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SCANNED DEC

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

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

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

2016 Open to Public Inspection

OMB No 1545-0047

A For the 2016 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Address change BRONX COUNTY BAR ENDOWMENT INC. Name change 13-6138186 Doing business as]initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 851 GRAND CONCOURSE <u>718-293-2227</u> termin ated 229,087. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BRONX, NY 10451-2937 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer ALAN B. FRIEDBERG for subordinates? pending 851 GRAND CONCOURSE, BRONX, NY 10451 H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) _j 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1958 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE ASSISTANCE TO MEMBERS Activities & Governance OF THE NEW YORK STATE BAR AND TO ASSIST IN CHARITABLE CAUSES. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 94,284. <u>25,715.</u> Contributions and grants (Part VIII, line 1h) 133,186. 183,550. Program service revenue (Part VIII, line 2g) 9,577. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,822. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 237,047. 229,087. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,000 101,013. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Ο. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ο. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 71,880. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 136,094. 107.031. 229,094. 208,044. 18 Total expenses Add lines 13-17 (must equal Part IX) column 21,043. 7,953. Revenue less expenses Subtract line 18 from line 1 or **Beginning of Current Year** End of Year 591,591. 612,634. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Ο. 0. OGDEN. UT ,591 634. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign ALAN(B. FRIEDBERG, PRESIDENT Here Type or print name and title PTIN signature Print/Type preparer's name JAMES MATTEOTTI P00680012 Paid Firm's name LAWRENCE BROWN & CO. 13-3093411 Preparer Firm's EIN Firm's address 180 PHILLIPS HILL ROAD -Use Only SUITE NEW CITY, NY 10956 Phone no. 845 - 638 - 1001 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

632001 11-11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

-orm	990(2016) BRONX COUNTY BAR ENDOWMENT INC.	13-6138186 Page 2
	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.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O 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, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$101,013. Including grants of \$101,013. (Revision Code) (Expenses \$101,013. (Revision Code) (Expenses \$101,013. (Revision Code) (Expenses \$	nue \$ 169,077.
		
4b	(Code) (Expenses \$27,036. Including grants of \$) (Rev. THURGOOD MARSHALL MOCK TRIAL PROGRAM	anue \$32,840.
4c	(Code) (Expenses \$ 2,366. Including grants of \$) (Reverge CENDER FAIRNESS ENDOWMENT	enue \$ 1,455.
4d 	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 130,415.	
		Form 990 (201

Form 990 (2016) BRONX COUNTY BAR ENDOWMENT INC.
Part IV Checklist of Required Schedules

`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	i		
	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		i	
	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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable		'	
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	<u>11c</u>		<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		_ <u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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		X
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	140		- 22
13	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	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		Х
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		х
			990	

Form 990 (2016) BRONX COUNTY BAR ENDOWMENT INC.

Part IV Checklist of Required Schedules (continued)

`			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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,"			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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 (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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Eorm	gan /	2016)

Pa	Statements Regarding Other IRS Fillings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V				ᆜ
		1 1 .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a (-1		l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	1 1	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	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				ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			1
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 transa	ction?	_5b_		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	, , , , , , , , , , , , , , , , , , , ,	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	I I	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	┨		l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual assessment and the contribution of qualified intellectual assessment, did the contribution of qualified intellectual assessment, did the contribution of qualified intellectual assessment.		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		···
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations may take a depart of the depar		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter.		9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter	100	1		
а	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c]_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e ()	14h		

Form 990 (2016) 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 Page 6 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			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			
	If there are material differences in voting rights among members of the governing body, or if the governing		. [
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		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 "Yes," describe			
	in 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 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		X
b	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)			
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l 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 books and records.			
	ALAN B. FRIEDBERG, ESQ 914-323-7000			
	851 GRAND CONCOURSE, BRONX, NY 10451-2937			

Form	aan	(2016)	

BRONX COUNTY BAR ENDOWMENT INC.

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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)	(B)	related organization compensate (B) (C)						(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week	offi	box, unless person is both a officer and a director/trustee			is bot or/trus	h an itee)	compensation from	compensation from related	amount of other
	(list any	Ę						the	organizations	compensation
	hours for	or dire			}	百		organization	(W-2/1099-MISC)	from the
	related	ıstee (truste		يه ا	pensa		(W-2/1099-MISC)		organization
	organizations below	a la	nou		l Book	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN B. FRIEDBERG	1.00		† - -	<u> </u>						
PRESIDENT		1_		X				0.	0.	0.
(2) JEFFREY BELOVIN	1.00]								
V-PRESIDENT		ـــــ	ļ	X	ļ	ļ	<u> </u>	0.	0.	0.
(3) ROBERT H. WOLFF	1.00	4						_		_
SECRETARY		 	╆-	X	 	<u> </u>		0.	0.	0.
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•	(A) Name and title	(B) Average hours per week	рох	not o	Pos heck ss pe	more rson	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	of
		(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	5)	fi org an	pensa rom th anizat d relat	ation e cion ced
			_											
			_	_			-							
			-											
													_	
			-											
1b	Sub-total								0.		0.	·		0.
d	Total (add lines 1b and 1c)			linte	. d al			>	0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	iot iimited to tr			eu ai		=) WI	10 16	eceived more than \$100				Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual				·	•					3		х
4 5	For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	e J f	or such individual	-		4	_	х
	rendered to the organization? If "Yes," contion B. Independent Contractors					_						5		х
1	Complete this table for your five highest co the organization Report compensation for	•	•								ensa	ation 1	rom	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C ompe	c) nsatio	n
								_						
		<u>~</u>							·		-			
									· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot lii	mıte	d to	_	se lis	sted	l above) who received m	nore than				•
	wito, ood of compensation from the organi	Zation										Form	990 (2016)

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

229,087.

203,372.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 86,013. 86,013. Grants and other assistance to domestic 15,000. 15,000 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). a Management Legal 1,750. 1,750. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 274. 274. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,600. 3,600 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 71,880. 71,880 SPECIAL EVENTS THURGOOD MARSHALL MOCK 27,036. 27,036 2,366. 2,366. c GENDER FAIRNESS PROGRAM 125. d FILING FES 125. e All other expenses 208,044 5,749 Total functional expenses. Add lines 1 through 24e 130,415. 71,880. 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)

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	257,243.	1	121,717
2	Savings and temporary cash investments	334,348.	2	490,917
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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			
Siasset 7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	·
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	591,591.	16	612,634
17	Accounts payable and accrued expenses	·	17	
18	Grants payable	****	18	
19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		_22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	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	
26	Total liabilities. Add lines 17 through 25	<u> </u>	26	0
.	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		07	
27	Temporarily restricted net assets		27	
29	Permanently restricted net assets		28	
29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	20	^
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
32	Retained earnings, endowment, accumulated income, or other funds	0.	31	0
33	Total net assets or fund balances	591,591.	32	
34	Total liabilities and net assets/fund balances	591,591.	33	612,634
	Total nationices and het assets/fully baidfices	331,331.	34	612,634

	990 (2016) BRONX COUNTY BAR ENDOWMENT INC.	13-6	138186	Page 1				
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	229	,087				
2	Total expenses (must equal Part IX, column (A), line 25)	2	208	,044				
3	Revenue less expenses Subtract line 2 from line 1	3	21	,043				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	591	,591				
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		0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	612	,634				
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				res 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				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both							
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1					
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1					
	consolidated basis, or both			1				
	Separate basis Consolidated basis Both consolidated and separate basis							
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	90 (2016				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Total

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.

2016

Open to Public Inspection

Name of the organization

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

Employer identification number

BRONX COUNTY BAR ENDOWMENT INC. 13-6138186 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule: A (Form 990 or 990-EZ) 2016 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			<u> </u>	·		
	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						·
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			1 1			(7:33
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						·
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital			i			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					<u> </u>	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	•	•	d, fourth, or fifth t	ax vear as a secti		
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the c	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			
b	33 1/3% support test - 2015. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3 ⁹	% or more, check th	nis box
	and stop here. The organization qual	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2016 . If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					,	
b	10% -facts-and-circumstances test	t - 2015. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17	b, check this box	and see instruction	s
					Cah	edule A (Form 990	or 000 EZ) 2040

(Complete only if you checked the box on line 10 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)

<u>Se</u>	ction A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	103,015.	67,360.	85,962.	94,284.	25,715.	376,336.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	183,058.	147,353.	181,365.	133,186.	183,550.	828,512.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	286,073.	214,713.	267,327.	227,470.	209,265.	1204848.
7 a	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						1204848.
	ction B. Total Support						1204040.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	286,073.	214,713.	267,327.	227,470.	209,265.	1204848.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,637.	9,049.	10,664.	9,577.	19,822.	56,749.
h	Unrelated business taxable income	1,057.	J,049.	10,004.	3,311.	19,022.	30,743.
	(less section 511 taxes) from businesses	ĺ		,			
	acquired after June 30, 1975						
c	Add lines 10a and 10b	7,637.	9,049.	10,664.	9,577.	19,822.	56,749.
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 VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		223,762.	277,991.		229,087.	1261597.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organız	ation,
	check this box and stop here						<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2016 (I	• • • • • • • • • • • • • • • • • • • •		olumn (f))		15	95.50 <u>%</u>
	Public support percentage from 2015			• ,,,,,		16	<u>96.37 %</u>
	ction D. Computation of Inves						
	Investment income percentage for 20		•	e 13, column (f))		17	4.50 %
	Investment income percentage from 2					18	3.63 %
19a	33 1/3% support tests - 2016. If the						
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the						▶ X
-	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organizatio						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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		
	2		
	3a		
	3b		
	3c		
	4a		
		,	
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
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	. 8		
	0-		
	9a		
	9b		
	9c_		
	10a		
n 0	10b 90 or 99	10-E71	2016

Sche	edule:A (Form 990 or 990-EZ) 2016 BRONX COUNTY BAR ENDOWM	ENT :	INC.	13-6138186 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov 20, 1970 (explain ir	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
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))		ļ
	collection of gross income or for management, conservation, or			ł
	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 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b_		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	}		1
	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,			Í
	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting or	ganızatıon (see

instructions)

Sche	dule A (Form 990 or 990 EZ) 2016 BRONX COUNTY			13-6138186 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>ectı</u>	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	ne organization is responsive)	
_	(provide details in Part VI). See instructions	-		
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
<u> </u>		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
	Excess distributions carryover, if any, to 2010			
<u>a</u> b				
	From 2013			
	From 2014			
	From 2015	· · · · · · · · · · · · · · · · · · ·		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
<u>.</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2016 from Section D,			
4	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			
5	any Subtract lines 3g and 4a from line 2. For result greater			
	-			
	than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h	.=		
6	_			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			-
<u>a</u>	Fuence from 2012	·		
	Excess from 2013			
	Excess from 2014		 	
	Excess from 2015			-
е	Excess from 2016	l <u></u>	<u> </u>	_

Schedule A	(Form 990 or 990-E	Z) 2016 B	RONX	COUNTY	BAR	ENDOWME	NT INC.	13-6138186 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information 1, 2, tion D, line 6, and 8; a	ation. Pa 3b, 3c, 4 s 2 and 3	rovide the exp b, 4c, 5a, 6, 9 l, Part IV, Sect	lanations a, 9b, 9c, ion E, line	required by Pa 11a, 11b, and es 1c, 2a, 2b, 3	irt II, line 10, Pa 11c, Part IV, Se a, and 3b; Part	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2, Part IV, Section C, V, line 1; Part V, Section B, line 1e, Part V, for any additional information
	<u> </u>	-						
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		-		 -				
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				<u> </u>				

SCHEDULE

(Form 990)

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.

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

Open to Public 2016

Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

å × Employer identification number 13-6138186 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 BRONX COUNTY BAR ENDOWMENT INC. General Information on Grants and Assistance Part

___ 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

•	(h) Purpose of grant or assistance	TO PROVIDE ASSISTANCE FOR ATTORNEYS AND THE PUBLIC IN BRONX COUNTY THROUGH ONGOING FUNDING OF A			
	(g) Description of noncash assistance				
	(f) Method of valuation (book, FMV, appraisal, other)				
ded	(e) Amount of non-cash assistance	•0			
ional space is nee	(d) Amount of cash grant	86,013.			
be duplicated if addit	(c) IRC section (if applicable)				
\$5,000 Part II can	(b) EIN	13-1699417			
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	BRONX COUNTY BAR ASSOCIATION 851 GRAND CONCOURSE BRONX, NY 10451			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) BRONX COUNTY BAR ENDOWMENT INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(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 noncash assistance
SCHOLARSHIP GRANTS	m	15,000,	0		
Part IV Supplemental Information. Provide the information required	lured in Part I, lin	ie 2; Part III, column	in Part I, line 2; Part III, column (b), and any other additional information	dditional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	- 1	COUNTY BAR	BRONX COUNTY BAR ASSOCIATION	ON	
(H) PURPOSE OF GRANT OR ASSISTANCE:	TO PRO	TO PROVIDE ASSISTANCE	FOR	ATTORNEYS	
AND THE PUBLIC IN BRONX COUNTY THROUGH ONGOING FUNDING OF	OUGH ONG	OING FUNDI	Æ	PUBLIC LAW	
LIBRARY, COMPUTER ACCESS, CONTINUING	NG EDUCATION,		SCHOLARSHIP PR	PROGRAMS, PRO	
SE DIVORCE EDUCATION, STUDENT INVO	INVOLVEMENT	IN LEGAL E	IN LEGAL EDUCATION AND	ND	
PROMOTING GENDER FAIRNESS.					

Schedule I (Form 990) (2016)

SCHEDULE 0

(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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name of the organization BRONX COUNTY BAR ENDOWMENT INC.	Employer identification number 13-6138186
FORM 990, PART VI, SECTION B, LINE 11B:	
A SUMMARY OF ALL TRANSACTIONS IS FIRST PROVIDED TO CURREN	T 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.
·	