed(file a separate application for each return for the organization named above. The extension is for the organization's return for:  ALAN B. FRIEDBERG, ESQ.  The books are in the care of ▶ 851 GRAND CONCOURSE − BRONX, NY 10451-2937  Telephone No. ▶ 914-323-7000  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010  I to grant a street of the group or the extension is for the organization named above. The extension is for the organization's return for:  X Form 990  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (form 4720  Form 5227  Form 6069  Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of ▶ 851 GRAND CONCOURSE − BRONX, NY 10451-2937  Telephone No. ▶ 914-323-7001  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I if this is for part of the group, check this box  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010  I to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X Calendar year 2009 or	File by the details for imaging and the control of the properties of the properties of the organization of the organization of the organization is for the organization is for the organization is for the organization is for Form 990-T, and organization is for Form 990-T, and organization is for Form 990-T, and organization is for Form 990-T, and organization is for Form 990-T, and organization is for Form 990-T, and organization is for Form 990-T, and organization organization is for Form 990-T, and organization organization is for Form 990-T, and organization is	Number, street, and room or suite no. If a P.O. box, see instructions.	print		
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City, town or post office, state, and ZIP code. For a foreign address, set instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return for the organization or post office, state, and ZIP code. For a foreign address, set instructions.  BRONX, NY 10451-2937  Check type of return to be filed (file a separate application for each return for the organization named above. The extension is for the organization's return for:    X   Form 990   Form 990-T (corporation)	Check type of return to be filed(file a separate application for each return to be filed(file a separate application for each return to be filed(file a separate application for each return for separate application for each return for the organization and each return for the organization named above. The extension is for the application is for Form 990-El. 990-T, enter any refundable credits and estimated tax payments made include any pror year overpayment allowed as a credit.  City, town or post office, state, and ZIP code. For a foreign address, se instructions.  BRONX, NY 10451–2937  Form 990-BL Form 990-T (corporation) Form 5227  Form 990-BL Form 990-T (trust other than above) Form 6069  Form 990-PF Form 1041-A  ALAN B. FRIEDBERG, ESQ.  The books are in the care of \$\infty\$ 851 GRAND CONCOURSE - BRONX, NY 10451–2937  Telephone No. \$\infty\$ 914–323–7000  FAX No. \$\infty\$ 914–323–7001  Form 890-T) FAX No. \$\infty\$ 914–323–7001  Form 990-The organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010  To file the exempt organization return for the organization named above. The extension is for the organization's return for:  The calculation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.  Bill this application is for Form 990-FP, or 990-T, enter any refundable credits and estimated tax payments made include any p	City, town or post office, state, and ZIP code. For a foreign address, set instructions.  BRONX, NY 10451–2937  Check type of return to be filed (file a separate application for each return to be filed (file a separate application for each return to be filed (file a separate application for each return to be filed (file a separate application for each return to be filed (file a separate application for each return to be filed (file a separate application for each return to form 990-BL	due date for Number, street, and room or suite no. If a P.O. box, see instructions.    851 GRAND CONCOURSE		
Form 990	Form 990	Form 990	Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Form 990-BL	Form 990-BL	Form 990-BL Form 990-T (sec. 40) Form 990-T (sec. 40) Form 990-T (frust of left than above) Form 5227 Form 990-EZ Form 990-T (frust of left than above) Form 6669 Form 990-PF Form 1041-A Form 1041-A Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of \$\infty\$ 851 GRAND CONCOURSE - BRONX, NY 10451-2937 Telephone No. \$\infty\$ 914-323-7000 FAX No. \$\infty\$ 914-323-7001  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2009 or  The stax year is for less than 12 months, check reason: Initial return This return Change in accounting period this application is for Form 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Balance Due. Subtract line 35 from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	Check type of return to be filed (file a separate application for each return to be filed)		
Form 990-BL	Form 990-BL	Form 990-BL Form 990-T (sec. 40) Form 990-T (sec. 40) Form 990-T (frust of left than above) Form 5227 Form 990-EZ Form 990-T (frust of left than above) Form 6669 Form 990-PF Form 1041-A Form 1041-A Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of \$\infty\$ 851 GRAND CONCOURSE - BRONX, NY 10451-2937 Telephone No. \$\infty\$ 914-323-7000 FAX No. \$\infty\$ 914-323-7001  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2009 or  The stax year is for less than 12 months, check reason: Initial return This return Change in accounting period this application is for Form 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Balance Due. Subtract line 35 from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	X Form 000 T (corporation)	Form 4720	
Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870  ALAN B. FRIEDBERG, ESQ.  • The books are in the care of ▶ 851 GRAND CONCOURSE — BRONX, NY 10451-2937 Telephone No. ▶ 914-323-7000 FAX No. ▶ 914-323-7001  • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover 1. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2009 or	Form 990-EZ  Form 990-T (trust of the care of Form 990-PF Form 1041-A Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of \$\int \frac{851}{9}\$ GRAND CONCOURSE - BRONX, NY 10451-2937 Telephone No. \$\int 914-323-7000 FAX No. \$\int 914-323-7001\$  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2009 or  The triangle of the exempt organization return for the organization named above. The extension is for the organization's return for:  The extension is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	Form 990-EZ  Form 990-F  Form 990-T (trust object than above) Form 6069 Form 8870  ALAN B. FRIEDBERG, ESQ.  The books are in the care of  851 GRAND CONCOURSE - BRONX, NY 10451-2937 Telephone No.  914-323-7000 FAX No.  914-323-7001  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2009 or  The star year is for less than 12 months, check reason: Initial return Final return Change in accounting period  The star year is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  The star year is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
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► X calendar year 2009 or	▶ X calendar year 2009 or , and ending   Lax year beginning , and ending   2 If this tax year is for less than 12 months, check reason: Initial return   3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 3a \$   b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$   c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	▶ X calendar year 2009 or , and ending   • If this tax year is for less than 12 months, check reason: Initial return   • If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 3a \$   • If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$   • C Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		married above. The extension	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.