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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p><b>C</b></p> <p>Schenectady County Bar Association, Inc. P.O. Box 1728 Schenectady, NY 12301-1728</p>	<p><b>D</b> Employer identification number <u>14-1777185</u></p> <p><b>E</b> Telephone number <u>518-374-1800</u></p> <p><b>F</b> Group Exemption Number <input type="checkbox"/></p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method.  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ Schenectadybar.com

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

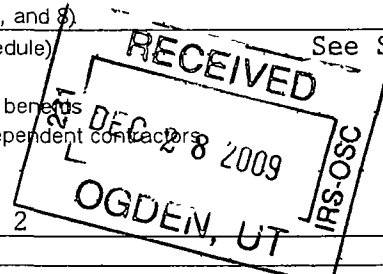
**J** Organization type (check only one) —  501(c) ( 6 ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ▶ \$ 64,810.  
instead of Form 990-EZ

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts	2	43,203.
	3 Membership dues and assessments	3	21,598.
	4 Investment income	4	9.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less. direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less. cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	64,810.
	10 Grants and similar amounts paid (attach schedule)	10	500.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	29,023.
	13 Professional fees and other payments to independent contractors	13	800.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	4,880.
	16 Other expenses (describe ▶ <u>See Statement 2</u> )	16	33,224.
	17 <b>Total expenses</b> (add lines 10 through 16)	17	68,427.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,617.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,272.
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>	20	910.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,565.



SCANNED JAN 11 2010

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,182.	22 align="right">4,565.
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 <b>Total assets</b>	8,182.	25 align="right">4,565.
26 <b>Total liabilities</b> (describe ▶ <u>See Statement 4</u> )	910.	26 align="right">0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	7,272.	27 align="right">4,565.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

23P



**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	▶ <b>37 a</b>   0.		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	<b>38 b</b>   N/A		
<b>39</b>	501(c)(7) organizations Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9		
	<b>39 a</b>   N/A		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities		
	<b>39 b</b>   N/A		
<b>40 a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>b</b>	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
	<b>40 b</b>		
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization		
	▶ 0.		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
	<b>40 e</b>		
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>None</u>		

**42 a** The books are in care of ▶ John A. Fantauzzi Telephone no ▶ 518-370-4645  
 Located at ▶ 224 State Street, P.O. Box 1092 Schenectady NY ZIP + 4 ▶ 12301-1092

		Yes	No
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
	<b>42 b</b>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X
	<b>42 c</b>		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶  N/A  
 ▶ **43** | N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	<b>44</b>		
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	<b>45</b>		

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 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 | 46  |     |    |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | 47  |     |    |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 48  |     |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     |    |
| b If 'Yes,' was the related organization(s) a section 527 organization?   | 49b |     |    |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

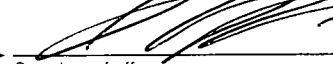
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶  Treasurer  
 Signature of officer  
 Date 12/18/2009  
 ▶ John A. Fantauzzi, Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Susan M. Watson, CPA  
 Date 12-10-09  
 Check if self-employed   
 Preparer's Identifying Number (See instructions) P00182260  
 Firm's name (or yours if self-employed), address, and ZIP + 4  
 ▶ Watson, Peterson & Company CPAs PLLC  
 158 Lafayette St.  
 Schenectady, NY 12305-2012  
 EIN ▶ 27-0419866  
 Phone no ▶ (518) 372-9518

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

Client 2

Schenectady County Bar Association, Inc.

14-1777185

12/08/09

10 18AM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	Schenectady County Community College		
Donee's Address:	78 Washington Avenue		
	Schenectady, NY 12305		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	191.
Awards		574.
Bank Charges		444.
Conferences, Conventions, and Meetings		735.
Insurance		2,877.
Luncheon Expenses		6,709.
Meeting Costs		3,895.
Miscellaneous		558.
Office Expenses		1,252.
Seminar costs		15,903.
Web Site		86.
<b>Total</b>	<b>\$</b>	<b><u>33,224.</u></b>

**Statement 3**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Prior Period Adjustments	\$	910.
<b>Total</b>	<b>\$</b>	<b><u>910.</u></b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Payroll Liabilities	\$ 910.	\$ 0.
<b>Total</b>	<b><u>\$ 910.</u></b>	<b><u>\$ 0.</u></b>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

The primary tax exempt purpose of the Schenectady County Bar Association is to cultivate the science of jurisprudence, promote reforms in the law, facilitate the administration of justice, elevate the standards of integrity, honor, and courtesy in the legal profession and to cherish the true spirit of brotherhood among the members thereof.

Client 2

Schenectady County Bar Association, Inc.

14-1777185

12/08/09

10 18AM

**Code Note**

Elder Law Seminar	\$	5,092.
Real Estate Seminar		8,151.
Trial Tech Seminar		2,660.
Total	\$	<u>15,903.</u>

**Balance Sheet  
Prior period adjustments**

Adj payroll liabilities to conform to cash basis accounting	Total	\$	<u>910.</u>
		\$	<u>910.</u>

STATEMENT 6  
 990-EZ Part IV  
 List of Officers, Directors, Trustees, and Key Employees  
 Schenectady County Bar Association  
 EIN 14-1777185  
 FYE 08/31/09

Part IV List of Officers, Directors, Trustees, and Key Employees				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation If not paid, enter -0-	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Frank M Putorti, Jr 1332 Union Street Schenectady, NY 12308	President 10 hours	- 0 -	- 0 -	- 0 -
Mike Basile 1430 Balltown Road Schenectady, NY 12309	Vice-President 2 hours	- 0 -	- 0 -	- 0 -
John A Fantauzzi 224 State Street Schenectady, NY 12305	Treasurer 2 hours	- 0 -	- 0 -	- 0 -
Jennifer Wharton Socha Plaza South 113 Saratoga Road Glenville NY 12302	Secretary 2 hours	- 0 -	- 0 -	- 0 -
Diane Herrmann PO Box 1728 Schenectady, NY 12301	Executive Director 15 hours	\$27,000	- 0 -	- 0 -
Robert W Hoffman Hoffman Law Firm 1802 Eastern Parkway Schenectady, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Hon Karen Drago Schenectady County Fam Ct 612 State Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Barb King 3 Wembley Court Albany, NY 12205	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Roland Faulkner 38 N Ferry St Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -

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 990-EZ Part IV  
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 FYE 08/31/09

Part IV List of Officers, Directors, Trustees, and Key Employees				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation If not paid, enter -0-	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Pamela McDevitt 1802 Eastern Parkway Schenectady, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Christine Clark City Hall 105 Jay Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Ann Sharpe 2310 Nott Street East Niskayuna, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Paul Callahan 179 1/2 Jay Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -