





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 . . . . .

Table with columns for question number, description, and Yes/No response. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

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 123011728

Table with columns for question number, description, and Yes/No response. Rows include questions 42b and 42c regarding foreign accounts and offices.

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 43

Table with columns for question number, description, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	<b>Yes</b>	<b>No</b>
<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 . . . . .	<b>46</b>	No

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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
NONE				

**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
NONE		

**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 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> ***** Signature of officer	2020-02-19 Date
Frank A Tedeschi Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Heather A Peterson CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00965013
	Firm's name ▶ Peterson Campoli & Associates CPAs PLLC			Firm's EIN ▶ 27-0419866	
	Firm's address ▶ 1473 Erie Blvd 2nd Flr Schenectady, NY 12305			Phone no (518) 372-9518	

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

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 14-1777185

**Name:** Schenectady County Bar Association Inc

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> Monthly Educational Lunch Meetings, full day Elder Law Seminar and full day Real Estate Seminar (Grants \$ 17,655) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b> Contribution to Legal Aid Society (Grants \$ 5,000)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p>5,000</p>

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30</b> All other costs associated with cultivating 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  (Grants \$ 46,331)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	

**Form 990EZ, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Hon Mark Powers Director	1 00	0		
Beth Krueger Executive Dir	10 00	19,934		
Frank Tedeschi Treasurer	5 00	0		
Andrew J Healey President	1 00	0		
Michael L Boyle Secretary	1 00	0		
Hon Cory R Dalmata Vice President	1 00	0		
Daniel P Maloy Director	1 00	0		
Veronica Reed Director	1 00	0		
Kevin M Litz Director	1 00	0		
Vincent R Capasso Director	1 00	0		
Jennifer Powers Rutkey Director	1 00	0		
Hon Christine M Clark Director	1 00	0		
Daniel Ciarmiello Director	1 00	0		
Lawrence T Dahlke Director	1 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

Schenectady County Bar Association Inc

Employer identification number

14-1777185

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	Business Social Events \$29880

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	Advertising \$375

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1002	Office Expenses \$2183

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2153

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Business Social Events \$27238

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 2	Education Program Expenses \$17655

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Website \$5125

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 4	Donation \$2837

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Dues & Subscriptions \$1800

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Bank Charges \$55