ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED APRIL 30, 2021



CLIENT COPY

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2020
Open to Public Inspection

OMB No. 1545-0047

2021 A For the 2020 calendar year, or tax year beginning MAY 1, 2020 and ending APR 30, Check if applicable: C Name of organization D Employer identification number ASSOCIATION OF THE BAR OF THE Address change CITY OF NEW YORK FUND, Name CITY BAR FUND 13-6003018 Doing business as change Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 42 WEST 44TH STREET (212) 382-6640 10,726,171. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10036-6690 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRET PARKER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.NYCBAR.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1946 M State of legal domicile: NY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 3 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 52 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 3304 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** $5,70\overline{7,220}$ 8,938,192. Contributions and grants (Part VIII, line 1h) 8 109,403. 128,771. Program service revenue (Part VIII, line 2g) 210,138. 900,694. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 9,967,657. 6,026,761. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 702,345. 301,120. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,698,411. 4,853,455. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 65,000. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,023,640. 1,311,255. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,424,396. 6,530,830. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -397,635. 3,436,827. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 26 14,476,447. 19,516,528. Total assets (Part X, line 16) 882,284. 1,052,141. 21 Total liabilities (Part X, line 26) 三年 594,163. 18,464,387 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign INTERNAL REVENUE SERVICE THOMAS HALTER, ASSISTANT TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature CANDICE METH P01306891 Paid self-employed Firm's name EISNER ADVISORY GROUP LLC Firm's EIN ▶ 87-1353108 Preparer Firm's address ▶ 733 THIRD AVENUE Use Only Phone no. 212-949-8700 NEW YORK, NY 10017-2703 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form **8868**

(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 f	orm, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).								
	ons required to file an income tax return othe)-C filers), partnerships,	REMICs.	and trusts					
must use Fo	rm 7004 to request an extension of time to f	ile income	tax returns.								
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	mber (TIN)					
print	ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.			13-600301	8						
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.								
due date for filing your	42 WEST 44TH STREET										
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036-6690										
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)		0 1					
Application		Return	Application			Return					
Is For		Code	Is For			Code					
	Form 990-EZ	01	Form 990-T (corporati	on)		07					
Form 990-BL		02	Form 1041-A			08					
Form 4720 (03	Form 4720 (other than	n individual)		09					
Form 990-PF	(sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069			10					
	(trust other than above)	06	Form 8870			12					
1 01111 330 1	THOMAS J. HALTE	1	11 01111 0070								
	s are in the care of \blacktriangleright 42 WEST 44TH ST \bullet No. \blacktriangleright 212 382-6640		W YORK NY 10036 Fax No. ▶ 212 798	-8116							
•	anization does not have an office or place of					▶ 🗌					
	or a Group Return, enter the organization's for										
for the whole	e group, check this box	f it is for pa	art of the group, check the	his box ▶	and a						
a list with the	names and TINs of all members the extensi	ion is for.									
-	st an automatic 6-month extension of time u			$\frac{22}{2}$, to file the exempt	organiza	ation return					
for the	organization named above. The extension is	for the org	ganization's return for:								
▶□	calendar year 20 or										
X	tax year beginning 05/0	1_, 20 20	o, and ending	04/30_,	20 21						
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial re	eturn Final returi	n						
3a If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the	tentative tax, less any							
	undable credits. See instructions.				3a \$	0.					
	application is for Forms 990-PF, 990-T,		•								
	ted tax payments made. Include any prior yea				3b \$	0.					
	e due. Subtract line 3b from line 3a. Include		ent with this form, if red	quired, by using EFTPS		0					
-	onic Federal Tax Payment System). See instru		it) with this Form 9969 as	o Form 9452 FO and Farm	3c \$	0.					
instructions.	rare going to make an electronic lunds withdrawa	i (direct deb	ıı, willi lilis FUIII 8808, Se	e ruiii 0433-EU and F0M	1 00/9-EU	roi payment					
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form 886	8 (Rev. 1-2020)					

Form	n 990 (2020) CITY OF NEW YORK FUND, INC. 13-6003018	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	_ X
1	Briefly describe the organization's mission:	
•	THE CITY BAR FUND, THE 501(C)(3) AFFILIATE OF THE NEW YORK CITY BAR	
	ASSOCIATION, UNDERTAKES PUBLIC SERVICE, EDUCATION, POLICY ADVOCACY AN	ID.
	RESEARCH ACTIVITIES THROUGH THE CITY BAR JUSTICE CENTER, CYRUS R.	
	VANCE CENTER FOR INTERNATIONAL JUSTICE, (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
		∆ NO
•	If "Yes," describe these new services on Schedule O.	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes	A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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, an	d
	revenue, if any, for each program service reported.	
4a)31.
	THE CITY BAR JUSTICE CENTER (CBJC) FURTHERS ACCESS TO JUSTICE BY	
	ADDRESSING UNMET CIVIL LEGAL NEEDS OF NEW YORKERS STRUGGLING WITH	
	POVERTY AND OTHER SYSTEMIC SOCIOECONOMIC BARRIERS. CBJC MOBILIZES LAW	J
	FIRMS, CORPORATE LEGAL DEPARTMENTS, AND OTHER LEGAL INSTITUTIONS TO	
	PROVIDE PRO BONO LEGAL SERVICES; EDUCATES THE PUBLIC ON PERTINENT LEG	AL
	ISSUES; FOSTERS STRATEGIC COMMUNITY RELATIONSHIPS; AND IMPACTS PUBLIC	
	POLICY. CBJC'S DOZEN CIVIL JUSTICE PROJECTS, INCLUDING THE LARGEST	·
	CIVIL LEGAL HOTLINE IN NEW YORK, ARE LED BY A STAFF OF DEDICATED	
	ATTORNEYS AND PROFESSIONALS WHO EACH YEAR BENEFIT MORE THAN 24,000 NE	:W
	YORKERS, BY PROVIDING HIGH-QUALITY FREE CIVIL LEGAL SERVICES THROUGH	
	BRIEF ADVICE AND INFORMATION, REFERRALS, AND BOTH LIMITED SCOPE AND	
	EXTENDED REPRESENTATION. (CONTINUED IN SCHEDULE O)	
46		334.)
4b	(Code:) (Expenses \$1, 422, 054 • including grants of \$) (Revenue \$3, 3) <u>) </u>
	BORDERS TO SUPPORT CIVIL SOCIETY AND AN ETHICALLY ACTIVE LEGAL	
		T 7 T
	PROFESSION. THE VANCE CENTER IS A UNIQUE COLLABORATION OF INTERNATION	IAL
	LAWYERS CATALYZING PUBLIC INTEREST INNOVATION. WE BRING TOGETHER	T 7 T
	LEADING LAW FIRMS AND OTHER PARTNERS WORLDWIDE TO PIONEER INTERNATION	
	JUSTICE INITIATIVES AND PROVIDE PRO BONO LEGAL REPRESENTATION TO SOCI	
		HE
	ENVIRONMENT PROGRAM AND THE GOOD GOVERNANCE PROGRAM. (CONTINUED IN	
	SCHEDULE O)	
4c		106.
	TOGETHER WITH 163 SIGNATORY LAW FIRMS AND CORPORATE LEGAL DEPARTMENTS	5,
	THE OFFICE FOR DIVERSITY & INCLUSION (ODI) WORKS TO CREATE A LEGAL	
	PROFESSION THAT REPRESENTS THE DIVERSE COUNTRY WE LIVE IN. ODI'S WORK	τ
	STARTS WITH THE PIPELINE TO THE PROFESSION - ODI ASSISTS	
	UNDERREPRESENTED HIGH SCHOOL, COLLEGE AND LAW STUDENTS TO PREPARE FOR	≀ A
	CAREER IN LAW. THEN, ODI SUPPORTS PRACTICING PROFESSIONALS ACROSS ALI	
	LEVELS OF THE INDUSTRY, THROUGH OUR COMMITTEE WORK, LEADERSHIP	
	TRAINING, SPEAKING OPPORTUNITIES, AND EVENTS THAT CREATE COMMUNITY.	
	OTTO	
	Other presume any ince (December on Calcadula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 367,673 • including grants of \$ 8,550 •) (Revenue \$)	
4e	Total program service expenses ► 5,502,320.	

Form **990** (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		7.7	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
ь		11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	X	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		•	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Control Control	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		77	
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	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?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	- 30	- 43	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
032004	1 12-23-20	Form	990	(2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 12 In a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _nile (see instructions) 28 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a J b If Yes, * has it filed a Form 950 Tor this year? If Wo! * to line 3b, provide an explanation on Schedule O 3b If Yes, * has it filed a Form 950 Tor this year? If Wo! * to line 3b, provide an explanation on Schedule O 3b If Yes, * and the origin country few such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See if Yes' to line 5ao 5t, sid the organization file Form 886817. See in Yes' to line 5ao 5t, sid the organization file Form 886817. See if Yes' to line 5ao 5t, sid the organization file Form 886817. See if Yes' to line 5ao 5t, sid the organization file Form 886817. See if Yes' to line 5ao 5t, sid the organization file foreign 886817. See if Yes' to line 5ao 5t, sid the organiz		o o o o o o o o o o o o o o o o o o o				Yes	No
the for the calendar year ending with or within the year covered by this return If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unreliated business gress incorne of \$1,000 or more during the year? 3a Did the organization have unreliated business gress incorne of \$1,000 or more during the year? 3a Did the organization have unreliated business gress incorne of \$1,000 or more during the year? 3a Did the organization have unreliated business gress incorne of \$1,000 or more during the year? 3a Did the organization in a foreign country leuks as a bank account, securities account, or other financial account?? 4a Did If Yes, enter the name of the foreign country business as bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5a Did any taxable party notify the organization that was or is a party to a prohibited tax shefter transaction? 5b Did any taxable party notify the organization file Form 8886-17? 6c Does the organization have annual gross receipts that are the accounts of \$7.000. 6c Did the organization she accountage organization file Form 8886-17? 6c Did the organization she accountage organization she accounts of \$7.000. 6c Did the organization she accountage organization she accountag	22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tay Statements	1]		162	INO
b if at least one is reported on line 2a, did the organization file all required to a_file (see instructions) Note: If the sum of lines 1 and 2a is greater than 250, you may be required to a_file (see instructions) 30	Lu		2a	52			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required tofig. (see instructions) 3	h	, , , , , , , , , , , , , , , , , , , ,			2h	х	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "Wo" to line 3b, provide an explanation on Schedule O 4a Al any time during the calendary 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 accounts (FBAR). 5b If "Yes," enter the name of the foreign country, Such as a bank account, securities account, or other financial Accounts (FBAR). 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax wheter transaction? 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization the Form 8868-7. 6c If "Yes to line 5a or 5b, did the organization the form 8869-7. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6d If "Yes," identical the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 6d Did the organization receive deductible contributions under section 170(c). 6d If "Yes," identical that is a probable or the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," identical the number of Forms 8262 filed during the year 7d If "Yes," identical the number of Forms 8262 filed during the year 8d If "Yes," identical the number of Forms 8262 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file the organization file the promise of the subject of the value of the goods or services provided? 7d If the organization received any funds, d	-						
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Lith organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?			15		X
		If "Yes," see instructions and file Form 4720, Schedule N.					
If "Yes," complete Form 4720, Schedule O.	16		t incon	ne?	16		X
		If "Yes," complete Form 4720, Schedule O.				000	

Form 990 (2020)

CITY OF NEW YORK FUND, INC.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 O. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THOMAS J. HALTER, ASSISTANT TREASURER - 212-382-6640 WEST 44TH STREET, NEW YORK, NY

Form **990** (2020)

10036

Form 990 (2020) CITY OF NEW YORK FUND, INC. 13-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more son i	than of the standard the standa	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRET PARKER VICE PRESIDENT	2.00			x				0.	317,860.	2,645.
(2) LYNN M. KELLY	35.00		\vdash	^				0.	317,000.	2,043.
EXECUTIVE DIRECTOR - CBJC (END 3/21)	33.00	1			Х			229,256.	0.	2,010.
(3) ALEXANDER PAPACHRISTOU	35.00							223,2301		2,0200
EXEC DIRECTOR - VANCE CENTER					х			194,699.	0.	34,420.
(4) THOMAS J. HALTER	2.00							,	-	,
ASSISTANT TREASURER	40.00			Х				0.	195,972.	11,026.
(5) SUZANNE TOMATORE	35.00								•	-
DEPUTY DIRECTOR - CBJC						X		149,082.	0.	1,333.
(6) EILEEN TRAVIS	35.00									
EXECUTIVE DIRECTOR - LAP						Х		143,801.	0.	12,648.
(7) LIBBY VAZQUEZ	35.00									
DIRECTOR - LEGAL HOTLINE						Х		132,099.	0.	20,963.
(8) DEBORAH MARTIN OWENS	35.00									
EXECUTIVE DIRECTOR - D&I (END 12/20)						X		144,282.	0.	1,713.
(9) MARIE-CLAUDE JEAN-BAPTISTE	35.00									
PROGRAM DIRECTOR -VANCE CENTER						X		117,807.	0.	10,779.
(10) SHEILA BOSTON	3.00								_	
PRESIDENT (AS OF 5/20)	30.00	Х		Х				0.	0.	0.
(11) DAVID LEVINE	1.00	ļ		l					•	
CHAIR	1 00	Х		Х				0.	0.	0.
(12) THOMAS R. SLOME	1.00	3,7		,,					0	0
TREASURER	2.00	Х		Х				0.	0.	0.
(13) PAMELA EHRENKRANZ SECRETARY	1.00	. ,		х					0	0
	1.00	Х		^				0.	0.	0.
(14) RICARDO ANZALDUA BOARD MEMBER	1.00	Х						0.	0.	0.
(15) ALLEN D. APPLBAUM	1.00	^				\vdash		0.	0.	U •
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) EMMA BAILEY	1.00	- 22	\vdash					0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) JAMES R. BENJAMIN, JR.	1.00		\vdash							`
BOARD MEMBER		х						0.	0.	0.
032007 12-23-20									•	Form 990 (2020)

Form **990** (2020)

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC. 13-6003018 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated related nstitutional truste (W-2/1099-MISC) organization organizations and related below organizations line) 1.00 (18) LIVIA M. CORREDOR BOARD MEMBER Х 0 . 0. 0. (19) MARGARET A. DALE 1.00 X 0 0. 0. BOARD MEMBER (AS OF 6/20) (20) TRACEE E. DAVIS 1.00 BOARD MEMBER Х 0 0. 0. (21) SHAILA RAHMAN DIWAN 1.00 BOARD MEMBER 0. 0. (22) ROXANNE ELINGS 1.00 BOARD MEMBER Х 0. 0. 0. (23) DAVID ESSEKS 1.00 BOARD MEMBER (AS OF 6/20) Х 0. 0. 0. (24) LAURA S. FRANCO 1.00 0. BOARD MEMBER Х 0 0. (25) ARUNAS GUDAITIS 1.00 BOARD MEMBER 0 0. 0. (26) JAY HOLTMEIER 1.00 0. BOARD MEMBER U U 97,537. ,111,026. 513,832. 1b Subtotal 0. 0. Total from continuation sheets to Part VII, Section A 1.111.026. 513.832. 97,537. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 11 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Form 990 CITY OF 1	NEW YORK	F	'UN	D,	I	NC	•		13-600	3018
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	(cl	(check all that apply			арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee or director	nstitutional trustee	<u></u>	old m	Highest compensated employee	er			organizationio
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) AARON KLEINMANN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) LISA KOENIG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) DARREN LAVERNE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) SOO-MI LEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) RICHARD MANCINO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) COLLEEN M. O'BRIEN	1.00									
BOARD MEMBER (AS OF 6/20)		Х						0.	0.	0.
(33) NICOLA PORT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) JANE C. SHERBURNE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(35) AUDRA SOLOWAY	1.00									_
BOARD MEMBER	1	Х						0.	0.	0.
(36) CAROL C. VILLEGAS	1.00								•	•
BOARD MEMBER	1 00	X						0.	0.	0.
(37) CRAIG WALDMAN	1.00							_	•	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(38) ROGER MALDONADO	3.00							_	•	•
PRESIDENT (END 5/20)	1 00	Х						0.	0.	0.
(39) ANDREW G. FOSSETT	1.00	37						_	0	•
BOARD MEMBER (END 6/20)	1 00	Х						0.	0.	0.
(40) DENNIS C. HOPKINS	1.00	37						_	0	0
BOARD MEMBER (END 6/20) (41) SUSAN J. KOHLMANN	1 00	Х						0.	0.	0.
BOARD MEMBER (END 6/20)	1.00	Х						0.	0.	0
(42) STEVEN E. OBUS	1.00	Λ						0.	0.	0.
BOARD MEMBER (END 6/20)	1.00	Х						0.	0.	0.
BOARD MEMBER (END 0/20)	<u> </u>	Λ						0.	0.	· ·
		1								
		1								
	•									
Total to Part VII, Section A, line 1c										
,										

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O	onta	ains a re	esponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ တ	1 a	Federated campaigns			1a					
ant	b				1b					
ဗ် မြ	c				1c	1,161,197.				
ffs, r A					1d	, ,				
pig Big		Government grants (contri			1e	3,802,940.				
Sir		All other contributions, gifts,			-	, ,				
uti her	•	similar amounts not included			1f	3,974,055.				
Q특	g				 1g \$	50,355.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		_	· 5 ψ	, •	8,938,192.			
<u> </u>						Business Code	, ,			
o l	2 a	VARIOUS PROGRAM FEES	3			900099	128,771.	128,771.		
Ş	b									
Program Service Revenue	С									
an eve	d									
Ba	е									
P	f	All other program service	rever	nue						
	g						128,771.			
	3	Investment income (includ	ling o	dividend	ds, intere	est, and				
		other similar amounts)				>	107,877.			107,877.
	4	Income from investment of	f tax	-exemp	t bond p	roceeds				
	5	Royalties	. <u></u>							
				(i)	Real	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	()	<u></u>							
	7 a	Gross amount from sales of		- ''	curities	(ii) Other				
		assets other than inventory	7a	1,55	51,331.					
	b	Less: cost or other basis		_						
Jue		and sales expenses	7b		8,514.					
Revenue		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7с	•	92,817.					=00.01=
å.		Net gain or (loss)					792,817.			792,817.
ther	8 a	Gross income from fundraising								
0		including \$1,		_	I					
		contributions reported on		•	- 1	0.				
		Part IV, line 18								
		Less: direct expenses Net income or (loss) from				•••	0.			
		Gross income from gamin					<u> </u>			
	g d	Part IV, line 19								
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from				•				
一十		2. 7.55575111 (,	Business Code				
Snc	11 a									
Miscellaneous Revenue	b									
eVe	С									
lisc	d	All other revenue								
2		Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ns			•	9,967,657.	128,771.	0.	900,694.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 228,908. 228,908. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 72,212. 72,212. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 263,987. 66,661. 419,529. 88,881. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,479,137. 3,086,054. 193,416. 199,667. Other salaries and wages 7 Pension plan accruals and contributions (include 29,287. 25,150. 3,027. 1,110. section 401(k) and 403(b) employer contributions) <u>521,7</u>29. <u>22,</u>752. 606,534. 62,053. Other employee benefits 9 318,968. 274,350. 32,648. 11,970. 10 Payroll taxes Fees for services (nonemployees): Management Legal 25,235. 25,235. Accounting 233. 233. Lobbying 65,000. 65,000. Professional fundraising services. See Part IV, line 17 18,005. 18,005. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 240,690. 213,763. 413. 26,514. column (A) amount, list line 11g expenses on Sch O.) 1,070. 1,070. Advertising and promotion 12 75,086. 64,735. 2,162. 8,189. Office expenses 13 Information technology 14 15 Royalties 34,249. 590,739. 650,085. 25,097. 16 Occupancy 5,293. 4,865. 126. 302. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 14,149. 13,789. 145. 215. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 21,968. 21,445. 523. Depreciation, depletion, and amortization 22 40,430. 40,430. 23 Other expenses. Itemize expenses not covered 24 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 O.) 111,989. 181,173. 60,718. 8,466. MISCELLANEOUS MEMBERSHIP & PUBLICATIO 22,838. 19,213. 1,036. 2,589. 15,000. AUDIO/VISUAL TECHNICAL 15,000. С d All other expenses 6,530,830. 5,502,320. 551,688. 476,822. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2020)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Part		Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			563,110.	1	591,240
	2	Savings and temporary cash investments			3,909,875.	2	4,343,219
	3	Pledges and grants receivable, net			3,617,757.	3	4,454,786
	4	Accounts receivable, net			303,056.	4	88,987
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
		controlled entity or family member of any of t	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	2,000,000		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			98,498.	9	71,165
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		177,287.	39,889.		17,921 7,949,210
	11	Investments - publicly traded securities			5,944,262.	11	7,949,210
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		ı	44 456 445	15	10 516 500
	16	Total assets. Add lines 1 through 15 (must e	14,476,447.	16	19,516,528		
	17	Accounts payable and accrued expenses		281,458.	17	260,872	
	18	Grants payable			F07 000	18	
	19	Deferred revenue			527,000.	19	
	20					20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
Liabilities	00	controlled entity or family member of any of t				22	
- 1	23	Secured mortgages and notes payable to uni				23	740,785
- 1	24 25	Unsecured notes and loans payable to unrela				24	740,703
- 1	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line.)					
		of Schedule D	165 17-24)	. Complete Part A	73,826.	25	50,484
	26	Total liabilities. Add lines 17 through 25			882,284.		1,052,141
+	20	Organizations that follow FASB ASC 958, or			002/2011	20	1,032,111
S		and complete lines 27, 28, 32, and 33.					
<u>ا ۾</u>	27				4,593,070.	27	6,376,762
	28	Net assets with donor restrictions	9,001,093.		12,087,625		
<u>פ</u>		Organizations that do not follow FASB ASC			<u> </u>		, ,
፤		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fun	ds	ſ		29	
ו מו	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
- □	32	Total net assets or fund balances			13,594,163.	32	18,464,387
	33	Total liabilities and net assets/fund balances			14,476,447.		19,516,528

Form **990** (2020)

Pa	T XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI											
					_							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,96</u>								
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,53	0,8	<u>30.</u>						
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,43	6,8	27.						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,59	4,1	63.						
5	Net unrealized gains (losses) on investments	5	1	, 43	3,3	97.						
6	Donated services and use of facilities	6										
7												
8	Prior period adjustments	8										
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,											
	column (B))	10	18	,46	4,3	87.						
Pa	t XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII											
					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		Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed											
	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											
	consolidated basis, or both:											
	X Separate basis Consolidated basis Both consolidated and separate basis											
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,										
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche											
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin											
	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		it									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b								

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ASSOCIATION OF THE BAR OF THE **Employer identification number** Name of the organization CITY OF NEW YORK FUND, 13-6003018 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6075635.	5142960.	9205327.	5707220.	8938192.	35069334.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6075635.	5142960.	9205327.	5707220.	8938192.	35069334.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						35069334.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6075635.	5142960.	9205327.	5707220.	8938192.	35069334.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112,173.	128,907.	158,246.	179,287.	107,877.	686,490.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						35755824.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	757,818.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi						
14	Public support percentage for 2020 (li					14	98.08 %
15	Public support percentage from 2019					15	97.83 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	· ·		, ,,			
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s ▶ ∐_

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	o .		,	•	()()	,
Sa	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2020 (I			column (fl)		15	
			•	.,,		16	<u>%</u> %
16 Se	Public support percentage from 2019 ction D. Computation of Inves					1 10	90
	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	
	a 33 1/3% support tests - 2020. If the						
136	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	0-		
	3a		
	3b		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
. 0		10-F71	2020

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton D. Type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC.

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see	
	instructions).			•	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC.

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ion D - Distributions		(00.11.11.10.0)	Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
_	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

ASSOCIATION OF THE BAR OF THE

13-600<u>3018 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Name of the organization

ASSOCIATION OF THE BAR OF THE

CITY OF NEW YORK FUND, INC.

Employer identification number

13-6003018

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** ☐ 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 X 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.

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

Name of organization
ASSOCIATION OF THE BAR OF THE
CITY OF NEW YORK FUND, INC.

Employer identification number

13-6003018

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ 215,050.	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>1,462,131.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,073,284</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ 740,785.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	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		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
ASSOCIATION OF THE BAR OF THE
CITY OF NEW YORK FUND, INC.

Employer identification number

13-6003018

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if 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	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization **Employer identification number** ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC. 13-6003018 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 gift Transferee's name, address, and 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 gift Transferee's name, address, and 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

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. **Employer identification number** ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, 13-6003018 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures

Description

**Descriptio Volunteer hours for political campaign activities 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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ______ \$ ______ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b _______ ▶\$ _ Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org	anization	n is exer	npt under section	n 501(c)(3) and file		ection under
section 501(h)).		,		D 1 1 1 1 1 1 1		
	_			n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and shar			• •	andalawa awa to		
B Check ▶ if the filing organiza	tion checke	eu dox A ar	nd "limited control" pro	ovisions apply.	(a) Filip ~	(b) Affiliated against
	ts on Lobb ditures" me		nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ		-				
c Total lobbying expenditures (add li	nes 1a and	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure			Λ.			
f _Lobbying nontaxable amount. Ente	er the amou	nt from the				
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
	•					
g Grassroots nontaxable amount (en	ter 25% of I	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, er	ator 0				
i Subtract line 1f from line 1c. If zero	or less, en	 0				
j If there is an amount other than ze	ro on either					
reporting section 4911 tax for this	year?					Yes No
(Some organizations th	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	017	(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

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)).

Eor e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k)
	e lobbying activity.	Yes	No	Amo	-
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:				
9	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		0.
	Mailings to members, legislators, or the public?		Х		0.
	Publications, or published or broadcast statements?		X		0.
f	Grants to other organizations for lobbying purposes?		X		0.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			233.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		0.
	Other activities?		X		0.
	Total. Add lines 1c through 1i		37		233.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	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	n 501(c)(/	or sec	tion	
ı uı	501(c)(6).))(O)(C	<i>)</i> , 01 300	,	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		
	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		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?				
	Taxable amount of lobbying and political expenditures (See instructions) t IV Supplemental Information		5		
		- I:-+\. D-:+ II	A 1: 1 -		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II-	A, lines i a	na 2 (See	
	uctions); and Part II·B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
LI	NE 1(B): CITY BAR JUSTICE CENTER STAFF SPENT 20 HOU	RS ON N	IEW YO	RK	
ST	ATE AND NEW YORK CITY LOBBYING FOR GOVERNMENT GRANT	FUNDIN	IG, AN	D 2	
НОІ	JRS LOBBYING ON LEGISLATIVE MATTERS AFFECTING VULNE	RABLE C	LIENT		
	PULATIONS SERVED BY THE CITY BAR JUSTICE CENTER.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

Employer identification number 13-6003018

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	i Art Historical Transcures or Ot	thay Cimilay Assata
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. .
_			
2	If the organization received or held works of art, historical trea		ıl gaın, provide
	the following amounts required to be reported under FASB A		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2020

	ASSOCIA:	TION OF THE	BAR OF TH	ΙE				
Sche		NEW YORK FU				3-6003018		age 2
Par	t III Organizations Maintaining C	ollections of Art, F	listorical Tre	asures, or Othe	er Similar <i>A</i>	Assets (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records, c	heck any of the f	ollowing that make s	significant use	e of its	ĺ	
	collection items (check all that apply):							
а	X Public exhibition	d [Loan or exc	hange program				
b	X Scholarly research	е [Other					
С	X Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5								
	to be sold to raise funds rather than to be ma	intained as part of the o	organization's col	lection?		Yes	X	No
Par	t IV Escrow and Custodial Arrang	gements. Complete	if the organizatio	n answered "Yes" o	n Form 990, F	Part IV, line 9, or		
	reported an amount on Form 990, Par		· ·					
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contributions	or other assets not	included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a							
						Amount		
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	rs back (e) Four	years	back
1a	Beginning of year balance	1,315,388.	1,473,980.	4,401,227.	4,074		706,	978.
b	Contributions							
С	Net investment earnings, gains, and losses	743,550.	-122,251.	255,703.	585	5,728.	621,	849.
d	Grants or scholarships		3,105.					
е	Other expenditures for facilities							
	and programs	28,683.	27,796.	3,166,829.	241	.,480.	238,	138.
f	Administrative expenses	5,896.	5,440.	16,121.	17	,303.	16,	407.
g	End of year balance	2,024,359.	1,315,388.	1,473,980.	4,401	.,227. 4,	074,	282.
2	Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held as:	•	•		
а	Board designated or quasi-endowment	%		•				
b	Permanent endowment ► 35.0000	%						
С	Term endowment ▶65.0000	 %						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posses		n that are held an	d administered for t	he organizatio	on		
	by:	-			-		Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other	r (b) Cost	or other (c)	Accumulated	(d) Bool	k valu	<u>——</u> е
	,	basis (investmen		' '	epreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
			1.0		4 = = - 0.0 =	7 4 5		

Schedule D (Form 990) 2020

17,921.

17,921.

e Other

195,208.

d Equipment

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

177,287.

Generalie B (Form 550) 2020 GETT GT 11211	101111 10112 / 1	1101	Tage -
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(A) Financial desiration	(b) Dook value	(c) Welliod of Valuation. Cost of Chid	Tor year market value
(A) Ole and the later with the terms to			
(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" (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	Lef year market value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of Valuation. Cost of end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(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" of	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 Part X Other Liabilities.	<u>15.)</u>	······	
Complete if the organization answered "Yes" of	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) Federal income taxes			
(2) DUE TO AFFILIATE			38,841.
(3) FICA			11,148.
(4) MCTMT TAX			495.
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ... X

Schedule D (Form 990) 2020

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

CITY OF NEW YORK FUND, INC.

Part XI Reconciliation of Revenue per A Complete if the organization answered "Ye		th Revenue per Re	turn.		
1 Total revenue, gains, and other support per audit			1	11,672,049.	
2 Amounts included on line 1 but not on Form 990,				, , , , , , , , , , , , , , , , , , , ,	
a Net unrealized gains (losses) on investments	· · · · · · · · · · · · · · · · · · ·	1.433.397.			
b Donated services and use of facilities		1,433,397. 289,000.			
c Recoveries of prior year grants					
	2d				
, , , , , , , , , , , , , , , , , , , ,			2e	1.722.397.	
3 Subtract line 2e from line 1			3	1,722,397. 9,949,652.	
4 Amounts included on Form 990. Part VIII. line 12.				2 7 2 2 7 3 2 2 1	
a Investment expenses not included on Form 990,	1	18,005.			
b Other (Describe in Part XIII.)					
	;		4c	18,005.	
***************************************				18,005. 9,967,657.	
5 Total revenue. Add lines 3 and 4c. (This must equal Part XII Reconciliation of Expenses per	Audited Financial Statements W	ith Expenses per F	Retur	n.	
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial s	tatements		1	6,801,825.	
2 Amounts included on line 1 but not on Form 990,	Part IX, line 25:				
a Donated services and use of facilities	2a	289,000.			
b Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d			2e	289,000. 6,512,825.	
3 Subtract line 2e from line 1			3	6,512,825.	
4 Amounts included on Form 990, Part IX, line 25, I	out not on line 1:				
a Investment expenses not included on Form 990,	Part VIII, line 7b	18,005.			
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b			4c	18,005. 6,530,830.	
5 Total expenses. Add lines 3 and 4c. (This must ex	gual Form 990, Part I, line 18.)		5	6,530,830.	
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, a lines 2d and 4b; and Part XII, lines 2d and 4b. Also com-			; Part)	X, line 2; Part XI,	
PART III, LINE 1A:					
NOTE TO FINANCIAL STATEMENTS	(NOTE A(7)) LIBRARY	BOOKS AND WO	RKS	OF ART:	
LIBRARY BOOKS AND WORKS OF A	RT THAT HAVE BEEN DON	ATED TO THE	CIT	Y BAR FUND	
HAVE BEEN RECORDED AT THE NO	MINAL VALUE OF ONE DO	LLAR. LIBRAR	Y B	OOKS AND	
WORKS OF ART THAT HAVE BEEN	PURCHASED HAVE BEEN E	XPENSED AS I	NCU:	RRED.	
PART III, LINE 4:					
THE COLLECTIONS CONSIST OF I			AR:	E USED FOR	
RESEARCH AND REFERENCE PURPO	SES.				
RESEARCH AND REFERENCE PURPOSES.					
DADM W T.TME A.					
PART V, LINE 4:					
THE CITY BAR FUND'S ENDOWMEN	T CONSISTS OF NINE IN	DIVIDUAL FUN	טצ		

Part XIII Supplemental Information (continued)
ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING EDUCATION, LECTURES AND
LIBRARY RENOVATIONS.
PART X, LINE 2:
INCOME TAX UNCERTAINTIES: THE CITY BAR FUND IS SUBJECT TO THE PROVISIONS
OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING
STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO
ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE
CITY BAR FUND'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THAT ASC
TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT
ON THE CITY BAR FUND'S FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

Name of the organization

ASSOCIATION OF THE BAR OF THE

CITY OF NEW YORK FUND, INC. **Employer identification number**

13-6003018 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.		·	· ·				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	_			
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No								
	,	· ·							
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outsi	de the			
	United States.								
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)				
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total			
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and			
		in the region	independent contractors	gram services, investments, grants to	describe specific type	investments			
			in the region	recipients located in the region)	of service(s) in the region	in the region			
CENT	RAL AMERICA &				CONSULTING				
THE	CARIBBEAN	0	2	PROGRAM SERVICES	FEES-GUATEMALA	25,618.			
					CONSULTING & SERVICE				
NORI	H AMERICA	0	2	PROGRAM SERVICES	FEES-MEXICO	11,358.			
						<u> </u>			
					CONSULTING				
SOUI	H AMERICA	0	2	PROGRAM SERVICES	FEES-BRAZIL,ARGENTINA	3,163.			
					·				
					CONSULTING				
SUB-	SAHARAN AFRICA	0	1	PROGRAM SERVICES	FEES-KENYA,SIERRA LEONE	7,450.			
					,				
3 a	Subtotal	0	7			47,589.			
	Total from continuation								
~	sheets to Part I	0	0			0.			
С	Totals (add lines 3a								
•	and 3b)	0	7			47,589.			
	,								

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	inization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec			\		

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash disbursement (b) Region (c) Number of cash grant (c) Number of cash disbursement (d) Amount of cash disburse	Schedule F (Form 990) 2020 C	CITY OF NEW Y	ORK FUND	, INC.	1	3-6003018		Page 3
	Part III Grants and Other Assistance	e to Individuals Outsid	e the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (ash grant or assistance) (f) Amount of cash grant or assistance (g) Description of noncash assistance (g) Description of	Part III can be duplicated if a	dditional space is neede	d.					
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	noncash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ACCRUAL METHOD

SCHEDULE F, PART I, LINE 3 (1 AND 2), COLUMN (E):

GUATEMALA - CONSULTING FEES PAID FOR THE "SUPPORTING JUDICIAL INTEGRITY

IN GUATEMALA" PROJECT.

SERVICES INCLUDED THE ORGANIZATION OF WEBINARS, ROUNDTABLES, WORKSHOPS

AND OTHER ACTIVITIES FOR THE GUATEMALAN ASSOCIATION OF JUDGES TO RAISE

THEIR PROFILE NATIONALLY AND INTERNATIONALLY AND STRENGTHEN JUDICIAL

INDEPENDENCE IN GUATEMALA. SERVICES ALSO INCLUDED WEB DESIGN,

MAINTENANCE AND UPDATING THE GUATEMALAN ASSOCIATION OF JUDGES FOR

INTEGRITY'S WEBPAGE.

GUATEMALA - CONSULTING FEES PAID FOR THE "KEEP FAMILIES TOGETHER"

PROJECT.

SERVICES INCLUDED SUPPORTING THE CENTRAL AMERICAN OPERATION OF KEEP

FAMILIES TOGETHER BY IDENTIFYING LOCAL PRO BONO COUNSEL.

MEXICO - SERVICE FEES PAID FOR THE "JUDICIAL INDEPENDENCE AND GENDER

EQUALITY IN THE JUDICIARY: AN INTERNATIONAL PERSPECTIVE" CONFERENCE.

THE CONFERENCE WAS PART OF THE VANCE CENTER'S EFFORTS TO ADVANCE

JUDICIAL INDEPENDENCE IN THE REGION AND THE WORK OF MEXICAN WOMEN

JUDGES.

MEXICO - CONSULTING FEES PAID TO AN INDEPENDENT CONTRACTOR FOR

PROVIDING SERVICES COMPILING AND ANALYZING INFORMATION FROM 8 COUNTRIES

(ARGENTINA, BRAZIL, CHILE, COLOMBIA, GUATEMALA, MEXICO, PANAMA, AND

PERU) FOR THE 2020 EDITION OF THE "LATIN AMERICA ANTICORRUPTION

ASSESSMENT". THE ASSESSMENT FINDS THAT THE LACK OF POLITICAL WILL AND

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Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

CITY OF NEW YORK FUND, INC.

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INADEQUATE INDEPENDENCE OF JUDGES AND PROSECUTORS POSE THE MAIN

CHALLENGES TO IMPLEMENTING ANTI-CORRUPTION POLICIES IN LATIN AMERICA.

IT RELIES ON THE PERSPECTIVE OF LEGAL PROFESSIONALS ENGAGED IN

ANTICORRUPTION PRACTICE IN VARIOUS SECTORS, INCLUDING LAW FIRMS,

BUSINESSES, ACADEMIA, CIVIL SOCIETY ORGANIZATIONS, HUMAN RIGHTS

DEFENDERS, AND OTHERS.

MEXICO - CONSULTING FEES PAID TO ANOTHER INDEPENDENT CONTRACTOR FOR

PROVIDING VISUAL DESIGN SERVICES FOR DIFFERENT VANCE CENTER PROJECTS,

INCLUDING THE CONFERENCE "JUDICIAL INDEPENDENCE AND GENDER EQUALITY IN

THE JUDICIARY: AN INTERNATIONAL PERSPECTIVE" IN MEXICO, THE "LATIN

AMERICA ANTICORRUPTION ASSESSMENT," AND THE "SUPPORTING JUDICIAL

INTEGRITY IN GUATEMALA" PROJECT. VISUAL DESIGN SERVICES INCLUDE THE

PRODUCTION OF LOGOS, INFOGRAPHICS, FLYERS, ETC.

SCHEDULE F, PART I, LINE 3 (3), COLUMN (E):

BRAZIL - CONSULTING FEES PAID TO AN INDEPENDENT CONTRACTOR FOR

PROVIDING VISUAL DESIGN SERVICES FOR PRODUCING A BOOKLET CONTAINING A

MULTILINGUAL PRACTICAL GUIDE ON BRAZILIAN AND INTERNATIONAL LAW RIGHTS

OF THOSE ARRESTED, DETAINED, OR SUBJECTED TO ABUSE, WITH SPECIAL

FEATURES FOR NON-BRAZILIANS AND WOMEN, RACIAL OR ETHNIC, AND LGBT+

MINORITIES.

ARGENTINA - CONSULTING FEES PAID TO ANOTHER INDEPENDENT CONTRACTOR FOR

THE CONCEPTUALIZATION OF THE "ACCESS TO JUSTICE PRACTICUM INITIATIVE."

THE ACCESS TO JUSTICE PRACTICUM FUNDS OUTSTANDING RECENT LAW GRADUATES

TO WORK FOR ONE YEAR AT CLEARINGHOUSES MEMBERS OF THE PRO BONO NETWORK

OF THE AMERICAS, TACKLING SYSTEMIC PROBLEMS FACING POOR AND

MARGINALIZED COMMUNITIES IN ARGENTINA, COLOMBIA, AND MEXICO. IT CREATES

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

A NEW CHANNEL TO DIVERSE PUBLIC INTEREST LAW CAREERS, PROVIDING
PARTICIPANTS WITH HANDS-ON EXPERIENCE AND SUPPORT, INCLUDING A ONE-WEEK
INTENSIVE TRAINING PROGRAM DURING THE YEAR.
SCHEDULE F, PART I, LINE 3 (4), COLUMN (E):
KENYA - PARTNERED WITH THE KENYAN JUDGES AND MAGISTRATES ASSOCIATION,
THE VANCE CENTER ORGANIZED THREE VIRTUAL WORKSHOPS ON TRANSNATIONAL
CORRUPTION AND CYBERSECURITY FOR MORE THAN 70 KENYAN JUDGES AND
MAGISTRATES. THE WORKSHOPS WERE CONDUCTED BY IN-HOUSE MULTINATIONAL
LEGAL COUNSEL AND LAW FIRM PRACTITIONERS. IT SUBSEQUENTLY HELD A
CONSULTATIVE FORUM TO IDENTIFY BEST PRACTICES TO IMPROVE THE HANDLING
OF THESE CASES BY THE JUDGES AND MAGISTRATES. THE VANCE CENTER RECEIVED
FUNDING FROM THE CHUBB RULE OF LAW FUND AND SUPPORTED THE JUDGES WITH
AIRTIME/DATA AND ADMINISTRATIVE SUPPORT FOR THE JUDGES AND MAGISTRATES
TO JOIN THE VIRTUAL MEETINGS.
SIERRA LEONE - CONSULTING FEES PAID FOR PLANNING AND IMPLEMENTING, IN
CONSULTATION WITH THE VANCE CENTER AND ADVOCAID, A TWO-YEAR PILOT
PROJECT TO STUDY THE CAUSES, CONDITIONS AND CONSEQUENCES OF WOMEN
INCARCERATION IN SIERRA LEONE.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

Employer identification number 13-6003018

Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par	t.					
1 Indicate whether the organization rais	sed funds through any of the followin	ıg activ	ities. (Check all that apply.		
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants		
b X Internet and email solicitations	s f X Solicita	tion of	gover	nment grants		
c X Phone solicitations	g X Special	fundra	ising (events		
d X In-person solicitations	5 — .		Ū			
2 a Did the organization have a written	or oral agreement with any individual	(includ	ina of	ficers directors trus	tees or	
	Part VII) or entity in connection with p				Yes	X No
b If "Yes," list the 10 highest paid indi						
compensated at least \$5,000 by the		ant to	agreer	ments under willen ti	ie idiidiaisei is to be	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ıstody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
EVENT MANAGEMENT GROUP - 411		Yes	No		listed in Col. (i)	
EAST 83RD STREET, NEW YORK,	CBJC GALA DINNER	X	140	1,161,197.	65,000.	1,096,197.
EAST OURD STREET, NEW TORK,	CBUC GALA DINNER	Λ		1,101,197.	03,000.	1,090,197.
Total			<u> </u>	1,161,197.	65,000.	1,096,197.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from reg	gistration
NY						
NI						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC.

Pa	ırt I					
_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CBJC GALA	(avant tuna)	(total number)	col. (c))
ь			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,161,197.			1,161,197.
	2	Less: Contributions	1,161,197.			1,161,197.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
xbe	ľ	Tient lability code				
Direct Expenses	7	Food and beverages				
Ę						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Da		Net income summary. Subtract line 10 from li				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.		(I.) Dull tabe (instant		(a) Tatal manaina (a dal
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Billigo/progressive billige		con (a) through con (c))
Вè	_	0				
	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct eveness				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
		Volunteer labor				
	0	Volunteer labor	∟ No	L No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
_						
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	IT "	No," explain:				
	_					
40	\^'	are any of the every limited and a service of	nuclead agreement of the	reasing at a district as the site.	, a a r 2	
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
D) IT "	Yes," explain:				
	_					
	_					

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032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

ASSOCIATION OF THE BAR OF THE EZVOCO CITY OF NEW YORK FIIND INC

Sch	nedule G (Form 990 or 990-EZ) 2020 CITY OF NEW YORK FUND, INC. 13-6	003	018	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	ш	163	140
	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatony distributions:			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
·	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
<u>(I</u>) NAME OF FUNDRAISER: EVENT MANAGEMENT GROUP			
<u>(I</u>) ADDRESS OF FUNDRAISER: 411 EAST 83RD STREET, NEW YORK, NY 10	028		
PA	RT II, LINE 1			
TH	E ANNUAL CBJC GALA DINNER WAS VITURALLY HELD ON SEPTEMBER 24, 2	020	•	
TH	E GALA PAYMENTS WERE RECOGNIZED AS CONTRIBUTIONS.			

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	CITY OF NE	W YORK FU	ND, INC.	13-6003018	Page 4
Part IV	Supplemental Infor	mation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

ASSOCIATION OF THE BAR OF THE

2020

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization ASSOCIATI CITY OF N	ON OF THE						Employer identification number $13-6003018$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				•	•	on X Yes No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	_					•	•
1 (a) Name and address of organization or government	(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	(h) Purpose of grant or assistance
NEW YORK LAW SCHOOL							
185 WEST BROADWAY							
NEW YORK, NY 10013	13-5645885	501C(3)	126,563.	0.			PROGRAM SUPPORT
ASSOC. OF THE BAR OF THE CITY OF NY - 42 WEST 44TH STREET - NEW YORK, NY 10036	13-0453095	501c(6)	102,345.	0.			OPERATING EXPENSES
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-	e line 1 table				

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HURGOOD MARSHALL STIPENDS	20	63,662.	0.		
ECRUITMENT & RETENTION FELLOWSHIP	4	8,550.	0.		

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:

THE INTEREST ON LAWYER ACCOUNT FUND "IOLA" ALSO AWARDED A GRANT TO THE CITY

BAR FUND TO FACILITATE THE ONGOING PROGRAM "THE HOUSING JUSTICE LEADERSHIP

INSTITUTE (HJLI)" FOR SUPERIVSORS OF HOUSING JUSTICE ATTORNEYS IN NEW YORK

CITY FOR THE SESSIONS TO BE OFFERED IN 2019 AND 2020. UPON RECEIPT OF THE

FUNDS FROM IOLA, THE CITY BAR FUND AWARDED THOSE FUNDS TO NEW YORK LAW

SCHOOL. CBF/CBJC HAS REQUESTED AND RECEIVED QUARTERLY REPORTS FROM NYLS ON

THEIR ACTIVITIES, SENT STAFF SUPERVISORS TO PARTICIPATE IN THESE MEETINGS,

AND THE DEPUTY DIRECTOR AND EXECUTIVE DIRECTOR HAVE REGULARLY COMMUNICATED

WITH NYLS STAFF ON THE ACTIVITIES OF THE PROJECT.

PART III

THE THURGOOD MARSHALL SUMMER LAW INTERNSHIP PROGRAM "TMSLIP" STIPEND

PROVIDES FUNDS FOR DIVERSE PUBLIC HIGH SCHOOL STUDENTS WHO ARE PLACED

IN GOVERNMENT AGENCIES AND NONPROFIT ORGANIZATIONS DURING SUMMER

EMPLOYMENT. GOVERNMENT AGENCIES AND NONPROFIT ORGANIZATIONS DO NOT

PROVIDE STIPENDS FOR THEIR INTERNS. THESE STUDENTS ARE PARTICIPANTS OF

THE TMSLIP PROGRAM THAT HAS BEEN PLACING STUDENTS WITH LEGAL EMPLOYERS

SINCE 1993.

PART III

YEAR STUDENTS IN NEW YORK LAW SCHOOLS AND WERE SELECTED AMONG OTHER

FELLOWS BY THE COMMITTEE ON RECRUITMENT AND RETENTION OF LAWYERS AFTER

A RIGOROUS APPLICATION PROCESS TO BE MATCHED WITH LEGAL EMPLOYERS FOR

SUMMER EMPLOYMENT. THEY WERE THEN MATCHED WITH AN EMPLOYER FOR THE

SUMMER. THESE INDIVIDUALS ARE PLACED IN FELLOWSHIPS WITH PUBLIC SECTOR

EMPLOYERS WHO ARE UNABLE TO PAY WHAT FELLOWS EMPLOYED IN THE PRIVATE

SECTOR RECEIVED. THE FUND SUPPLEMENTED THOSE WAGES.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

ASSOCIATION OF THE BAR OF THE

CITY OF NEW YORK FUND, INC.

Employer identification number 13-6003018

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRET PARKER	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	317,860.	0.	0.	2,645.	0.	320,505.	0.
(2) LYNN M. KELLY	(i)	229,256.	0.	0.	2,010.	0.	231,266.	0.
EXECUTIVE DIRECTOR - CBJC (END 3/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEXANDER PAPACHRISTOU	(i)	194,699.	0.	0.	1,814.	32,606.	229,119.	0.
EXEC DIRECTOR - VANCE CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS J. HALTER	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	195,972.	0.	0.	1,826.	9,200.	206,998.	0.
(5) SUZANNE TOMATORE	(i)	149,082.	0.	0.	1,333.	0.	150,415.	0.
DEPUTY DIRECTOR - CBJC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EILEEN TRAVIS	(i)	143,801.	0.	0.	1,298.	11,350.	156,449.	0.
EXECUTIVE DIRECTOR - LAP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LIBBY VAZQUEZ	(i)	132,099.	0.	0.	1,159.	19,804.	153,062.	0.
DIRECTOR - LEGAL HOTLINE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND,

Employer identification number 13-6003018

Par	t I Types of Property		·		•		
	,	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu	•	nts
1	Art - Works of art		items contributed	Tom 550, Fart VIII, line Tg			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	50,355.	MKT QUOTE-DA	ATE OF	· GI
10	Securities - Closely held stock			•	~		
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	tation duvins	the tay year for a	antributions			
29	for which the organization completed Form 826						
	for which the organization completed Form 626	oo, rait v, L	onee Acknowledg	ement [29]		Yes	No No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	163	110
oou	must hold for at least three years from the date			· · · · · · · · · · · · · · · · · · ·	·		
	exempt purposes for the entire holding period?		,	Willow long troquiled to be de		30a	х
b	If "Yes," describe the arrangement in Part II.					554	
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х
	Does the organization hire or use third parties						
			_	,,		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						
	For Denominade Dedication Act Notice and		for Forms 000			/F 00	0) 0000

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

Schedule M (Form 990) 2020

ASSOCIATION OF THE BAR OF THE

Schedule M (Form 990) 2020	CITY	Y OF I	NEW	YORK	FUND	, INC	•				<u>-60030</u>		Page 2
	is reportir	ng in Part	Inforr I, colun	mation.	Provide	e the in	formation r	equired b	y Part I, lines er of items r	30b, 32b, eceived, o	and 33 r a com	3, and whole the second	nether the o of both. Als	rganizatio so comple	n
SCHEDUI	LE M,	PART	I,	COLUM	IN (E	3):									
TWO SEE	PARATI	E DON	ORS	CONTR	RIBUT	red	SECUR	ITIES	DURING	G FISC	CAL	YEAR	2021.		

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

Employer identification number 13-6003018

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

THE CITY BAR FUND, THE 501(C)(3) AFFILIATE OF THE NEW YORK CITY BAR

ASSOCIATION, UNDERTAKES PUBLIC SERVICE, EDUCATION, POLICY ADVOCACY AND

RESEARCH ACTIVITIES THROUGH THE CITY BAR JUSTICE CENTER, CYRUS R. VANCE

CENTER FOR INTERNATIONAL JUSTICE, THE LAWYER ASSISTANCE PROGRAM AND THE

OFFICE FOR DIVERSITY & INCLUSION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE LAWYER ASSISTANCE PROGRAM AND THE OFFICE FOR DIVERSITY & INCLUSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PAGE 2) IN FISCAL YEAR 2020-21, CBJC ALSO ASSISTED

9,000 INDIVIDUALS THROUGH COMMUNITY OUTREACH; REACHED 317,000

INDIVIDUALS THROUGH ONLINE RESOURCES AND INFORMATION; LEVERAGED OVER

\$15 MILLION IN PRO BONO LEGAL SERVICES ON 1,500 CASES PLACED WITH 2,000

VOLUNTEER ATTORNEYS WHO PROVIDED 22,000 HOURS OF PRO BONO SERVICE;

HELPED CLIENTS DIRECTLY OBTAIN OVER \$2.7 MILLION IN BENEFITS AND

MONETARY AWARDS; AND HELPED CLIENTS SAVE \$4.8 MILLION BY RESOLVING

DEBT, AND BY OBTAINING OR MAINTAINING HOUSING, EMPLOYMENT, AND

GOVERNMENT BENEFITS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PAGE 2) THE VANCE CENTER'S STRENGTHENING THE LEGAL

PROFESSION PROGRAM ENGAGES LAW FIRMS, BAR ASSOCIATIONS, LAW SCHOOLS,

AND PRO BONO CLEARINGHOUSES INNOVATIVE DIVERSITY, RULE-OF-LAW, AND

PUBLIC INTEREST INITIATIVES, INCLUDING WOMEN IN THE PROFESSION, AFRICAN

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

Name of the organization ASSOCIATION OF THE BAR OF THE

Employer identification number

13-6003018 CITY OF NEW YORK FUND, INC. LEGAL FELLOWS, THE LAWYERS COUNCIL FOR CIVIL AND ECONOMIC RIGHTS IN THE AMERICAS, THE ACCESS TO JUSTICE PRACTICUM, TOTALLAW PREP, AND THE PRO BONO PROMOTION PROGRAM, INCLUDING CO-MANAGING THE PRO BONO NETWORK OF THE AMERICAS AND THROUGH IT THE KEEP FAMILIES TOGETHER INITIATIVE, PROVIDING PRO BONO LEGAL SUPPORT IN CENTRAL AMERICA AND ELSEWHERE TO CHILDREN AND FAMILIES SEPARATED BY U.S. IMMIGRATION POLICIES. THE VANCE CENTER LEVERAGES APPROXIMATELY \$8 MILLION WORTH OF REVENUE IN THE FORM OF PRO BONO SERVICES, THAT IS AN ESTIMATE OF THE VALUE OF THE PRO BONO WORK DONE BY THE LAW FIRMS ON THE PROJECTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ONE COMPONENT OF OTHER PROGRAM SERVICES IS THE CITY BAR FUND LAWYER ASSISTANCE PROGRAM. THE CITY BAR FUND LAWYER ASSISTANCE PROGRAM PROVIDES FREE, CONFIDENTIAL HELP TO LAWYERS, JUDGES, LAW STUDENTS, BAR APPLICANTS AND THEIR FAMILY MEMBERS WHO ARE EXPERIENCING MENTAL HEALTH, SUBSTANCE ABUSE, PERSONAL, CAREER AND ANY OTHER PROBLEMS AFFECTING THEIR PROFESSIONAL AND/OR PERSONAL LIFE. SERVICES INCLUDE: EVALUATION AND ASSESSMENT; CRISIS INTERVENTION, CONSULTATION TO FIRMS AND AGENCIES

EXPENSES \$ 367,673. INCLUDING GRANTS OF \$ 8,550. REVENUE \$ 0.

AND CAREER PROFESSIONALS AND SUPPORTIVE COUNSELING.

IN THE PUBLIC SECTOR, EDUCATION AND OUTREACH TO THE BAR AND BENCH;

EARLY INTERVENTION; PEER SUPPORT; MONITORING; REFERRALS TO TREATMENT

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

THE BOARD OF DIRECTORS OF THE ASSOCIATION OF THE BAR OF THE CITY OF NEW

YORK COMPRISES THE MEMBERSHIP OF ASSOCIATION OF THE BAR OF THE CITY OF NEW

YORK FUND, INC.

Name of the organization ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.	Employer identification number 13-6003018
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS ELECT THE DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 AND RELATED SCHEDULES ARE SUBMITTED TO THE ME	MBERS OF THE
AUDIT COMMITTEE FOR REVIEW. ANY QUESTIONS OR COMMENTS BROU	GHT UP FOLLOWING
THE REVIEW BY THE AUDIT COMMITTEE ARE ADDRESSED PRIOR TO S	UBMISSION TO THE
BOARD OF DIRECTORS FOR FINAL APPROVAL. FOLLOWING APPROVAL	BY THE BOARD OF
DIRECTORS, THE FORM AND RELATED SCHEDULES ARE SUBMITTED TO	THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	
POLICY IS CIRCULATED ANNUALLY TO NECESSARY PEOPLE WHO ARE	REQUIRED TO FILL
OUT THE FORMS ACKNOWLEDGING THEY HAVE READ THE POLICY AND	IDENTIFYING
CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS SERVED AS	THE COMPENSATION
COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS ARE AVAILABLE AT THE OFFICE OF THE	CAO OF THE
ASSOCIATION TO THE PUBLIC BY REQUEST, AND FINANCIAL STATEM	ENTS ARE ON THE
ORGANIZATION'S WEBSITE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number 13-6003018

OMB No. 1545-0047

Name of the organization ASSOCIA

ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC.

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

Part II 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 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	Section 5 contr ent	olled
				501(c)(3))		Yes	No
THE ASSOCIATION OF THE BAR OF THE CITY OF							
NEW YORK - 13-0453095, 42 WEST 44TH STREET,							
NEW YORK, NY 10036	MEMBERSHIP	NEW YORK	501(C)(6)		N/A		X

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

Schedule R (Form 990) 2020

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	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate allocations?		Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets				partner	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
		l					l					

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

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 re	lated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
·	, , , , , , , , , , , , , , , , , , , ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organ				11		Х
m	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	()			1n	х	
					10	х	
·	Chairing of para on proyoso with related organization (c)						
n	Reimbursement paid to related organization(s) for expenses				1p	х	
u P	Reimbursement paid by related organization(s) for expenses				1q	X	
ч	Theiriburselment paid by related organization(s) for expenses				19		
r	Other transfer of cash or property to related organization(c)				1r		х
	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on wh				13		
	If the answer to any of the above is Tes, see the instructions for information on wi	•	<u> </u>				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
	Tamo or rolated organization	type (a-s)	, anount involved	Wicthou of determining amount inv	Sived		
г	THE ASSOCIATION OF THE BAR OF THE CITY OF						
	NEW AUDRESTATION OF THE DWK OF THE CITY OF	R	102 3/15	A CTITAT.			

	Name	e of rela	(a) ited orga	anizatio	on				(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF			
(1) NEW	YORK								В	102,345.	ACTUAL
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF			
(2) NEW	YORK								D	2,000,000.	ACTUAL
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF			
(3) NEW	YORK								K	353,771.	ACTUAL
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF			
(4) NEW	YORK								M	50,652.	ACTUAL
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF			
(5) NEW	YORK								0	376,312.	ACTUAL
THE	ASSOCIATION	OF 7	THE E	BAR	OF	THE	CITY	OF		·	
(6) NEW	YORK								P	296,314.	ACTUAL

Schedule R (Form 990) 2020

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

Schedule R (Form 990)

(c) (d) Method of determining Transaction Amount involved Name of other organization type (a-s) amount involved THE ASSOCIATION OF THE BAR OF THE CITY 88,569. ACTUAL (7) OF NEW YORK (8) (10) (11) __(12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22)(23) (24)

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 of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2020

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.