ASSOCIATION OF THE BAR OF

THE CITY OF NEW YORK

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED APRIL 30, 2021





		Return of Organization Exempt From Inc	ome Tax	OMB No. 1545-0047
Form	. 990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except		2020
		Do not enter social security numbers on this form as it may be made and the social security numbers on this form as it may be made and the social security numbers on this form as it may be made and the social security numbers on this form as it may be made and the social security numbers on this form as it may be made and the social security numbers on the social sec		Open to Public
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest info	-	Inspection
A F	or the 2020 cale	endar year, or tax year beginning $MAY \ 1$, $\ 2020$ and ending APF		
B Cl	heck if C Name	e of organization D	Employer identifica	ation number
ap	Address	SOCIATION OF THE BAR OF THE CITY OF NY		
	Name	g business as NEW YORK CITY BAR	13-045309	5
	1-141-1	y	Telephone number	5
	Final 12	WEST 44TH STREET	(212) 382	-6640
	termin-		Gross receipts \$	16,142,179.
			(a) Is this a group ret	
		e and address of principal officer: BRET PARKER	for subordinates?	
			(b) Are all subordinates incl	
	ax-exempt status		If "No," attach a lis	st. See instructions
<u>J N</u>	/ebsite: 🕨 WWW	N.NYCBAR.ORG H	(c) Group exemption	number 🕨
K F(orm of organization:	n: Corporation Trust 🚺 Association Other ► 🛛 L Year of fo	ormation: 1871 M	State of legal domicile: N
Pa	rt I Summa	-		
		cribe the organization's mission or most significant activities: TO EQUIP AND		
ũ	PROFES	SSION TO PRACTICE WITH EXCELLENCE (CONTINUE	D ON SCHEDU	LE O),
Governance	2 Check this	F 5	an 25% of its net asse	
8		voting members of the governing body (Part VI, line 1a)	3	22
G				
		independent voting members of the governing body (Part VI, line 1b)		22
es	5 Total numb	per of individuals employed in calendar year 2020 (Part V, line 2a)		22 99
ivities 8	5 Total numb6 Total numb	per of individuals employed in calendar year 2020 (Part V, line 2a)	4 5 6	22 99 5004
Activities 8	5 Total numb6 Total numb7 a Total unrela	per of individuals employed in calendar year 2020 (Part V, line 2a) per of volunteers (estimate if necessary) ated business revenue from Part VIII, column (C), line 12	4 5 6 7a	22 99 5004 42,902
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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.

	•		ELEC	TRONICALLY	' FILED WIT	H		
Sign	Signature of officer	Date						
Here	THOMAS HALTER, CHIEF A	DMINISTRATIVE OFFICE	ERNAL REVENUE SERVICE					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	CANDICE METH			self-employed	P0130689:	1		
Preparer	Firm's name EISNER ADVISORY			Firm's EIN ▶ 87	-1353108			
Use Only	Firm's address 🕨 733 THIRD AVENUE							
	NEW YORK, NY 100	17-2703		Phone no. $212-$	949-8700			
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No		
032001 12-2	3-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 990 (;	2020)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN									
print	ASSOCIATION OF THE BAR OF THE	CITY OF	7 NY	13-0453095									
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	x, see instructions.										
due date for filing your	42 WEST 44TH STREET												
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.										
instructions.	NEW YORK, NY 10036												
Enter the R	Return Code for the return that this application	is for (file	a separate application fo	or each return)	0 1								
Applicatior	n	Return	Application		Return								
ls For		Code	Is For		Code								
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	ion)	07								
Form 990-E	3L	02	Form 1041-A		08								
Form 4720) (individual)	03	Form 4720 (other that	ın individual)	09								
Form 990-F	PF	04	Form 5227		10								
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11								
Form 990-	T (trust other than above)	06	Form 8870		12								
	THOMAS J. HALTE: ks are in the care of \blacktriangleright <u>42 WEST 44TH ST</u>	REET NET											
	ne No. ▶ 212 382-6640		Fax No. ▶ 212 768										
	ganization does not have an office or place of												
 If this is 	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number ((GEN) If	this is								
	ble group, check this box ►		art of the group, check i	this box	ittach								
	he names and TINs of all members the extension		02/15 00/										
•	lest an automatic 6-month extension of time up	-		22, to file the exempt organiza	ition return								
IOF THE	e organization named above. The extension is		janization's return for:										
	calendar year 20 or												
► X	tax year beginning 05/0	01 , 20 20), and ending	04/30,2021									
	tax year entered in line 1 is for less than 12 m Change in accounting period	onths, cheo	ck reason: Initial r	eturn Final return									
Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any													

instructions.

nonrefundable credits. See instructions.

(Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

estimated tax payments made. Include any prior year overpayment allowed as a credit.

0.

Ο.

0.

3a |\$

3b \$

3c |\$

Form 8868 (Rev. 1-2020)

	990 (2020) ASSOCIATION OF THE BAR OF THE CITY OF NY 13-0453095 Page 2
Par	t 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 EQUIP AND MOBILIZE THE LEGAL PROFESSION TO PRACTICE WITH
	EXCELLENCE, PROMOTE LAW REFORM AND UPHOLD THE RULE OF LAW AND ACCESS
	TO JUSTICE IN SUPPORT OF A FAIR SOCIETY/THE PUBLIC INTEREST IN OUR
	COMMUNITY, OUR NATION AND THROUGHOUT THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
_	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CONTINUING LEGAL EDUCATION PROVIDES EDUCATION TO MEMBERS OF THE BAR TO
	EQUIP THEM TO BETTER SERVE THEIR CLIENTS AND THE PUBLIC. MANY OF THESE
	PROGRAMS ARE CONDUCTED BY THE ASSOCIATION'S COMMITTEES, WHICH INVOLVE
	MEMBERS PRESENTING AT PROFESSIONAL COURSES THAT ADDRESS AMONG OTHER
	THINGS LEGAL SKILLS AND ETHICS, THE LAW AND UPDATES IN THE LAW,
	PRACTICE MANAGEMENT AND THE ELIMINATION OF BIAS. TOTAL PROGRAM
	ATTENDANCE FOR THE YEAR WAS 25,488.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	LIBRARY SERVICES ENHANCE THE MEMBERSHIP'S AND THE PROFESSION'S ABILITY
	TO PROVIDE COMPETENT AND VALUABLE LEGAL SERVICES TO THE COMMUNITY BY
	MAKING RESEARCH MATERIALS AVAILABLE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE LEGAL REFERRAL SERVICE MATCHES THE SERVICES OF THE PROFESSION WITH
	THE LEGAL NEEDS OF INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS, TO IMPROVE ACCESS TO JUSTICE.
	IMPROVE ACCESS TO JUSTICE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses Form 990 (2020)
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Form 990 (2020)	ASSOCIATION	THE	BAR	OF	THE	CITY	OF	NY	13-0453095	Р	age 3
Part IV Checklist of F	Required Schedules										

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		37	
-	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			v
-	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,	-		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u>_</u>
0		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	–		
Ũ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		X
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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	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		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~	
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	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? <i>If</i> "Yes,"	10		v
20-	complete Schedule G, Part III	19		X X
20a h		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2020)	ASSOCIATION	OF	THE	BAR	OF	THE	CITY	OF	NY	13-0453095	P	age 4
Part IV Check	klist of Required Schedules	(con	tinued)									

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		37	
~ -	Part V, line 1	34	Х	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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 Cabadyle D. Part I/ line 2	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		
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	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a reasonance or note to amyling in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
03200	(gambling) winnings to prize winners?	Form		(2020)
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	990 (2020) ASSOCIATION OF THE BAR OF THE CITY OF NY 13-0453	095	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 99			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Uu	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
u o	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		76 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life room observation file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders [11a]			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
с	Enter the amount of reserves on hand			
		14a		x
		14b		
15	It "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			<u> </u>
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

ASSOCIATION OF THE BAR OF THE CITY OF NY 13-0453095 Page 6

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 on Schedule O. See instructions.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct superv	ision			
	of officers, directors, 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 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a						
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			8a	х	
	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 read					
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
bec [.]	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			Ŭ		
		<u>/enue coue.)</u>			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			Tou		<u> </u>
N N	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	belore ming		11a		
				12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120	- 11	
С		,		10-	Х	
12	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approval	by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	-
b	Other officers or key employees of the organization			15b	Δ	
	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 arrangem					
	taxable entity during the year?			16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Sect	tion 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of intere	st policy, and	finand	cial	
	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 boo	ks and record	ls 🕨			
	THOMAS J. HALTER, CAO - 212-382-6640					
	42 WEST 44TH STREET, NEW YORK, NY 10036					
					990	

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.

Form 990 (2020)

• 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		organization and related
	below	dual t	utiona	_	nploy	st cor	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(1) BRET PARKER	40.00									
EXECUTIVE DIRECTOR	2.00			Х				317,860.	0.	2,645.
(2) ARLENE BEIN	40.00									
SR. DIR. OF MEMBERSHIP & MARKETING					Х			203,124.	0.	12,371.
(3) THOMAS J. HALTER	40.00									
CHIEF ADMINISTRATIVE OFFICER	2.00			Х				195,972.	0.	11,026.
(4) MARIA CILENTI	40.00									
SENIOR POLICY COUNSEL					Х			174,322.	0.	33,954.
(5) GEORGE WOLFF	40.00									
LRS EXECUTIVE DIRECTOR					х			177,637.	0.	20,590.
(6) LAUREN AXELROD	35.00									
SENIOR COUNSEL	6.00				Х			152,619.	0.	33,742.
(7) MARTHA HARRIS CARON	40.00							4 4 5 - 0 0 5		~ ~ ~ ~ ~
DIR OF CAREER DEV & COMM ENGAGEMENT	40.00					x		145,205.	0.	33,665.
(8) ERIC FRIEDMAN	40.00							140.000	0	
DIRECTOR OF COMMUNICATIONS	40.00					X		147,857.	0.	23,203.
(9) RICHARD TUSKE	40.00							1 - 1 - 1 - 1	0	17 460
SR DIR OF LIBRARY OPERATIONS	40.00					X		151,411.	0.	17,468.
(10) ROBERT HUBER DIRECTOR OF BUILDING OPERATIONS	40.00					x		151 700	0.	1 270
(11) BETH SCHEFFLAN	25.00					A		151,799.	0.	1,370.
DIRECTOR OF HUMAN RESOURCES	15.00					x		146,309.	0.	1,326.
(12) MARJORIE JOAN PEERCE	2.00							140,305.	0.	1,520•
CHAIR (AS OF 5/19/2020)	2000	х		x				0.	0.	0.
(13) SHEILA S. BOSTON	30.00									
PRESIDENT (AS OF 5/19/2020)	3.00	х		х				0.	0.	0.
(14) DAVID J. ARROYO	2.00									
VICE PRESIDENT (AS OF 5/19/2020)		Х		х				0.	Ο.	0.
(15) SUSAN J. KOHLMANN	2.00									
VICE PRESIDENT (AS OF 5/19/2020)		Х		Х				0.	0.	0.
(16) DREXEL B. HARRIS JR	2.00									
SECRETARY (AS OF 5/19/2020)		Х		Х				0.	0.	0.
(17) DEVIKA KEWALRAMANI	2.00									
SECRETARY (AS OF 5/19/2020)		Х		Х				0.	0.	0.
032007 12-23-20										Form 990 (2020)

Page 7

Form 990 (2020) ASSOCIATI	ON OF 7	HE	B	AR	. 0	F	ΤH	E CITY OF N	Y 13-0453	3095	Р	age 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	st Co	ompensated Employe	es (continued)				
(A)			(0	C)			(D)	(E)		(F)			
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	E	stimate	ed	
	hours per	box	, unle	ss per nd a di	son i	s botł	n an	compensation	compensation	a	mount		
	week				liecto	1711 US	(66)	from	from related		other		
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)		npensa rom th		
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(00-2/1099-00130)		ganizat		
	organizations	truste	al trus		yee	mper					nd relat		
	below	In dividual trustee or director	Institutional trustee	er	ƙey employee	Highest compensated employee	ler			org	anizati	ions	
	line)	Indiv	Instit	Officer	Key e	High	Former						
(18) THOMAS R. SLOME	2.00												
TREASURER	1.00	Х		Х				0.	0.	,		0.	
(19) SARAH J. BERGER	2.00												
BOARD MEMBER (AS OF 5/19/2020)		Х						0.	0.	·		0.	
(20) BRENNA K. DEVANEY	2.00												
BOARD MEMBER		Х						0.	0.			0.	
(21) JYOTIN HAMID	2.00											•	
BOARD MEMBER		х						0.	0.	· 		0.	
(22) TANYA R. KENNEDY	2.00	.,							0			•	
BOARD MEMBER	0.00	х						0.	0.	·		0.	
(23) HARLAN A. LEVY	2.00	.,							0			•	
BOARD MEMBER	2 00	Х						0.	0.	·		0.	
(24) KIYO A. MATSUMOTO	2.00	x						0.	0.			0.	
BOARD MEMBER (AS OF 5/19/2020) (25) SANDRA PARK	2.00	^				-		0.	0.			0.	
BOARD MEMBER	2.00	x						0.	0.			0.	
(26) ANNA M. POHL	2.00	^						0.	0.	<u> </u>		0.	
BOARD MEMBER (AS OF 5/19/2020)	2.00	x						0.	0.			0.	
								1,964,115.	0.		1 3		
1b Subtotal c Total from continuation sheets to Part VII								0.	0.				
d Total (add lines 1b and 1c)								1,964,115.	0.		0 191,360		
2 Total number of individuals (including but no							o re				-/-		
compensation from the organization			noco	u ub		,	010					19	
											Yes	No	
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emr	olovee on				
line 1a? If "Yes," complete Schedule J for su										3		x	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										4	Х		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fe	or sı	ich r	bers	on .				5		X	
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	ndei	nt co	ontra	acto	rs th	at received more than	\$100,000 of compens	ation fr	om		
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax	/ear.				
(A)				_				(B)			C)		
Name and business	address	NC	ONE	5				Description of	services	Compe	ensatio	n	
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz					C								
SEE PART VII, SECTION	A CONT	'IN	UĀ	ΤĪ	ON	S	HE	ETS		Form	990 ((2020)	
032008 12-23-20													

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(** 2/1000 1000)	organization
	related	tee or	ustee			ensate		(and related
	organizations	ul trus	nal tr		loyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) N. NAMUANTEL GAINE VICEOD	line)	<u>n</u>	su	0fi	Ke	Ξ	Fo			
(27) N. NATHANIEL SAINT-VICTOR BOARD MEMBER	2.00	x						0.	0.	0
(28) KEVIN SCHWARTZ	2.00									0
BOARD MEMBER (AS OF 6/8/2020)		x						0.	0.	0
(29) MARK R. SHULMAN	2.00									•
BOARD MEMBER		x						0.	0.	0
(30) JAIPAT SINGH JAIN	2.00									
BOARD MEMBER (AS OF 5/19/2020)		х						0.	0.	0
(31) JUDITH M. WHITING	2.00									
BOARD MEMBER		Х						0.	0.	0
(32) JEFFREY M. WINN	2.00									
BOARD MEMBER		Х						0.	0.	0
(33) MARK W. ZENO	2.00									
BOARD MEMBER		Х						0.	0.	0
(34) ROGER JUAN MALDONADO	30.00								0	0
PRESIDENT (END 5/19/2020)	3.00	Х		X				0.	0.	0
(35) JOSEPH M. DRAYTON	2.00			v				0	0	0
VICE PRESIDENT (END 5/19/2020) (36) MUHAMMAD U. FARIDI	2.00	Х		Х				0.	0.	0
VICE PRESIDENT (END 5/19/2020)	2.00	x		х				0.	0.	0
(37) CARMELYN P. MALALIS	2.00			Δ				0.	0.	0
VICE PRESIDENT(END 5/19/2020)	2.00	х		х				0.	0.	0
(38) KAREN PATTON SEYMOUR	2.00									0
VICE PRESIDENT (END 5/19/2020)		x		х				0.	0.	0
(39) IRA M. FEINBERG	2.00									
SECRETARY (END 5/19/2020)		х		х				0.	0.	0
(40) ANNA M. POHL	2.00									
SECRETARY (END 5/19/2020)		Х		х				0.	0.	0
(41) MEI LIN KWAN-GETT	2.00									
BOARD MEMBER (END 5/19/2020)		Х						0.	0.	0
(42) ANDREA MASLEY	2.00									
BOARD MEMBER (END 5/19/2020)		Х						0.	0.	0
(43) REBECCA LYNN MENDEL	2.00									
BOARD MEMBER (END 5/19/2020)		Х						0.	0.	0
							I			

032201 04-01-20

						0	F THE BAF	R OF I	THE CI	TY OF NY	13-0453	095 г	Page 9
Pa	rt V	<u> III</u>	Statement of Rev	venu	е								
			Check if Schedule O c	contair	ns a respo	nse (or note to any line			(D)	(0)	(5)	
								(A Total re	· .	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue ex from tax u sections 512	kcluded under
S S	1	а	Federated campaigns		1a								
Contributions, Gifts, Grants and Other Similar Amounts													
, G			Fundraising events										
ifts ar A							102,345.						
s, G nila			Government grants (contri				10,000.						
Sir			All other contributions, gifts,										
ber			similar amounts not included				44,180.						
l of t		g	Noncash contributions included in I			6							
Cor		-	Total. Add lines 1a-1f				►	1	56,525.				
							Business Code						
ė	2	а	MEMBERSHIP DUES & AS	SSESSI	MENTS		900099	7,8	40,719.	7,840,719.			
e vic		b	CONTINUING LEGAL EDU	JCATI	ON		611430	1,6	86,731.	1,686,731.			
Sei		с	LEGAL REFERRAL SERVI	ICES			900099	1,4	85,386.	1,485,386.			
am eve		d	SMALL LAW FIRM PROGR	RAM II	NCOME		611430	2	61,029.	261,029.			
Program Service Revenue		е	OTHER INCOME				900099	2	34,951.	234,951.			
Pr	t	f	All other program service i	revenu	ie		722320	2	17,500.	217,500.			
		g	Total. Add lines 2a-2f				>	11,7	26,316.				
	3		Investment income (includ	ding div	vidends, ir	ntere	st, and						
			other similar amounts)				►	2	98,706.			298	3,706.
	4		Income from investment o	of tax-e	xempt bo	nd p	roceeds 🕨 🕨						
	5		Royalties	·····					95,021.			95	,021 .
					(i) Real		(ii) Personal						
	6	а	Gross rents	6a	650,0								
		b	Less: rental expenses \dots	6b		0.							
		С	Rental income or (loss)	6c	650,0	85.							
		d	Net rental income or (loss)				🕨	6	50,085.			650	085.
	7	а	Gross amount from sales of		(i) Securit		(ii) Other						
			assets other than inventory	7a	3,010,9	65.							
		b	Less: cost or other basis										
anu			and sales expenses		1,970,0								
evenue			Gain or (loss)	<u> </u>	1,040,9								
Re			Net gain or (loss)			· <u>·····</u>	····· ►	1,0	40,935.			1,040	,935.
Other R	8	а	Gross income from fundraisin	-	-								
Ò			including \$										
			contributions reported on		-								
			Part IV, line 18			<u>8a</u>							
			Less: direct expenses			8b							
			Net income or (loss) from t				▶						
	9	a	Gross income from gaming	-									
	.	۲	Part IV, line 19			9a 9b							
			Less: direct expenses										
			Net income or (loss) from g Gross sales of inventory, lo			<u>```</u>							
		a				10-							
		h	and allowances Less: cost of goods sold			10a							
			Net income or (loss) from s										
		0		JUICS (y	Business Code						
sn	44	2	MISCELLANEOUS				900099	1	35,292.	135,292.			
Miscellaneous Revenue			PUBLICATION INCOME				541800		42,902.	,	42,902.		
ellaneo evenue		~	COMMITTEE FUNDS				900099		26,367.	26,367.	,		
Be		-	All other revenue						,	,			
Σ			Total. Add lines 11a-11d					2	04,561.				
	12	-	Total revenue. See instructio						72,149.	11,887,975.	42,902.	2,084	,747.
03200		23-:					F 1				•	Form 990	

11

- orm 990 (ASSOCIATION		THE	BAR	OF	THE	CITY	OF	NY	13	8-0453095	Page 10
Part IX	Statement of I	Functional Expense	es										

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp			mpiele column (A).	
D 2	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	bot 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		expenses	general expenses	CAPCINGCS
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2		35,000.			
~	individuals. See Part IV, line 22	55,000.			
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,	1 104 077			
	trustees, and key employees	1,194,877.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 440 500			
7	Other salaries and wages	4,442,503.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	47,693.			
9	Other employee benefits	1,146,248.			
10	Payroll taxes	442,430.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,383.			
С	Accounting	61,766.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,285.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	192,205.			
12	Advertising and promotion	243,528.			
13	Office expenses	402,608.			
14	Information technology	173,052.			
15	Royalties	2,044.			
16	Occupancy	1,176,686.			
17	Travel	10,413.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,886.			
20	Interest	107,646.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	852,522.			
23	Insurance	173,698.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UNRELATED BUSINESS TAXE	2,750.			
b	LIBRARY BOOK/DIGITAL SE	728,194.			
c	CLE PROGRAM EXPENSES	80,971.			
b	MISCELLANEOUS EXPENSES	26,570.			
e	All other expenses	4,420.			
25	Total functional expenses. Add lines 1 through 24e	11,607,378.			
26	Joint costs. Complete this line only if the organization	_, , _ , _ , _ , J ,			
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
00001				1	Earm 990 (2020)

032010 12-23-20

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ASSOCIATION	OF	\mathbf{THE}	BAR	OF	\mathbf{THE}	CITY	OF	NY	13-0453095	Page 11
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Pa	πλ	Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			672,938.	1	2,783,566.
	2	Savings and temporary cash investments			544,463.	2	383,402.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			838,769.	4	588,987.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	68(f)(1)), and persons described in section 4958(c)(3)(B)			6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				291,804.	9	315,962.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,260,230.			
	b	Less: accumulated depreciation	10b	18,019,054.	7,984,596.	10c	7,241,176.
	11	Investments - publicly traded securities			8,991,936.	11	11,929,896.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	I 1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			19,324,506.	16	23,242,989.
	17	Accounts payable and accrued expenses			1,637,665.	17	1,290,308.
	18	Grants payable				18	
	19	Deferred revenue			849,999.	19	1,519,882.
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to any current or form					
III		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			0 486 000	22	140.000
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	2,476,000.	23	149,900.
	24	Unsecured notes and loans payable to unrelated	•			24	3,564,305.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			002 722
		of Schedule D			2,933,592.		903,732.
	26			▶ ▼	7,897,256.	26	7,428,127.
Ś		Organizations that follow FASB ASC 958, chee	ck here				
nce	07	and complete lines 27, 28, 32, and 33.			9,066,993.	07	12 128 2/1
alaı	27				2,360,257.	27	<u>13,138,241.</u> 2,676,621.
d B	28	Net assets with donor restrictions			2,300,237.	28	2,070,021.
ŝ		Organizations that do not follow FASB ASC 95	oð, che	CK nere			
٩. ۲	00	and complete lines 29 through 33.			00		
ŝtŝ	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			11,427,250.	31 32	15,814,862.
ž	32	Total net assets or fund balances			19,324,506.	32 33	23,242,989.
	33	Total liabilities and net assets/fund balances			17,544,500.	აა	<u>23,242,909</u>

Form 990 (2020)

Part X Balance Sheet

Form 990	(2020)
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	990 (2020) ASSOCIATION OF THE BAR OF THE CITY OF NY	13-	045309) 5	Pa	_{ge} 12	
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,1	<u>L72</u>	2,1	<u>49.</u>	
2							
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>71.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,4				
5	Net unrealized gains (losses) on investments	5	2,3	<u>317</u>	7,8	58.	
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u> 195</u>	5,0	<u>17.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	15,8	<u>314</u>	1,8	62.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>			
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (Э.					
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	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
~	If "Vac" to line 2a or 2b, does the organization have a committee that assumes responsibility for overeight of the	audit					

 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?
 2c
 X

 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
 3a
 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 3a
 X

 b
 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits
 3b

Form 990 (2020)

032012 12-23-20

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

Name of the organizati	on	Employer identification r				
	ASSOCIATION OF THE BAR OF THE CITY OF NY	13-0453095				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(6) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

ASSOCIATION OF THE BAR OF THE CITY OF NY

Employer identification number

13-0453095

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$102,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

17160228 721252 300288-2300

Name of organization

Employer identification number

13-0453095

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

17

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of o	rganization		Employer identification number
ASSOC	IATION OF THE BAR OF TH	E CITY OF NY	13-0453095
Part III	from any one contributor. Complete columns (a) through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.) ► \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of g	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of a	
		(e) Transfer of g	int.
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	nd 7 IP ± 4	Relationship of transferor to transferee
ŀ			
	·		
023454 11-25	5-20	I	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

17160228 721252 300288-2300

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	ne of organization	Employe	er identification	number
	ASSOCIATION OF THE BAR OF THE CITY OF NY		13-045309	95
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orgar	nization.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.			
2	Political campaign activity expenditures	▶\$	133,	763.
3			2,	616.
			-	
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	► \$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	📃 No
4a	a Was a correction made?		Yes	📃 No
ł	b If "Yes," describe in Part IV.			
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3)		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶\$	25,	051.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527			
	exempt function activities	▶\$		
3				
	line 17b	. ▶\$	25,	051.
4	Did the filing organization file Form 1120-POL for this year?		X Yes	No
	Enter the names addresses and employer identification number (EIN) of all section 527 political organizations t		e filina organizati	on

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

19 2020.05090 ASSOCIATION OF THE BAR OF 300288-1

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2020 AS					
section 501(h)).		npt under section			
A Check if the filing organization	n belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o	f excess lobbying e	expenditures).			
B Check 🕨 🔄 if the filing organization	n checked box A ar	nd "limited control" pro	ovisions apply.		1
Limits ((The term "expenditu	on Lobbying Expen ires" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influen	ce a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lines	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1d)			
f Lobbying nontaxable amount. Enter t	ne amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	00 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero o					
reporting section 4911 tax for this yea	-				Yes No
		eraging Period Under			
(Some organizations that		01(h) election do not ate instructions for li		f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990 EZ) 2020 ASSOCIATION OF THE BAR OF THE CITY OF N 13-0453095 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements? Mailings to members, legislators, or the public?				
י ת					
9 b	Ballies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	i), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization make only in house lobbying expenditures of ψ_{2} , soo of less?				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1	5,738	3,719.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a	133	3,763.
	Carryover from last year				
с					3,763.
3				133	3,767.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (See instructions)		5		-4.
Par	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. IEDULE C – PART $1 - A - LINE 1$	list); Part II-A	A, lines 1 a	nd 2 (See	
THE	E ORGANIZATION DOES NOT CONSIDER ITSELF TO BE DIRECT	LY OR	INDIR	ECTLY	
PAI	TICIPATING IN POLITICAL CAMPAIGN ACTIVITIES BUT IS	COMPLE	TING	SCHEDU	LE
CI	BECAUSE OF THE DECISION IN THE ASSOCIATION OF THE BA	R OF T	HE CI	TY OF	NEW
YOE	RK V. INTERNAL REVENUE SERVICE, 858 F. 2D 876 (1988)	WHICH	HELD	THAT	
CEI	TAIN OF OUR JUDICIARY COMMITTEE'S ACTIVITIES CONSTI	TUTE P	ARTIC	IPATIC	N
03204	3 12-02-20	Schedul	e C (Form	990 or 990)-EZ) 2020
	01				

Schedule C (Form 990 or 990-EZ) 2020 ASSOCIATION OF THE BAR OF THE CITY OF N 13-0453095 Page 4
Part IV Supplemental Information (continued)
IN CAMPAIGN ACTIVITIES. THE COMMITTEE EVALUATES CANDIDATES FOR JUDGESHIPS
AND DISTRICT ATTORNEY IN NEW YORK CITY AND DETERMINES WHETHER EACH
CANDIDATE IS QUALIFIED OR NOT QUALIFIED FOR THE OFFICE HE OR SHE SEEKS. WE
DO NOT MAKE ENDORSEMENTS OR EXPRESS PREFERENCES AMONG CANDIDATES IN A
GIVEN ELECTION CONTEST.

Schedule C (Form 990 or 990-EZ) 2020

032044 12-02-20

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.
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Name of the	organization
-------------	--------------

Employer identification number

	ASSOCIATION OF THE BAR OF THE CITY OF NY	13-0453095
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(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 advised fu	unds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	•
	impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	· · ·
•		istorically important land area
		ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form 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	
b		
	I otal acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	
C d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
d		
2	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
4	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	ation easements during the year
-	Ansauch of supress in summed in manifesting instruction, heredling of siglations, and anfausian assessmentian.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the
Da	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assots
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
4		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

23	3		
Δ	05000	ACCOCTANTON	1

		TION OF THE					13-04			age 2
Par	t III Organizations Maintaining C							contin	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of th	e following tha	t make s	ignificant ι	ise of its			
а	X Public exhibition	d	Loan or e	xchange progr	am					
b	X Scholarly research	е	Other							
с	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further	the organizati	on's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical tre	asures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's	collection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organiza	tion answered	"Yes" or	n Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia		ary for contributio	ons or other as	sets not	included				
. a	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII a						····· ∟		L] 110
			owing table.					Amount		
c	Beginning balance					1c		/ into and		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • •	······			1
Par										-
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	1,877,599.	1,988,65		2,836.		41,124.		472,	
b	Contributions	, ,			,	,	,	,	,	
	Net investment earnings, gains, and losses	393,854.	-107,37	5. –	6,533.	1	92,524.		178,	795.
	· · · · · · · ·	,	,		,		,			
	Other expenditures for facilities									
•	and programs			2,82	3,813.					
f	Administrative expenses	82,206.	3,68		3,831.		10,812.		10.	544.
	End of year balance	2,189,247.	1,877,59		8,659.		, 22,836.	4	641,	
2	Provide the estimated percentage of the curr	, ,			,	,	, -	,	,	
	Board designated or quasi-endowment		%							
	Permanent endowment > 36.0000	%								
	Term endowment									
Ŭ	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	•	tion that are held	and administe	red for tl	ne organiza	ation			
ou	by:	solori or the organiza				io organizo		ſ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule B	?				3b		
4	Describe in Part XIII the intended uses of the			•				0.0		
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		. Part IV. line 11a	See Form 990). Part X	line 10.				
	Description of property	(a) Cost or of		ost or other			bd	(d) Bool	< value	
		basis (investm		is (other)		preciation		(u) 2001	(value	5
1a	Land		,	04,125.				204	4.13	25.
	Buildings			51,426.	16	612,54	40.	6,738		
	Leasehold improvements				_ ,			.,	,.,	
	Equipment		1.7	04,679.	1.	406,51	14.	298	3,10	65.
	Other			,	<u>-</u> ,				,	
	Add lines 1a through 1e. (Column (d) must en		(column (R) line	10c)				7,243	1,1	76.
		gaar onn 000, i all /					Schedule	-	-	
								•	,	

032052 12-01-20

	(Form 990) 20		ASSOCIATION	OF	THE	BAR	OF	THE	CITY	OF	NY	13-0453095	Page 3
Part VII	Investme	ents - O	other Securities.										

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990 Part IV line 11d, See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)		
(2)	ACCRUED FICA EXPENSES PAYABLE	16,165.
(3)	NY SALES TAX PAYABLE	2,737.
(4)	DUE TO AFFILIATES	88,569.
(5)	EXCISE TAXES PAYABLE	16,553.
(6)	NY MCTMT PAYABLE	718.
(7)	ACCRUED PENSION PAYABLE	778,990.
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	903,732.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

	dule D (Form 990) 2020 ASSOCIATION OF THE BAR OF					0453095 Page	4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		n Reve	enue per R	eturn.		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1	16,778,193	
1					1	10,110,195	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· ر	217 252			
a	Net unrealized gains (losses) on investments			<u>317,858</u> 323,471			
b	Donated services and use of facilities			545,471	<u>-</u>		
с	Recoveries of prior year grants				_		
d	Other (Describe in Part XIII.)				_	2 641 220	
-	Add lines 2a through 2d				2e	2,641,329	
3	Subtract line 2e from line 1				3	14,136,864	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
а	Investment expenses not included on Form 990, Part VIII, line 7b			35,285	•		
b	Other (Describe in Part XIII.)	4b			_	25 005	
С	Add lines 4a and 4b				4c	35,285	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)				5	14,172,149	•
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents wi	un exp	enses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total expenses and losses per audited financial statements				1	14,203,214	•
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				1		•
-	Total expenses and losses per audited financial statements				1		•
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			1		•
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		323,471			•
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c				14,203,214	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	2,3	323,471 307,650	<u>1</u>	14,203,214	•
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2,3	323,471 307,650		14,203,214	•
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2,3	323,471 307,650	1 • • 2e 3	14,203,214	•
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2,3	323,471 307,650	1 • • 2e 3	14,203,214	•
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2,3	323,471 307,650	1 • • 2e 3	14,203,214 2,631,121 11,572,093	• •
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	2,:	323,471 307,650 35,285	1 • • 2e 3	14,203,214 2,631,121 11,572,093 35,285	•
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 4a 4b	2,3	323,471 307,650 35,285	1 • 2e 3 • 4c	14,203,214 2,631,121 11,572,093	•
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	2,3	323,471 307,650 35,285	1 • 2e 3 • 4c	14,203,214 2,631,121 11,572,093 35,285	•

- -

. . . .

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

LIBRARY BOOKS AND WORKS OF ART: THE ASSOCIATION'S LIBRARY BOOKS AND
COLLECTIONS OF FINE AND DECORATIVE ARTS (THE "COLLECTION") HAVE BEEN
ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ASSOCIATION'S
INCEPTION 150 YEARS AGO. THE ASSOCIATION'S COLLECTION IS HELD PRIMARILY
FOR RESEARCH AND EDUCATIONAL PURPOSES. A PORTION OF THE LIBRARY IS
COMPOSED OF IRREPLACEABLE RESEARCH MATERIALS AND RARE AND ANTIQUE BOOKS.
IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR THIS TYPE
OF ASSET, THE COLLECTION HAS NOT BEEN REPORTED AS AN ASSET IN THE
ASSOCIATION'S STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION
ITEMS WERE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS
FOR THE YEAR IN WHICH THE ITEMS WERE ACQUIRED OR AS DECREASES OF NET
032054 12-01-20 Schedule D (Form 990) 2020 26
17160228 721252 300288-2300 2020.05090 ASSOCIATION OF THE BAR OF 300288-1

ASSOCIATION OF THE BAR OF THE CITY OF NY 13-0453095 Page 5 Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued)

ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS

HAVE BEEN RESTRICTED BY DONORS.

LIBRARY COLLECTIONS ENABLE RESEARCH INTO LEGAL TOPICS, FURTHERING THE

EDUCATIONAL PURPOSE OF THE ASSOCIATION.

PART V, LINE 4:

THE ENDOWMENT IS USED TO PURCHASE BOOKS AND REFERENCE MATERIALS FOR THE LIBRARY, UPKEEP THE FACILITIES OF THE ASSOCIATION AND CONDUCT THE OPERATIONS TO FULFILL THE ASSOCIATION'S MISSION AS STATED IN PART III, LINE 1 OF FORM 990.

PART X, LINE 2:

THE ASSOCIATION IS SUBJECT TO THE PROVISIONS OF THE FASE'S ASC TOPIC 740, INCOME TAXES RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ASSOCIATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS TAXABLE INCOME ("UBTI") ATTRIBUTABLE TO CERTAIN OF ITS SPACE-RENTAL ACTIVITIES AND PARTICULAR PUBLICATIONS, AS WELL AS AN INCOME TAX RELATED TO CERTAIN ACTIVITIES OF ITS JUDICIARY COMMITTEE. THE ASSOCIATION HAS ALWAYS RECORDED THE ANNUAL LIABILITY RELATED TO THE INCOME TAX ON THE ACTIVITIES OF THE JUDICIARY COMMITTEE AND THERE WAS UBIT TAX EXPENSE REPORTED OF \$2,750 IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES DURING BOTH FISCAL-YEARS 2021 AND 2020. ACCORDINGLY, DUE TO THE ASSOCIATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS.

27

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE ACCOUNTS RECEIVABLE PER FINANCIAL

Schedule D (Form 990) 2020

032055 12-01-20

17160228 721252 300288-2300

Schedule D (Form 990) 2020 Part XIII Supplemental Infor	ASSOCIATION (OF THE	BAR OF	THE	CITY	OF	NY 13-0453095 Page 5
	(continued)						
STATEMENTS							2,307,650.
							Schedula D (Earm 000) 0000
032055 12-01-20							Schedule D (Form 990) 2020

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an ete if the organization	nd Individua	s in the Uni on Form 990, Pa	ted States		E	OMB No. 154	20
Department of the Treasury Internal Revenue Service			Go to www.ir	s.gov/Form990 fc		nation.			Inspect	
Name of the organizati		ON OF THE	BAR OF THE	CITY OF 1	17			Employer ide	entification .3-045	
	formation on Grants a									
criteria used to a	ation maintain records t ward the grants or assis	stance?							Yes	No No
	IV the organization's pro						(
	d Other Assistance to I nat received more than \$	-				anization answered "Y	res" on Form 990, Par	t IV, line 21, foi	any	
1 (a) Name and ad	dress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of gra assistance	
	er of section 501(c)(3) and er of other organizations	s listed in the line 1	I table				•	►		

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

032102 11-02-20

Schedule I (Form 990) 2020 ASSOCIATION OF THE BAR OF THE CITY OF NY

Part III can be duplicated if additional space is needed.

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

30

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE ASSOCIATION PROVIDED TUITION SCHOLARSHIPS THROUGH ITS CB SMITH FUND TO

<u>NEEDY STUDENTS ATTENDING LAW SCHOOLS IN NEW YORK CITY - 7 STUDENTS FROM LAW</u>

SCHOOLS BENEFITED FROM THE GRANTS. THE SCHOLARSHIPS ARE NOT GIVEN DIRECTLY

TO STUDENTS, BUT RATHER TO THE LAW SCHOOLS ON THEIR BEHALF TO ENSURE THEIR

USE FOR THE INTENDED PURPOSE.

Page 2

13-0453095

SC	HEDULE J		Co	omp	oens	atior	n Int	form	ation	1			OMB No.	1545-004	47
(Fo	rm 990)	For co	ertain Offic	-							ghest		20	ົງທ	
		► Comple			Compo	ensated	Empl	oyees					20	ZU	J
Depa	tment of the Treasury		te il the or	yanız		ach to F			III 990, P	artiv,	, iiiie 23.		Open to		ic
Intern	al Revenue Service		o www.irs.	gov/F	orm990	for inst	tructio	ns and	the lates	t infor	mation.		Inspe		
Nam	e of the organizatio			~-			~-		~	~-			identificatio		mber
De		ASSOCI			THE	BAR	OF	THE	CITY	OF	NY	13-0	045309	5	
Pa	rt I Question	s Regarding Co	mpensa	uon											
4-						£ 11 £ - 11						000		Yes	No
а		ate box(es) if the org	-		•		-		-			990,			
	First-class or o	line 1a. Complete Pa	art ill to pro	ovide a	any relev			0	U						
	Travel for com						Ũ		nce or resi Isiness us		•				
		ation and gross-up p	avments				-		club dues	•					
		spending account	aymento						es (such as						
		sponding account					loona	0011100		omaia	, onddirot				
b	If any of the boxes	on line 1a are checke	ed, did the	organ	ization f	ollow a	written	policy r	regarding	pavme	ent or				
	•	provision of all of the		-									1b		
2		n require substantiat													
	•	rs, including the CEC			°,		• .						2		
		, C			, 0	0									
3	Indicate which, if a	ny, of the following th	ne organiza	tion u	ised to e	stablish	the co	mpensa	ation of th	e orga	anization's	6			
	CEO/Executive Dire	ector. Check all that a	apply. Do r	not ch	eck any	boxes fo	or meth	nods us	ed by a re	lated	organizati	on to			
	establish compens	ation of the CEO/Exe	cutive Dire	ctor, I	but expla	ain in Pa	art III.								
	X Compensation	n committee				— w	ritten e	employn	nent conti	ract					
	X Independent	compensation consul	tant				-		survey or s	-					
	Form 990 of c	ther organizations				XA	oprova	l by the	board or	compe	ensation o	committee			
4		any person listed or	n Form 990), Part	VII, Sec	tion A, I	ine 1a,	with re	spect to t	he filin	g				
	organization or a re	-													77
a		e payment or change													X X
b		eive payment from a													X
С		eive payment from a											<u>4c</u>		
	If "Yes" to any of III	nes 4a-c, list the pers	ons and pr	ovide	the app	licable a	imouni	s for ea	ich item in	Parti					
	Only section 501/	:)(3), 501(c)(4), and 5	501(~)(20)	oraan	izations	muet o	omelo	te lines	5-9						
5		on Form 990, Part VI								nv cor	nnensatio	n			
5	contingent on the r		, 5551017	.,	.u, ulu l	e orga	zatio	, puy o	acciacia		ponoanc				
а	-												5a		
		ation?													
		or 5b, describe in Par													
6		on Form 990, Part VII		A, line	1a, did t	he orga	nizatio	n pay oi	r accrue a	ny cor	npensatio	n			
	contingent on the r					-				-					
а	The organization?	-											6a		
b		ation?													
		or 6b, describe in Par													
7	For persons listed	on Form 990, Part VII	, Section A	A, line	1a, did t	he orga	nizatio	n provic	le any nor	nfixed	payments	6			
		nes 5 and 6? If "Yes,											7		
8		reported on Form 99										ne			
	initial contract exce	ption described in R	egulations	sectio	on 53.49	58-4(a)(3	3)? If "\	/es," de	escribe in l	Part III	I		8		
9	If "Yes" on line 8, c	id the organization a	lso follow t	he ret	outtable	presum	ption p	rocedui	re describ	ed in					
	Regulations section									<u></u>					
LHA	For Paperwork R	eduction Act Notice	, see the I	nstru	ctions fo	or Form	990.					Schee	dule J (Forr	n 990)	2020

032111 12-07-20

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i) ⁻ (D)	reported as deferred on prior Form 990	
(1) BRET PARKER		317,860.	0.	0.	2,645.	0.	320,505.	0.	
EXECUTIVE DIRECTOR	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ARLENE BEIN	(i)	203,124.	0.	0.	1,899.	10,472.	215,495.	0.	
SR. DIR. OF MEMBERSHIP & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) THOMAS J. HALTER	(i)	195,972.	0.	0.	1,826.	9,200.	206,998.	0.	
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MARIA CILENTI	(i)	174,322.	0.	0.	1,705.	32,249.	208,276.	0.	
SENIOR POLICY COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) GEORGE WOLFF	(i)	177,637.	0.	0.	1,701.	18,889.	198,227.	0.	
LRS EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) LAUREN AXELROD	(i)	152,619.	0.	0.	1,493.	32,249.	186,361.	0.	
SENIOR COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MARTHA HARRIS CARON	(i)	145,205.	0.	0.	1,416.	32,249.	178,870.	0.	
DIR OF CAREER DEV & COMM ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) ERIC FRIEDMAN	(i)	147,857.	0.	0.	1,398.	21,805.	171,060.	0.	
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) RICHARD TUSKE	(i)	151,411.	0.	0.	1,409.	16,059.	168,879.	0.	
SR DIR OF LIBRARY OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) ROBERT HUBER	(i)	151,799.	0.	0.	1,370.	0.	153,169.	0.	
DIRECTOR OF BUILDING OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



ASSOCIATION OF THE BAR OF THE CITY OF NY | 13-0453095

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTE LAW REFORM AND UPHOLD THE RULE OF LAW AND ACCESS TO JUSTICE IN

SUPPORT OF A FAIR SOCIETY/THE PUBLIC INTEREST IN OUR COMMUNITY, OUR

NATION AND THROUGHOUT THE WORLD.

FORM 990, PART I, LINE 7B:

THE ASSOCIATION WILL NOT PAY UNRELATED BUSINESS INCOME TAX BECAUSE AS

OF APRIL 30, 2020, IT HAD A NET OPERATING LOSS CARRYFORWARD AVAILABLE

FOR APRIL 30, 2021.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEETING SERVICES FACILITATES MEETINGS AND ACTIVITIES THAT PROMOTE THE

EXCHANGE OF IDEAS, FACILITATE LAW REFORM AND IMPROVEMENT OF THE

PROFESSION AND PROVIDE INFORMATION FORUMS TO THE PUBLIC. COMMITTEE

SERVICES ASSIST THE ASSOCIATION'S COMMITTEES THAT PROMOTE THE EXCHANGES

OF IDEAS, FACILITATE LAW REFORM AND THE ADMINISTRATION OF JUSTICE, AND

ENHANCE THE ETHICAL STANDARDS OF THE PROFESSION AND UNDERTAKE

EDUCATIONAL AND PUBLIC SERVICE PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION IS A PROFESSIONAL MEMBERSHIP ORGANIZATION WITH 24,717

MEMBERS AS OF APRIL 30, 2021.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERSHIP ELECTS THE BOARD OF DIRECTORS, WHICH IS THE ASSOCIATION'S

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

17160228 721252 300288-2300

34

Schedule O (Form 990 or 9	90-EZ) 2020									Page 2
Name of the organization	ASSOCIATION	OF	THE	BAR	OF	THE	CITY	OF	NY	Employer identification number 13-0453095
GOVERNING BODY	ζ.									

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 AND RELATED SCHEDULES WERE CIRCULATED TO THE MEMBERS OF THE AUDIT COMMITTEE, WHICH THEN REVIEWED THE FORMS AND SCHEDULES PRIOR TO SUBMISSION TO THE BOARD OF DIRECTORS. THE FORM 990 AND RELATED SCHEDULES WERE THEN SUBMITTED TO THE BOARD OF DIRECTORS AND QUESTIONS AND COMMENTS FROM THE BOARD OF DIRECTORS WERE ADDRESSED PRIOR TO SUBMISSION OF THE FORM 990 AND RELATED SCHEDULES TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS CIRCULATED ANNUALLY TO THE NECESSARY PEOPLE, WHO ARE REQUIRED

TO FILL OUT THE FORM, ACKNOWLEDGING THEY HAVE READ THE POLICY AND

IDENTIFYING ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION AND BENEFITS COMMITTEE OF THE ASSOCIATION REVIEWED THE CONSULTANT'S SALARY STUDY FROM THE LAST SALARY STUDY, AS WELL AS COMPARABLE MARKET SALARIES AND RECOMMENDED THE SALARIES FOR THE EXECUTIVES IN SCHEDULE J.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE ACCOUNTS RECEIVABLE PER FINANCIAL

STATEMENTS

-2,307,650.

<u>(</u>	GAIN	ON	CHANGE	E FROM	ACTUARIAL	VALUATION	OF	PENSION	COST		1,812	2,633.
(032212 11-2	20-20							Sc	hedule O (Fo	rm 990 or 9	90-EZ) 2020
						35						
1716	60228	72	1252 3	00288-	2300	2020.	0509	0 ASSOC	IATION	OF THE	BAR O	F 300288-1

ame of the organization	AGGOOT	λωτονι		יטדי	ם אם	ים הנו		NV	Employer identification num $13 - 0453095$
	ASSOCI	ATION	OF 1	пе	BAR (OF	Νĭ	
OTAL TO FORM	990, P.	ART XI	, LI	NE 9)				-495,017
2212 11-20-20									hedule O (Form 990 or 990-EZ) :

17160228 721252 300288-2300

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

032161 10-28-20 LHA

Related Organizations and Unrelated Partnerships

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

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

Employer identification number

Schedule R (Form 990) 2020

13-0453095

Name of the organization

ASSOCIATION OF THE BAR OF THE CITY OF NY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 12(b)(13) olled ity?
				501(c)(3))		Yes	No
ASSOC OF THE BAR OF THE CITY OF NY FUND -	LEGAL SVCS TO NY POOR;						
13-6003018, 42 WEST 44TH STREET, NEW YORK,	PROMOTE PRO-BONO GLOBALLY,				ASSN OF THE BAR		
NY 10036	DIVERSITY; LAWYER ASSIST	NEW YORK	501(C)(3)	LINE 7	OF THE CITY OF NY		х
	-						
	-						
	-						



SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2020 ASSOCIATION OF THE BAR OF THE CITY OF NY

13-0453095 Page 2

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)				400010		Yes	No

Schedule R (Form 990) 2020 ASSOCIATION OF THE BAR OF THE CITY OF NY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 ASSOCIATION OF THE BAR OF THE CITY OF NY

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

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

(a) Name, address, and EIN	(b) Primary activity	(c)	(d)	(e) Are al partners 501(c)(orgs.	 sec.	(f) Share of	(g) Share of	h) ropor- nate tions?	(i) Code V-UBI	(j) General (managin	(k) Percentage
of entity		(state or foreign country)		Yes N		total income	end-of-year assets	tions?		partner	ownership
											<u> </u>

Schedule R (Form 990) 2020

Schedule R (F	orm 990)) 2020
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

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