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EXTENDED TO NOVEMBER 15, 2016

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2015 calendar year, or tax year beginning and e	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	ation number
	Address	BRONX COUNTY BAR ENDOWMENT INC.			
	Name change	Doing business as			138186
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	851 GRAND CONCOURSE		718-2	<u> 293-2227                                   </u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	237,047.
	Amende return	BRONX, NY 10451-2937		H(a) Is this a group re	turn
	Applica tion	Finally and address of principal officer ADAM D. FRIEDDERG		for subordinates	? Yes X No
	pending	8 851 GRAND CONCOURSE, BRONX, NY 10451		H(b) Are all subordinates in	cluded? Yes No
ΙŢ	ax-exe	mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) o	or 527	If "No," attach a	list (see instructions)
		e: ▶ N/A		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1958 M	State of legal domicile: NY
		Summary			
-	1 E	Briefly describe the organization's mission or most significant activities TO PF	ROVIDE	ASSISTANCE	TO MEMBERS
2		OF THE NEW YORK STATE BAR AND TO ASSIST I			
'n		Check this box   if the organization discontinued its operations or dispos			
Š	_	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
જ	1	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
ij	l	otal number of volunteers (estimate if necessary)		6	0
Ϋ́	1 *	otal number of volunteers (estimate in necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue & Sernance		ver difficulted business taxable income normy entrees 1, into 51		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		85,962.	94,284.
<u> </u>	i	Program service revenue (Part VIII, line 2g)		181,365.	133,186.
	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,664.	9,577.
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	l	·		277,991.	237,047.
A DN		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	115,000.	93,000.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
Expenses &		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
<b>_</b> €		Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)	35		
X			<del>) ) .</del>	141,912.	136,094.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		256,912.	229,094.
		Fotal expenses Add lines 13-17 (must equal <u>Part IX, column (A), line-25)</u> Revenue less expenses Subtract line 18 from line 12 (		21,079.	7,953.
_ <u>v</u>		Revenue less expenses Subtract line 18 from line 92			
Net Assets or Fund Balances		Fotal assets (Part X, line 16)	Бе	ginning of Current Year 583,638.	End of Year 591,591.
Sse	20			0.	331,331.
팔달	21	Total liabilities (Part X, line 26)		583,638.	591,591.
		Net assets or fund balances. Subtract line 21 from line 20		303,030.	391,391.
	art II	ties of perjury, I declare that I have examined this return, including accompanying schedule:	o and statem	anto and to the heet of m	v knowledge and helief it is
					y knowledge and belief, it is
true	, correct	i, and complete Declaration of preparer (other than officer) is based on all information of wh	iicii preparei	11/3//	
		Signature of officer	<del></del>	Date	
Sig	3			,	
Her	e	ALAN B FRIEDBERG, PRESIDENT  Type or print naive and title			<del></del>
				Date Check	PTIN
ь.	,	Print/Type preparer's name Ptepper's silinature  JAMES MATTEOTTI Pter Silinature	4.	.1/08/16 self-employe	<b>-</b> '!
Paid	1				
-	parer	Firm's name LAWRENCE BROWN & CO.	2 7	Firm's EIN	13-3093411
use	Only	· · · · · · · · · · · · · · · · · · ·	3 <b>A</b>	Dhan 0.4	E 620 1001
		NEW CITY, NY 10956		Phone no 8 4	5-638-1001
<u>May</u>	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2015) BRONX COUNTY BAR ENDOWMENT INC.	<u> 13-6138186</u>	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	TO PROVIDE ASSISTANCE TO MEMBERS OF THE NEW YORK STATE	BAR AND TO	
	ASSIST IN CHARITABLE CAUSES.		
		<del> </del>	
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	· ·	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 93,000. including grants of \$ 93,000.) (Reven	ue \$	)
	SCHOLARSHIPS & GRANTS		
	<u> </u>		
		<del></del>	
		. <del></del> _	
4b	(Code) (Expenses \$) (Reven	ue \$	)
	THURGOOD MARSHALL MOCK TRIAL PROGRAM		
4c		nue \$	)
	CRAIG LENSCH MEMORIAL SCHOLARSHIP		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 129,117.		
		Form §	<b>990</b> (2015)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
٠٠-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
_	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<u> </u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	yy(1	(2015)

	rt IV Checklist of Required Schedules (continued)	0100		age -
	No. 10 Control of the		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	├	<b>├</b> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		•
	domestic government 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 or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X_	<del></del> -
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	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	ł	{	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}	]	J
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		1
	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		<u></u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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	1		
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	į.	ĺ	Ì
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ł	ł	l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	Ì		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31	ì	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
35a	- · · ·	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			T
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
55	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	- End-commence of the commence			

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

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

# Form 990 (2015) BRONX COUNTY BAR ENDOWMENT INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	. }		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ı
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		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ		
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			ı
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ł
_	sponsoring organization have excess business holdings at any time during the year?	8_		<del></del>
9	Sponsoring organizations maintaining donor advised funds.	_		ĺ
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del> </del>
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1
	Section 501(c)(12) organizations. Enter			
11	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			ł
U	amounts due or received from them)	1		
1 <b>2</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		[
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
J	Note, See the instructions for additional information the organization must report on Schedule O			<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			}
С	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Γ	000	(004E)

Form 990 (2015) BRONX COUNTY BAR ENDOWMENT INC. 13-6138186 Page

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

	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>			X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	3						
	If there are material differences in voting rights among members of the governing body, or if the governing	1			<u> </u>				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b (	)		1				
2									
	officer, director, trustee, or key employee?		2		X				
3	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?								
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4		<u> </u>				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	_ 5		X				
6	Did the organization have members or stockholders?		_6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one or	}						
	more members of the governing body?		_7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or							
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:							
а	The governing body?	•	8a	Х					
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 rea	ched at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," descnbe							
	ın Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		X				
14	Did 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 approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			j					
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b	<u> </u>	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			:					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıon's		1					
	exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>				
<u>Sec</u>	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 990-1	(Section 501(c)(3)s only)	availab	ie					
	for public inspection. Indicate how you made these available. Check all that apply.								
	·	ın Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, an	d finan	cıal					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨							
	ALAN B. FRIEDBERG, ESQ 914-323-7000								
	851 GRAND CONCOURSE, BRONX, NY 10451-2937								

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

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

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

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

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

(A)  Name and Title	(B) Average hours per week	(do box offi	Position do not check more than one pox, unless person is both an officer and a director/trustee)				one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
·	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN B. FRIEDBERG PRESIDENT	1.00	<u> </u>		х				0.	0.	0.
(2) JEFFREY BELOVIN V-PRESIDENT	1.00			х				0.	0.	0 .
(3) ROBERT H. WOLFF SECRETARY	1.00	<u> </u>		X				0.	0.	0.
		-				_				
		-								
		<del> </del> 				_				
				-						
						-				
		_								
		_		_		_				
		-								
		-			-					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2015)

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ve 1f	4,625. 89,659. ▶ Business Code 900099	94,284. 133,186.	133,186.		
Progran Rev	d e f _g	All other program service reve		<b>D</b>	133,186.			
	3 4 5	investment income (including other similar amounts) Income from investment of tal Royalties	·	<b>•</b>	9,577.	9,577.		
	6 a b c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less 'cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	d 8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses	of		:			
ŏ	с 9 а	Net income or (loss) from fund Gross income from gaming and Part IV, line 19 Less direct expenses	draising events	<b>&gt;</b>				
	10 a b	Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold	returns a b					
	11 a b		le	Business Code				
		All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.		<b>&gt;</b>	237,047.	142,763.	0.	0.

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	80,000.	80,000.		
2	Grants and other assistance to domestic		40.000		
	individuals See Part IV, line 22	13,000.	13,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			}	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			1	
_	Management				
b	Legal Accounting	1,500.		1,500.	<del></del>
	Lobbying	1,300.		1,300.	
	Professional fundraising services See Part IV, line 17			<del></del>	
f	Investment management fees	····································			
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	9,042.		9,042.	
14	Information technology				
15	Royalties	· ·			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				<u> </u>
	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	Insurance	·			
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENTS	89,435.			89,435.
b	THURGOOD MARSHALL MOCK	25,916.	25,916.		
С	CRAIG LENSCH MEMORIAL S	10,201.	10,201.		
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	229,094.	129,117.	10,542.	89,435.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 257,243. 258,868. Cash - non-interest-bearing 1 324,770. 334,348. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 583,638. 591,591 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 0 32 Retained earnings, endowment, accumulated income, or other funds 32 583,638. 591,5<u>91</u>. 33 33 Total net assets or fund balances 591,591

Form **990** (2015)

<u>583,638</u>.

Total liabilities and net assets/fund balances

-orm	1990 (2015) BRONX COUNTY_BAR_ENDOWMENT_INC	T3-0T	3 Ω Τ΄ Ω Ο΄	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	237	7,0	<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	229	0,0	94.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>53.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>583</u>	6,6	<u> 38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	591	. <b>,</b> 5	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>			
			<u>_</u>	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		/	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		J	
	separate basis, consolidated basis, or both		1 1	Ì	
	X Separate basis Consolidated basis Both consolidated and separate basis			Í	7.7
b	Were the organization's financial statements audited by an independent accountant?		2b		_ <u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	a. a., . al, &		ĺ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	0-	ł	Х
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	2c		
٥.	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	igie Audit	За		X
<b>L</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	Ja		
IJ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iiou audit	3b	]	
	or addits, explain why in confedure or and describe any steps taken to undergo soon addits		Form	990	(2015)
			1 011111	(	,0 : 0)

12-18-15

### **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.

2015

Open to Public

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

Name of the organization

BRONX COUNTY BAR ENDOWMENT INC.

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

•	A Church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	$\square$	A school described in sect	tion 170(b)(1)(A)(ıı).	(Attach Schedule E (Forn	n 990 or 99	90-EZ))							
3		A hospital or a cooperative	hospital service org	janization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	zation operated in co	onjunction with a hospital	l described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state											
5		An organization operated f	or the benefit of a co	ollege or university owner	d or operat	ted by a g	overnmental unit describ	ped in					
		section 170(b)(1)(A)(iv). (0		,	•	, ,							
6		A federal, state, or local go		mental unit described in	section 17	70(h)(1)(A)	(v)						
7	一		•				• •	nublic described in					
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
8	<b>\</b>												
9	LX.	An organization that norma	• • • • • • • • • • • • • • • • • • • •	•	•			•					
		activities related to its exer	•	•				<u>-</u>					
		income and unrelated business		e (less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975					
		See section 509(a)(2). (Co	•										
10	=	An organization organized	•	•	-								
11		An organization organized											
		more publicly supported or	=					Check the box in					
	_	lines 11a through 11d that				•							
а	L	Type I. A supporting orga	•	•		-		• -					
		the supported organization		• • • •	a majority o	of the dire	ctors or trustees of the s	supporting					
	_	organization You must o											
b	L.		•			, ,		-					
		control or management of	of the supporting org	janization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported					
		organization(s) You mus	st complete Part IV,	, Sections A and C.									
C		Type III functionally into	egrated. A supportir	ng organization operated	ın connec	tion with, a	and functionally integrate	ed with,					
	_	its supported organization	n(s) (see instruction	s) You must complete I	Part IV, Se	ections A,	D, and E.						
d	L		y integrated. A supp	porting organization oper	rated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally in	tegrated The organi	zation generally must sat	tisfy a disti	ribution re	quirement and an attent	iveness					
		requirement (see instruct	tions) You must co	mplete Part IV, Sections	s A and D,	and Part	V.						
е	L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, o	r Type III non-function	onally integrated support	ing organiz	zation							
f	Ente	r the number of supported	organizations										
<u> </u>		ide the following information	<del></del>		I		r <del></del>	1					
	(1	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganızatıon n your	1 * *	(vi) Amount of					
		organization		above (see instructions))	governing o		support (see instructions)	other support (see instructions)					
					Yes	No	instructions,	instructions)					
				1									
		<u> </u>											
			}										
					•								
		<del></del>											
				1	i .	l '	l	I					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015 BRONX COUNTY BAR ENDOWMENT INC. 13-6138186 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")	1		1		1					
2	Tax revenues levied for the organ-										
_	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities				-						
٠	furnished by a governmental unit to				İ						
	the organization without charge				ĺ						
			<del></del>		<del> </del>	<del></del>					
	Total. Add lines 1 through 3					-	<del></del>				
9	The portion of total contributions				İ						
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included			[	[						
	on line 1 that exceeds 2% of the			ļ	1						
	amount shown on line 11,										
	column (f)	-									
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u></u>				
Sec	ction B. Total Support			,	·	, .					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
7	Amounts from line 4		÷								
8	Gross income from interest,			]							
	dividends, payments received on										
	securities loans, rents, royalties				1						
	and income from similar sources				L						
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on	İ									
10	Other income Do not include gain										
	or loss from the sale of capital				Ì						
	assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10										
	Gross receipts from related activities,	etc (see instruction	ons)		•	12					
	First five years. If the Form 990 is for	•	•	rd. fourth, or fifth ta	ax vear as a section						
	organization, check this box and stop	-	,,	,	,		▶□				
Sec	ction C. Computation of Publ	ic Support Per	rcentage								
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%				
	Public support percentage from 2014	• •	<u>-</u>	.,,		15	%				
	33 1/3% support test - 2015. If the c		•	n line 13, and line	14 is 33 1/3% or i						
	stop here. The organization qualifies					·	ightharpoons				
Ь	33 1/3% support test - 2014. If the o		_		l line 15 is 33 1/3%	6 or more, check th	nis box				
_	and stop here. The organization qual	•					<b>▶</b> □				
17a	10% -facts-and-circumstances tes	• •	• •		e 13. 16a. or 16b.	and line 14 is 10%	or more				
	and if the organization meets the "fac	=									
	meets the "facts-and-circumstances"			· ·		Trilon ille orgal					
	10% -facts-and-circumstances tes	•	•		_	17a and line 15 in	10% or				
Ų	more, and if the organization meets the	_									
							<b>_</b>				
10	organization meets the "facts-and-circ										
10	Private foundation. If the organization	in alla not check a l	oox on line 13, 16	a, 100, 17a, 01 171		and see instruction					

# 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Part II /				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						T
	membership fees received (Do not						
	include any "unusual grants ")	48,455.	103,015.	67,360.	85,962.		304,792.
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-				Ì		1
	iness under section 513	117,420.	183,058.	147,353.	181,365.		629,196.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	165,875.	286,073.	214,713.	267,327.		933,988.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)					<del></del>	933,988.
Sec	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	165,875.	286,073.	214,713.	267,327.		933,988.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,865.	7,637.	9,049.	10,664.		35,215.
t	Unrelated business taxable income				,		}
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,865.	7,637.	9,049.	10,664.		35,215.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	173,740.	293,710.	223,762.	277,991.		969,203.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a section	n 501(c)(3) organ	ization,
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13, o	olumn (f))	ļ	15	<u>96.37</u> %
<u>16</u>						16	96.21 %
<u>Se</u>	ction D. Computation of Inves	stment Income	e Percentage		<del> </del>		
17	Investment income percentage for 20	115 (line 10c, colum	nn (f) divided by lir	e 13, column (f))	ļ	17	<u>3.63 %</u>
18	Investment income percentage from 2	<b>2014</b> Schedule A, I	Part III, line 17		Į	18	<u>3.79 %</u>
198	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box a		_				<b>▶</b> X
k	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	ınızatıon qualifies a	as a publicly suppo	orted organizatio	n ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	iis box and see ins	tructions	

### Schedule A (Form 990 or 990-EZ) 2015 BRONX COUNTY BAR ENDOWMENT INC.

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 'regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1_1_	-	<u> </u>
2	-	
3a		
_3b		
_3c	-	
4a		
4b		
4c_		
5a		
5b 5c		
		:
6		
Ì		
7		
8		
9a	-	
9b		
9c		
10a		
10b		
990 or 9	90-F7	2015

_	dule A (Form 990 or 990-EZ) 2015 BRONX COUNTY BAR ENDOWN			13-6138186 Page
L	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	<del></del>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 (		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	<del></del>	
_8_	Minimum Asset Amount (add line 7 to line 6)	8		ļ
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1	<del></del>	
	emergency temporary reduction (see instructions)	6	<del> </del>	
7	Check here if the current year is the organization's first as a non-functional	llv-integrat	ted Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

	Type III Non-Functionally Integrated 509			3-0130100 Page 7
<u> </u>		(a)(o) Supporting Orga	ariizations (continued)	Current Vacu
1	ion D - Distributions  Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exe			<del> </del>
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	<u>~</u>	<del></del> -	
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI) See instructions			<del></del>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	·	
	(provide details in Part VI) See instructions	is organization to respect to		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>	<del> </del>	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2015		<del></del>	
	(reasonable cause required-see instructions)		i	
3	Excess distributions carryover, if any, to 2015			
а				
b				
<u> </u>				
d	From 2013			
е	From 2014		<u> </u>	
f	Total of lines 3a through e			<u> </u>
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		<del></del>	
<u>c</u>	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			<del> </del>
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	<u></u>		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c		<del> </del>	
_8_	Breakdown of line 7	<del>                                     </del>		
a			<del></del>	
b	Evenes from 2013	<u> </u>	<del> </del>	<del></del>
	Excess from 2013 Excess from 2014	<del> </del>	<del></del>	<del></del>
	Excess from 2015			

Schedule A	(Form 990 or 990-E	z) 2015 ]	BRONX	COUNTY	BAR	ENDOWMEN'	r inc.	13-6138186 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Section	Inform lines 1, 2 tion D, lin	a <b>tion.</b> Proceeds 1, 3b, 3c, 4t es 2 and 3	ovide the exp o, 4c, 5a, 6, 9a , Part IV, Sect	lanations a, 9b, 9c, ion E, line	required by Part 11a, 11b, and 11 es 1c, 2a, 2b, 3a a	II, line 10; Part II, line c, Part IV, Section B and 3b, Part V, line 1,	e 17a or 17b; Part III, line 12, , lines 1 and 2, Part IV, Section C, , Part V, Section B, line 1e, Part V, additional information
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## **SCHEDULE D**

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Nam	e of the organization BRONX COUNTY BAR I		Employer identification number 13-6138186
Pa			
	organization answered "Yes" on Form 990, Part IV, II		·
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 ad	vised funds
•	are the organization's property, subject to the organization'		Yes No
6	Did the organization inform all grantees, donors, and donor	<u> </u>	<del></del>
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 99	
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or	[ <del></del>	istorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the fol	rm 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 si	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	icture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation e	asement is located >	_
5	Does the organization have a written policy regarding the policy		of
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conse	rvation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describ	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ea	xhibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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 tr	reasures, or other similar assets for finan	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
1-	Assets included in Form 990 Part Y		<b>▶ c</b>

		OUNTY BAR						<u>13-61</u>			<u>age 2</u>
Pai	t III \ Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or C	Other:	<u>Simil</u>	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that are	a sign	ıfıcant	use of its	collectio	n item	IS
	(check all that apply)										
а	Public exhibition	d	, <u> </u>	Loan or exc	hange programs						
b	Scholarly research	е	, []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization's	exemp	t purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other si	mılar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nızatıon's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "Yes	" on Fo	rm 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other assets	not inc	luded	_			
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.							
		·	Ü	-					Amour		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fi	orm 990 Part X line	21. for 6	escrow or c	ustodial account	liability'			Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			03		j '''
Par											<del></del>
L		(a) Current year		rior year	(c) Two years ba		Three	years back	(e) Fou	r vears	hack
1a	Beginning of year balance	(a) Current your	(0).	noi year	(C) Two years ba	UK TO	111100	years back	(6) 1 00	<u> </u>	buok
	Contributions					_					
	Net investment earnings, gains, and losses				-						
ن م	Grants or scholarships								-		
	Other expenditures for facilities				<del> </del>	-+-		-			
е	. '				ļ	-			ļ		
	and programs					+		_ <del></del> .	<del> </del> -		
T	Administrative expenses		<del></del>		<del> </del>					*	
	End of year balance		- () 1						L		
2	Provide the estimated percentage of the curi	rent year end balanc	•	g, column (a	a)) neid as						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	ind administered	for the	organi	zation			
	by								Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(II), are the related organiza								_3b		L
4	Describe in Part XIII the intended uses of the		owment i	funds							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o			,	c) Accu			(d) Boo	ık valu	е
		basis (investr	nent)	basis	(other)	aepre	ciation	<u> </u>			
1a	Land	<u> </u>									
b	Buildings										
С	Leasehold improvements										
d	Equipment	<u> </u>									
<u>e</u>	Other										<del>_</del> _
	Add lines to through to (Column (d) must o	Company Cond	V 1	(0) ! :	10-1						11

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Par	rt XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li		ao poi mota	
1	Total revenue, gains, and other support per audited financial statements		1	237,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-	23770171
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	237,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	237,047.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	229,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	229,094.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> </u>	4c 5	0. 229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line and XIII Supplemental Information.	18)	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, l	5	229,094.

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

INC.

BRONX COUNTY BAR ENDOWMENT

General Information on Grants and Assistance

Part

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Employer identification number 13-6138186

% X TO PROVIDE ASSISTANCE FOR ATTORNEYS AND THE PUBLIC IN BRONX COUNTY THROUGH (h) Purpose of grant ONGOING FUNDING OF A or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (g) Description of non-cash assistance (f) Method 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 80,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table 13-1699417 (b) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization BRONX COUNTY BAR ASSOCIATION or government 851 GRAND CONCOURSE BRONX NY 10451 Part

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

532101 10-28-15

Schedule I (Form 990) (2015)

Page 2 .

13-6138186

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP GRANTS	4	13,000.	O		
Part IV Supplemental Information. Provide the information required in PART II. LINE 1. COLUMN (H):		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	lditional information.	
NAME OF ORGANIZATION OR GOVERNMENT:	BR	COUNTY BAR	ONX COUNTY BAR ASSOCIATION	NC	
(H) PURPOSE OF GRANT OR ASSISTANCE:	TO	PROVIDE ASSISTANCE		FOR ATTORNEYS	
AND THE PUBLIC IN BRONX COUNTY THROUGH		ONGOING FUNDING OF	A	PUBLIC LAW	
LIBRARY, COMPUTER ACCESS, CONTINUING	E	DUCATION, SCHO	SCHOLARSHIP PRO	PROGRAMS, PRO	
SE DIVORCE EDUCATION, STUDENT INVOLVEMENT		IN LEGAL E	LEGAL EDUCATION AND	CIN	
PROMOTING GENDER FAIRNESS.					

Schedule I (Form 990) (2015)

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization  BRONX COUNTY BAR ENDOWMENT INC.	Employer identification number 13-6138186
FORM 990, PART VI, SECTION B, LINE 11:	
A SUMMARY OF ALL TRANSACTIONS IS FIRST PROVIDED TO CURREN	NT OFFICERS
FOLLOWED BY A COPY OF FORM 990 PRIOR TO IT'S FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.