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

OMB No 1545-1150

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

**2013**

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 9/01, 2013, and ending 8/31, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Schenectady County Bar Association, Inc. P.O. Box 1728 Schenectady, NY 12301-1728	<b>D</b> Employer identification number 14-1777185
		<b>E</b> Telephone number 518-393-4115
		<b>F</b> Group Exemption Number 3-10-13

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: Schenectadycountybar.org

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

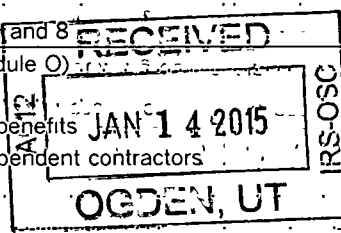
**K** Form of organization  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form-990 instead of Form-990-EZ. ▶ \$ 66,375..

**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

RECEIVED	<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>	42,140.
	<b>3</b> Membership dues and assessments	<b>3</b>	24,235.
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</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>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</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>b</b> Less cost of goods sold	<b>7b</b>	
	<b>c</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 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	66,375.
<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	2,000.	
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	14,688.	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	700.	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	219.	
<b>16</b> Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	37,689.	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	55,296.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	11,079.	
<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>	32,620.	
<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>	43,699.	

SCANNED JAN 14 2015



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

Form 990-EZ (2013)

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**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32,620.	22 43,699.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	32,620.	25 43,699.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,620.	27 43,699.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>Schenectady County Community College Foundation Scholarship for law related students</u>	
	(Grants \$ <u>2,000.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O)	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Hon Mark Powers Vice President	1	0.	0.	0.
Michael Basile Director	1	0.	0.	0.
Frank Tedeschi Treasurer	5	0.	0.	0.
Jenifer Wharton President	10	0.	0.	0.
Lucy Beth Kruger Executive Dir.	15	13,207.	0.	0.
Hon. Matthew J. Sypniewski Director	1	0.	0.	0.
Deborah Slezak Secretary/Dir.	2	0.	0.	0.
Jean T. Carney Director	1	0.	0.	0.
Frank Putorti Director	1	0.	0.	0.
Frederick Killeen Director	1	0.	0.	0.
Timothy F. Wilkens Director	1	0.	0.	0.
Cory R. Dalmata Director	1	0.	0.	0.
Andrew J. Healy Director	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 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?
40 c 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.
40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a 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

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)?
42 b Yes No
42 c At any time during the calendar year, did the organization maintain an office outside of the US?
42 c Yes No

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
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 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)?

46 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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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.

Sign Here   
 Signature of officer: Frank Tedeschi Date: 1/9/2015   
 Type or print name and title: Frank A. Tedeschi Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Susan M. Watson, CPA	Susan M. Watson, CPA			P00182260
	Firm's name	Firm's address		Firm's EIN	Phone no
	WATSON, PETERSON & COMPANY CPAS PLLC	158 LAFAYETTE ST SCHENECTADY, NY 12305-2012		27-0419866	(518) 372-9518

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

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.

Schenectady County Bar Association, Inc.

14-1777185

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

Awards	\$	784.
Continuing Education Exp		5,901.
Dues		808.
Employee benefit		750.
Insurance		2,446.
Law Day Expense		405.
Luncheon Expenses		6,306.
Meeting Expenses-Christmas		150.
Memorials		150.
Miscellaneous expense		871.
Office Expenses		100.
Payroll expense		400.
Rounding		2.
Seminar Expense-Elder Law		4,993.
Seminar Expense-Med/Denta		180.
Seminar Expense-Real estate		9,433.
Spring social		677.
Tax Penalty		439.
Web design and hosting		2,894.
Total	\$	<u>37,689.</u>