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Form **990-EZ**

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

OMB No 1545-1150

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** 9/01 , **2010, and ending** 8/31 , **2011**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** **Schenectady County Bar Association, Inc.**  
 P.O. Box 1728  
 Schenectady, NY 12301-1728

**D** Employer identification number  
 14-1777185

**E** Telephone number  
 518-393-4115

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: ▶ Schenectadybar.com

**J** Tax-exempt status (ck only one) -  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

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

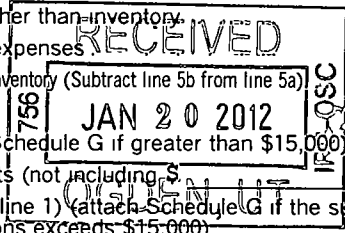
**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 74,931.

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

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	38,524.
<b>3</b>	Membership dues and assessments	<b>3</b>	36,403.
<b>4</b>	Investment income	<b>4</b>	4.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	74,931.
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	18,897.
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	1,050.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	821.
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	5,189.
<b>16</b>	Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	38,238.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	64,195.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	10,736.
<b>19</b>	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)	<b>19</b>	7,722.
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	18,458.



SCANNED JAN 30 2012

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2010)

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9



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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 not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 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 (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> <u>N/A</u> ; section 4912 <b>▶</b> <u>N/A</u> ; section 4955 <b>▶</b> <u>N/A</u>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40b</b>	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> <u>None</u>		

**42a** The organization's books are in care of **▶** Frank A. Tedeschi Telephone no. **▶** 518-393-4115  
 Located at **▶** PO Box 1728 Schenectady NY ZIP + 4 **▶** 12301-1728

	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: <b>▶</b> _____	<b>42b</b>	X
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: <b>▶</b> _____	<b>42c</b>	X

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

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44d</b>	

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>a</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

**50** Complete this table for the organization's 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

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's 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

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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.

<b>Sign Here</b>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 80%;"> </div> <div style="border-bottom: 1px solid black; width: 15%;"> <input checked="" type="checkbox"/> </div> <div style="border-bottom: 1px solid black; width: 5%;">                 1/13/12             </div> </div> <p style="font-size: small; margin-top: 5px;">Signature of officer <span style="float: right;">Date</span></p>	
	Frank A. Tedeschi <span style="float: right;">Treasurer</span>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Susan M. Watson, CPA</b>	Preparer's signature <b>Susan M. Watson, CPA</b>	Date <b>1-11-12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00182260</b>
	Firm's name ▶ <b>Watson, Peterson &amp; Company CPAs PLLC</b>			Firm's EIN ▶ <b>27-0419866</b>	
	Firm's address ▶ <b>158 Lafayette St. Schenectady, NY 12305-2012</b>			Phone no <b>(518) 372-9518</b>	

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public  
Inspection**

Name of the organization

Schenectady County Bar Association, Inc.

Employer identification number

14-1777185

**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

1/10/12

12:01PM

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

Awards .....	\$	806.
Bank Charges .....		52.
Books & Publications .....		435.
Conferences .....		1,063.
Federation of Bar Assoc Dues .....		808.
Insurance .....		2,660.
Internet Services .....		96.
Luncheon Expenses .....		7,735.
Meeting Expenses .....		3,693.
Office Expenses .....		542.
Payroll Taxes .....		2,577.
Seminar costs .....		17,771.
	Total \$	<u>38,238.</u>

**Program Service Accomplishments**

**Expenses**

**Seminars and CLE: professional education for attorneys.**

**See attached.**

Criminal Law Seminar	\$	405.
DWI Seminar		771.
Elder Law Seminar		4,697.
Total	\$	<u>5,873.</u>

STATEMENT 1  
990-EZ Part IV  
List of Officers, Directors, Trustees, and Key Employees  
Schenectady County Bar Association  
EIN 14-1777185  
FYE 08/31/11

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	Director 10 hours	- 0 -	- 0 -	- 0 -
Mike Basile 1430 Balltown Road Schenectady, NY 12309	Vice-President 2 hours	- 0 -	- 0 -	- 0 -
Frank Tedeschi 254 N. Alandale Schenectady, NY 12304	Treasurer 4 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	Former Executive Director 15 hours	Annual Salary \$25,000	- 0 -	- 0 -
Lucy Beth Kruger PO Box 1728 Schenectady, NY 12301	Current Executive Director 15 hours	Annual Salary \$12,000	- 0 -	- 0 -
Robert W. Hoffman Hoffman Law Firm 1802 Eastern Parkway Schenectady, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Barbara Guzman PO Box 1092 224 State Street Schenectady, NY 12301	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Barb King 441 New Karner Road Albany, NY 12205	Director - 0 - hours	- 0 -	- 0 -	- 0 -

STATEMENT 1  
 990-EZ Part IV  
 List of Officers, Directors, Trustees, and Key Employees  
 Schenectady County Bar Association  
 EIN 14-1777185  
 FYE 08/31/11

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
Hon Doug Griset 1132 Adams Road Schenectady, NY 12308	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Hon Vito C Caruso Judicial Building 612 State Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Deborah Slezak 2310 Nott Street East Schenectady, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Ann Sharpe 2310 Nott Street East Niskayuna, NY 12309	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Christina Tremante 612 State Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -
Joe Litz 143 Clinton Street Schenectady, NY 12305	Director - 0 - hours	- 0 -	- 0 -	- 0 -