Department of the Treasury

Internal Revenue Service

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

foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Inspection

DLN: 93493015011785 OMB No 1545-0047

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

Open to Public

A F	or the 2	2013 calendar year, or tax year beginning 06-01-2013 , 2013, and ending 05-31	L-2014				
B Cł	eck if ap	oplicable C Name of organization WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK		D	Employer i	denti	fication number
☐ Ad	dress ch	ange		:	13-3076	521	
Пи	me char	Doing Business As nge					
┌ In	tıal retur	Number and street (or P O box if mail is not delivered to street address) Room/suit	te		Telephone r	umbo	r
Гτε	rmınated	DO BOY 036			·		
┌ Ar	nended r	return City or town, state or province, country, and ZIP or foreign postal code			(212)362	2-44	45
_		NEW YORK, NY 100240546 pending			Gross receip	tc ¢ 1	206 E20
, .,		F Name and address of principal officer	11/->				
		DONNA E FROSCO		is this a subordina	group reti ates?	urn to	r ┌Yes No
		PO BOX 936 NEW YORK, NY 100240546					
		WEW TORK, WT 100240340		Are all su included?	ubordınate >	es	Γ Y es Γ No
I Ta	ax-exem	pt status				st (s	ee instructions)
	/ ehsite	::▶ WWW WBASNY ORG		Croup as	, a ma m t , a m		
					kemption		
		panization	L Yea	r of format	ion 1980	M St	ate of legal domicile NY
Pa	rt I	Summary					
		Briefly describe the organization's mission or most significant activities PROMOTE THE ADVANCEMENT OF THE STATUS OF WOMEN IN SOCIETY A	NDOE	WOMEN	INTHEL	EGΛ	I DROFFSSION
e e	<u>-</u>	ROMOTE THE ADVANCEMENT OF THE STATOS OF WOMEN IN SOCIETY A	NID OI	WONLI	110 1111	LUA	<u>EFROTESSION</u>
Ē	-						
Governance		Shook this hay be stated assumention discountings of the answer or discount	f +- +	han 2 F 0/	-6.t- n-t		
Š	2 (Check this box 🔭 if the organization discontinued its operations or disposed o	i more t	11a11 25%	or its net	asse	ets
	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	3	70
9 40	1	Number of independent voting members of the governing body (Part VI, line 1b)			. _	1	70
Activities &	5 T	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a) .			. -	5	0
ទ្ធ	6 ⊺	Total number of volunteers (estimate if necessary)			. 🔽	5	100
•	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12			. 7	а	0
	Ь≀	Net unrelated business taxable income from Form 990-T, line 34			. 7	b	0
				Prior Ye	ar		Current Year
a.	8	Contributions and grants (Part VIII, line 1h)			454,715		436,838
an Lie	9	Program service revenue (Part VIII, line 2g)			614,423		801,072
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			7,900		8,001
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			23,865		31,458
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,	,100,903		1,277,369
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>	3,800		1,670
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines					
₩ ₩		5-10)			0		0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0		0
互	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,038,842		1,142,086
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,	,042,642	<u> </u>	1,143,756
	19	Revenue less expenses Subtract line 18 from line 12	· Dec	inning of	58,261		133,613
Net Assets or land Balances			ред	inning of Year	current		End of Year
See A	20	Total assets (Part X, line 16)		1,	,066,256		1,203,067
A B	21	Total liabilities (Part X, line 26)			0		60
25	1 22	Not posets as fund halanges. Cubtrast line 21 from line 20		- 1	066 256		1 202 007

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
-
Here

Signature of officer

DONNA E FROSCO PRESIDENT Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name F PAUL KINIRY Preparer's signature Firm's name BOWERS & COMPANY CPAS PLLC Firm's address \blacktriangleright 120 MADISON ST - 1700 AXA TOWER II

SYRACUSE, NY 13202 May the IRS discuss this return with the preparer shown above? (see instruction

) (Revenue \$

4e Total program service expenses ► 1,015,601

including grants of \$

(Expenses \$

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	163	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	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 (see instructions)	17		No
.8	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	Yes	
.9	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		No
:0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J </i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2013)

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		163	14
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1 b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
-	Did the comment of th	2-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		١
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
0_	Section 501(c)(7) organizations. Enter Introduce for and counted contributions uncluded on Port VIII line 13			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities	1		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
)a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
ט	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	134		
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			
	Thi which the organization is needsed to issue qualified health plans	1		
_			i	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

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

	Check if Schedule O	O contains a response or note to any line in this Part VI	. ,							
--	---------------------	---	-----	--	--	--	--	--	--	--

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		N o
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		100	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b				
	the form?			
12a	the form?	11a	Yes	
12a b	the form?	11a	Yes	
12a b	the form?	11a 12a 12b	Yes Yes Yes	No
12a b c	the form?	11a 12a 12b	Yes Yes Yes	No No
12a b c	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes	No No
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes	No No
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LINDA A CHIAVERINI PO BOX 936
 NEW YORK, NY 100240546 (212) 362-4445

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec c, unle n offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DONNA E FROSCO	5 00			Х				0	0	0
PRESIDENT								0	0	0
(2) IRENE V VILLACCI PRESIDENT - ELECT	5 00			х				0	0	0
(3) ANDREA F COMPOSTO	5 00									
VICE PRESIDENT				Х				0	0	0
(4) MAUREEN CRUSH	5 00							_		_
VICE PRESIDENT				X				0	0	0
(5) JACQUELINE P FLUG	5 00			Ţ				0	0	
VICE PRESIDENT				X				0	0	0
(6) AMY BALDWIN LITTMAN CORRESPONDING SECRETARY	5 00			х				0	0	0
(7) AMY SALTZMAN	5 00									
RECORDING SECRETARY				X				0	0	0
(8) ANNETTE G HASAPIDIS	5 00									
TREASURER				X				0	0	0
(9) MAUREEN E MANEY	5 00			х				0	0	0
IMMEDIATE PAST PRESIDENT										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	A verage hours per more than one box, unless week (list any hours and a director/trustee) A verage hours per more than one box, unless compensation from the any hours and a director/trustee) Reportable compensation from the organization (W-organizations (W-organizations))							Repor comper	Reportable compensation	- 1	(F) Estimated amount of otl		
								<i>!-</i>	from t	he				
		for related organizations below dotted line) for disctor rustsee The properties of the properties								rganizati relate organiza	ed			
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												+		
												+		
												+		
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>						
c	Total from continuation sheet	s to Part VII, S	ection A	۹.			•	•				+		
d	Total (add lines 1b and 1c) .							►		C		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	d more th	nan	•		
													Yes	No
3	On line 1a? If "Yes," complete S								or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual													
5	Did any person listed on line 1									anızatıon	or individual for	4		No_
	services rendered to the organ	nization <i>i It "Yes</i>	, compl	ete S	cnea	uie J	ror su	cn pe	erson .			5		No
	ection B. Independent Co						-							
1	Complete this table for your five compensation from the organization from the organization from the organization from the compensation from the compensation from the complete for the complete from the complete	zation Report co									thin the organizat			
	N	(A) lame and business	address							Des	(B) scription of services		(C) Compen	
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	1111
nts nts	1a
Contributions, Gifts, Grants and Other Similar Amounts	b c
sifts, Iar A	d
ns, (Simil	c d e f
butio ther	
ontri nd O	g h
	-
evenu	2a b
лсе В	С
Serv	d e
rogram Serwce Revenue	b c d e
<u>~</u>	g 3
	3
	4 5
	6a b
	С
	d
	7a
	ь
	С
	d 8a
nne	-
Reven	
lher	b
δ	c 9a
	b
	10a
	Ь
	c
	11a
	b c
	d
	e 12

/IIII	Statement of Revenue Check if Schedule O contains a i	respon	se or note to any lir	ne in this Part VIII			
		ies pon	se of flore to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
ь	Membership dues	1b	389,355				
С	Fundraising events	1c	47,483				
d	Related organizations	1d					
	Government grants (contributions)						
e f	All other contributions, gifts, grants, and	1e 1f					
	similar amounts not included above Noncash contributions included in lines						
g	1a-1f \$						
h	Total. Add lines 1a-1f		▶	436,838			
			Business Code				
2a	INSTALLATION DINNER		611430	543,680	543,680		
ь	CONVENTION	_	611430	95,320	95,320		
С	JUDGES RECEPTION	_	900099	36,095	36,095		
d	CLE	_	611430	25,946	25,946		
е	ANNIVERSARY CELEBRATIO	_	900099	24,110	24,110		
f	All other program service reven	ue		75,921	, 75,921		
					-,		
3				801,072			
3	Investment income (including di and other similar amounts) .			8,001			8,001
4	Income from investment of tax-exemp	t bond p	proceeds 🕨				
5	Royalties		▶	585			585
	(ı) Real		(II) Personal				
	Gross rents						
Ь	Less rental expenses						
С	Rental income or (loss)						
d	Net rental income or (loss) .						
	(ı) Securities		(II) Other				
7a	Gross amount from sales of						
	assets other than inventory						
b	Less cost or						
	other basis and sales expenses						
С	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$\frac{47,483}{2}\$						
	of contributions reported on line See Part IV, line 18	10)					
		a	60,034				
Ь	Less direct expenses	L	29,161				
C	Net income or (loss) from fundra		events 🛌	30,873			30,873
9a	Gross income from gaming activ See Part IV, line 19	ities a					
ь	Less direct expenses	ŀ					
	Net income or (loss) from gamin		rities				
	Gross sales of inventory, less returns and allowances .						
Ь	Less cost of goods sold	a b					
	Net income or (loss) from sales		entory 🌬				
Ť	Miscellaneous Revenue	J v C	Business Code				
11a							
ь	-	_					
c		—					
d	All other revenue	—					
e	Total. Add lines 11a-11d		🕨				
12	Total revenue. See Instructions	_	_				+
		•	•	1,277,369	801,072		0 39,459

Form	990 (2013)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,670	1,670		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	-,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	201,030	136,700	64,330	
ь	Legal				_
С	Accounting	5,540		5,540	
d	Lobbying	8,336	8,336	-,	
e	Professional fundraising services See Part IV, line 17		-,		
f	Investment management fees	2,148		2,148	
q	Other (If line 11g amount exceeds 10% of line 25,	2,140		2,140	
g	column (A) amount, list line 11g expenses on Schedule O)	19,452	19,452		
12	Advertising and promotion	25,065	14,525	10,540	
13	Office expenses	42,074	20,909	21,165	
14	Information technology			,	
15	Royalties				
16	Occupancy				
17	Travel	35,329	35,329		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33,329	33,329		
19	Conferences, conventions, and meetings	200,068	194,021	6,047	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	21,893	8,757	13,136	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			,	
а	INSTALLATION DINNER	410,028	410,028		
b	NEWSLETTER	54,170	54,170		
c	DONATIONS & CONTRIBUTIO	29,808	29,808		
d	JUDGES RECEPTION	23,457	23,457		
e	All other expenses	63,688	58,439	5,249	
25	Total functional expenses. Add lines 1 through 24e	1,143,756	1,015,601	128,155	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				I	

Form 990 (2013) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 590,165 722,160 1 1 177.877 2 203,136 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 12 298,214 12 Investments—other securities See Part IV, line 11 277,771 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 1,066,256 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 16 1,203,067 **17** 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 0 25 60 26 26 60 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 796,900 27 27 925,236 269,356 277,771 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 1,066,256 33 1,203,007 34 Total liabilities and net assets/fund balances 1,066,256 1,203,067

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				r
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	277,369
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	143,756
3	Revenue less expenses Subtract line 2 from line 1	3			133,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1.0	066,256
5	Net unrealized gains (losses) on investments	5			3,138
6	Donated services and use of facilities	6			<u>, , </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,7	203,007
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
		,		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Э	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493015011785

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK 13-3076621 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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))

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).		.,	/h	`
For ea actıvı	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	(b 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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
ï	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	TIII-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), c	r secti	on
				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	TIII-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		3	89,35
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			8,33
Ь	Carryover from last year	2b			
c	Total CO22/ V(1)/A) I I I I I I I I I I I I I I I I I I I	2c			8,33
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			8,33
Pa	rt IV Supplemental Information				
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou : II-B, line 1 Also, complete this part for any additional information	p lıst),	Part II	-A, line 2	2, and
	Return Reference Explanation				
PART	TIII-B LINE 5 FORM 990-T HAS BEEN FILED AND THE TAX HAS BEEN PAID				

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493015011785

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	f the organization B BAR ASSOCIATION OF THE STATE OF NEW YORK			oloyer identific	ation numbe	er
Part I	Organizations Maintaining Donor Adv	ised Funds or Other Similar F		3076621 or Account	s. Comple	te if the
	organization answered "Yes" to Form 990,	·				
		(a) Donor advised funds	-	(b) Funds and	otheraccou	unts
	al number at end of year		+			
	regate contributions to (during year)		+			
	regate grants from (during year)					
	regate value at end of year		Ш.			
	the organization inform all donors and donor adviso ds are the organization's property, subject to the org	<u> </u>	nor adv	ısed	☐ Yes	┌ No
use	the organization inform all grantees, donors, and doed only for charitable purposes and not for the benefi referring impermissible private benefit?				┌ Yes	┌ No
art II	Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part I	V, line 7.	
Г Г Сог	pose(s) of conservation easements held by the orgation of land for public use (e.g., recreation of Protection of natural habitat Preservation of open space mplete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certifie	d historic stru	cture	
eas	ement on the last day of the tax year					
T.4				Held at th	e End of the	Year
	al number of conservation easements		2a			
	al acreage restricted by conservation easements mber of conservation easements on a certified histor	ric structure included in (2)	2b			
	mber of conservation easements included in (c) acqu	• •	2c			
hıst	toric structure listed in the National Register		2d			
	mber of conservation easements modified, transferre	ed, released, extinguished, or terminat	ed by th	ne organizatior	n during	
the	tax year 🛌					
Nur	mber of states where property subject to conservation	on easement is located 🗠				
	es the organization have a written policy regarding the orcement of the conservation easements it holds?	ne periodic monitoring, inspection, har	ndling of	f violations, an	rd ┌ Yes	┌ No
Sta	ff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ments o	during the year	r	
▶_						
A m	ount of expenses incurred in monitoring, inspecting,	and enforcing conservation easemen	ts durın	g the year		
► \$	·					
	es each conservation easement reported on line 2(d I section 170(h)(4)(B)(ii)?) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
bala	Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easemer	footnote to the organization's financia				
rt II	Organizations Maintaining Collections Complete if the organization answered "Ye		or Ot	her Similar	Assets.	
wor	he organization elected, as permitted under SFAS 1: ks of art, historical treasures, or other similar asset vice, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education	, or rese	earch in furthei		
wor	he organization elected, as permitted under SFAS 1: ks of art, historical treasures, or other similar asset vice, provide the following amounts relating to these	s held for public exhibition, education				lıc
(i)	Revenues included in Form 990, Part VIII, line 1			► \$		
(ii)	Assets included in Form 990, Part X			F \$		
Ift	he organization received or held works of art, historic owing amounts required to be reported under SFAS 1					
Rev	venues included in Form 990, Part VIII, line 1			► \$		
	sets included in Form 990, Part X					
Ass	SELS MCIUUEU III FUIIII 990, PAIL A			F >		

Part	Organizations Maintaining Co	llections of Art,	Histo	<u>ric</u>	<u>al Treasur</u>	es, or C	<u>)ther</u>	<u> Similar A</u>	<u>ssets</u>	(continue	<u>d)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, chec	k ar	ny of the follo	wing that	are a	sıgnıfıcant us	e of its		
а	Public exhibition		d [_	Loan or excha	ange prog	rams				
b	Scholarly research		е Г	_	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney	further the or	ganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit							lar	┌ Yes	s □ No	
Par	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training training to the training assets to be sold to raise funds rather than to the training traini							es" to Form	,	i NO	_
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	liary for	rco	ntrıbutıons or	other ass	ets n	ot	┌ Yes	s ┌ No	,
b	If "Yes," explain the arrangement in Part XI.	II and complete the f	ollowing	g ta	ble	г					_
_						-	4-	A	mount		—
c d	Beginning balance					F	1c 1d				—
u e	Additions during the year					}	1e				_
f	Distributions during the year Ending balance						1f				_
2a	Did the organization include an amount on Fo	orm 990 Dart V lino	212			L	-1		Yes		_
b	-							,	•	· —	
	If "Yes," explain the arrangement in Part XI: rt V Endowment Funds. Complete									<u>· '</u>	—
Fa	Endowment I unus. Complete	(a)Current year	(b)Prid					hree years back		ır years bac	<u></u>
1 a	Beginning of year balance										_
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										_
e	Other expenditures for facilities										_
_	and programs						+				—
f ~	Administrative expenses						+				_
g	End of year balance		/1 4								_
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	.g, c	column (a)) he	eld as					
а	Board designated or quasi-endowment										
b	Permanent endowment 🟲										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld agual 100%									
3a	Are there endowment funds not in the posse	·	tion tha	+ > r	a hald and ad	lminictoro	d for t	-ho			
Ja	organization by	ssion of the organizar	LIOII LIIa	L ai	e neiu anu au	iiiiiiistere	u ioi i	.iie	Y	es No	
	(i) unrelated organizations								ı(i)		
_	(ii) related organizations							· · · · -	(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the seco						•	[]	3b		
	t VI Land, Buildings, and Equipme					ered 'Yes	s' to l	Form 990 F	art IV	line	—
	11a. See Form 990, Part X, line		ic orge	41112	duon answ	crea res			are iv,	, iiiic	
	Description of property				Cost or other s (investment)	(b)Cost or basis (ot		(c) Accumula depreciatio		I) Book val	ue
1a	Land										_
b	Buildings		. [_
c	Leasehold improvements										_
d	Equipment		. [_
	Other										_
T-4-	I. Add lines 1a through 1e (Column (d) must e										0

See Form 990, Part X, line 12.	olete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other	241 107	F
(A) PUBLICLY TRADED MUTUAL FUNDS	241,107	Г
(B) PUBLICLY TRADED EQUITIES	36,664	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	277,771	
Part VIII Investments—Program Related. Com See Form 990, Part X, line 13.	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
		, Part IV, line 11d See Form 990, Part X, line 15
(a) Descript	.1011	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.,		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
SALES TAX PAYABLE	60	
Total (Column (h) must asset 5 = 200 0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ■ 2. Liability for uncertain tax positions In Part XIII, provide t	60 he text of the footnote to the	e organization's financial statements that
reports the organization's liability for uncertain tax positions provided in Part XIII		

Part		Revenue per Audited Financial Sta Wered 'Yes' to Form 990, Part IV, line :		ts With R	Revenue	per Re	eturn Complete if
1		er support per audited financial statements				1	
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments	2a				
b	Donated services and use of fa	facilities	2b				
С	Recoveries of prior year grants	s	2c				
d	Other (Describe in Part XIII))	2d				
e	Add lines 2a through 2d .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII))	4b				
c	Add lines 4a and 4b					4c	
5		d 4c. (This must equal Form 990, Part I, line				5	
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With	Expense	s per	Return. Complete
1		r audited financial statements				1	
2		ut not on Form 990, Part IX, line 25					
а	Donated services and use of fa		2a				
b	Prior year adjustments		2b				
С	Other losses		2c				
d			2d				
e	Add lines 2a through 2d					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
a	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lir	ne 18)			5	
Part	XIII Supplemental Inf	formation					
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and					e any additional
	Return Reference	Explanation					
		<u> </u>					

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493015011785

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information Regarding

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

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

Employer identification number Name of the organization

WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK 13-3076621 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and email solicitations Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2
Pai	rt I	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 GOLF OUTING (event type)	(b) Event #2 HANNAH'S CIRCLE (event type)	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))
<u>Φ</u>					,	
Reveilue	1	Gross receipts	26,447	7 8,538	6,488	41,473
Ŕ	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	26,447	8,538	6,488	41,473
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages .				
	8	Entertainment				
	9	Other direct expenses .	17,398	96	1,972	19,466
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(19,466)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n(d)		22,007
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Reveilue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue				
- မှ မ	2	Cash prizes				
kpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	│ Yes% │ No	☐ Yes	│ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)	🛌	
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

_							11
Does	s the organization operate gaming activit					Yes No	ɔ
12	Is the organization a grantor, beneficia	•			•		
	formed to administer charitable gaming	17				· · Fyes	Γ _{No}
13	Indicate the percentage of gaming acti	vity operated in					
а	The organization's facility				-		%
b	An outside facility				13b		%
14	Enter the name and address of the pers	on who prepares th	ie organization's gan	ning/special events	s books and rec	ords	
	Name 🟲						
	Address►						
15a b	Does the organization have a contract revenue?	venue received by	the organization 🟲 \$			· · 「Yes	Гио
c	If "Yes," enter name and address of the	e third party					
		,					
	Name 🕨						
	Address►						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation 🟲 \$						
	Description of services provided						
17 a	Director/officer Mandatory distributions Is the organization required under stat retain the state gaming license?		table distributions fr		ceeds to	_	-
b	Enter the amount of distributions requi	red under state law	distributed to other			Г Yes	J No
Pai	rt IV Supplemental Information Part III, lines 9, 9b, 10b, 15 additional information (see)	on. Provide the e b, 15c, 16, and 1	xplanations requi				, and
	Return Reference			Explanation			
		<u> </u>					

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As Filed Data -

DLN: 93493015011785

OMB No 1545-0047

2013

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK

Employer identification number

13-3076621

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE OFFICERS REVIEW THE RETURN BEFORE IT IS SIGNED
FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, A DIRECTOR, OFFICER, OR KE
	Y EMPLOYEE HAS A DUTY TO DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND/OR RELATED PAR
	TY TRANSACTION PRIOR TO THE INITIAL ELECTION OF ANY DIRECTOR AND ANNUALLY THEREAFTER, SUC
	H DIRECTOR SHALL DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST DISCLOSURE IS ACCOM
	PLISHED BY PROVIDING A WRITTEN DESCRIPTION OF THE FACTS COMPRISING THE ACTUAL OR POSSIBLE
	CONFLICT OF INTEREST AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED BY THE ASSOCIATION TO A
	LL PERSONS TO WHOM THE CONFLICT OF INTEREST POLICY APPLIES WRITTEN DISCLOSURES ARE
	WITH THE RECORDING SECRETARY AND THEN FORWARDED TO THE PRESIDENT DISCLOSURES ARE BROUGHT
	TO THE ATTENTION OF THE EXECUTIVE COMMITTEE BY THE PRESIDENT AT THE NEXT MEETING. IF THE P RESIDENT IN CONSULTATION WITH THE OFFICERS BELIEVES IT WARRANTED, A SPECIAL MEETING OF THE
	EXECUTIVE COMMITTEE IS CALLED TO DISCUSS ANY DISCLOSURE NOTICE AND ADDRESS ITS CONTENT. I
	F A MEMBER OF THE ASSOCIATION HAS REASONABLE CAUSE TO BELIEVE A DIRECTOR, OFFICER, OR KEY
	EMPLOYEE HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR RELATED PART
	Y TRANSACTION, SUCH MEMBER SHALL INFORM THE RECORDING SECRETARY FOR PROCESSING IN ACCORDAN
	CE WITH ASSOCIATION PROCEDURES
FORM 990, PART VI, SECTION C, LINE 19	THE BY LAWS ARE AVAILABLE ON THE ASSOCIATION'S WEBSITE. OTHER GOVERNING DOCUMENTS AVAILABLE UPON REQUEST
<u> </u>	•