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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 5/01, 2009, and ending 4/30, 2010

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
WARREN COUNTY BAR FOUNDATION, INC.
107 BAY STREET
GLENS FALLS, NY 12801

D Employer identification number
14-1636333

E Telephone number
518-792-9239

F Group Exemption Number

• **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)

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

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 61,154.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received														16,531.												
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income														3,724.												
	5a	Gross amount from sale of assets other than inventory														40,899.												
	5b	Less: cost or other basis and sales expenses														43,447.												
	5c	SEE STATEMENT 1														-2,548.												
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																										
	7a	Gross sales of inventory, less returns and allowances																										
	7b	Less: cost of goods sold																										
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																										
	8	Other revenue (describe <u> </u>)																										
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														17,707.												
	10	Grants and similar amounts paid (attach schedule)														13,250.												
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors														895.												
ASSETS	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe <u>SEE STATEMENT 3</u>)														5,597.												
	17	Total expenses. Add lines 10 through 16														19,742.												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-2,035.												
	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)														157,957.												
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4														32,170.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														188,092.												

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	157,957.	188,092.
23 Land and buildings		
24 Other assets (describe <u> </u>)		
25 Total assets	157,957.	188,092.
26 Total liabilities (describe <u> </u>)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	157,957.	188,092.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? ADV LEGAL RESEARCH & EDUCATION		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
28	SCHOLARSHIP FOR LAW STUDENTS	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a 9,750.
29	COMMUNITY GRANTS	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a 3,775.
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule)	
	(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 13,525.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(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 and deferred compensation	(e) Expense account and other allowances
HON. DAVID B. KROGMANN SUPREME COURT, 1340 ST. RT. 9 LAKE GEORGE, NY 12845	PRESIDENT 0	0.	0.	0.
TIMOTHY J. ALDEN, ESQ. 513-A GLEN STREET GLENS FALLS, NY 12801	TRUSTEE 0	0.	0.	0.
PATRICIA E. WATKINS, ESQ. PO BOX 2168, ONE WASHINGTON ST GLENS FALLS, NY 12801	TRUSTEE 0	0.	0.	0.
MONICA A. DUFFY, ESQ. ONE BROAD ST PLAZA, PO BX 2850 GLENS FALLS, NY 12801	VICE PRESIDENT 0	0.	0.	0.
WILLIAM NIKAS, ESQ. 116 OAK STREET HUDSON FALLS, NY 12839	TRUSTEE 0	0.	0.	0.
CATHI L. RADNER, ESQ. 451 GLEN ST, PO BOX 765 GLENS FALLS, NY 12801	SECRETARY 0	0.	0.	0.
MATTHEW LUDEMANN, ESQ. 3 WARREN ST, PO BOX 358 GLENS FALLS, NY 12801	TREASURER 0	0.	0.	0.
DANIEL J. MANNIX, ESQ. 257 BAY ROAD QUEENSBURY, NY 12804	TRUSTEE 0	0.	0.	0.
WILSON MATHIAS, ESQ. 726 BAY ROAD QUEENSBURY, NY 12804	TRUSTEE 0	0.	0.	0.
DENNIS TARANTINO, ESQ. 470 GLEN STREET, PO BOX 379 GLENS FALLS, NY 12801	TRUSTEE 0	0.	0.	0.
AMY C. BARTLETT, ESQ. 1340 STATE RT 9 LAKE GEORGE, NY 12845	TRUSTEE 0	0.	0.	0.
JOHN C. MANNIX, JR., ESQ. 198 CHURCH STREET SARATOGA SPRINGS, NY 12866	TRUSTEE 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 5

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 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, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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 period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
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 is it 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 40b		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e 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 40e		X
41 List the states with which a copy of this return is filed NY		

42a The organization's books are in care of **DAVID KROGMANN** Telephone no **518-761-6547**
 Located at **LAKE GEORGE, NY** ZIP + 4 **12845**

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)? **42b**

If 'Yes,' enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country

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
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 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

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 46-49b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b 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'

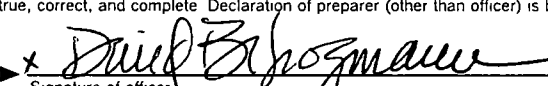
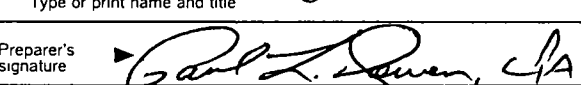
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	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.			
	 Signature of officer		8-3-10 Date	
	DAVID B. KROGMANN, PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	7/28/10		P00294867
	WHITEMORE, DOWEN & RICCIARDELLI, LLP 333 AVIATION RD BLDG B QUEENSBURY, NY 12804-2915		EIN	82-0548504
			Phone no	(518) 792-0918

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	5,536.	24,655.	10,616.	11,480.	16,531.	68,818.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	5,536.	24,655.	10,616.	11,480.	16,531.	68,818.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,044.
6 Public support. Subtract line 5 from line 4						50,774.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,536.	24,655.	10,616.	11,480.	16,531.	68,818.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,669.	7,479.	6,993.	5,131.	3,724.	28,996.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						97,814.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	51.9 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	46.4 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33-1/3% support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

**STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES**PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 40,899.
COST OR OTHER BASIS: 43,447.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -2,548.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -2,548.**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: SCHOLARSHIP
DONEE'S NAME: MACKENZIE L. BRILLING
DONEE'S ADDRESS: 56 OLD WEST MOUNTAIN RD
QUEENSBURY, NY 12804
CASH AMOUNT GIVEN: \$ 250.

CLASS OF ACTIVITY: SCHOLARSHIP
DONEE'S NAME: BENJAMIN A. LEE
DONEE'S ADDRESS: 5 MOORWOOD DRIVE
QUEENSBURY, NY 12804
CASH AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: SCHOLARSHIP
DONEE'S NAME: MARY-ELLEN STOCKWELL
DONEE'S ADDRESS: 592 LOWER WRIGHT STREET
HUDSON FALLS, NY 12839
CASH AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: SCHOLARSHIP
DONEE'S NAME: NICOLE MIDDLETON
DONEE'S ADDRESS: 2058 STATE ROUTE 4
FORT EDWARD, NY 12828
CASH AMOUNT GIVEN: \$ 1,500.

CLASS OF ACTIVITY: DONATION
DONEE'S NAME: WARREN WASHINGTON HOMELESS YOUTH COALIT
DONEE'S ADDRESS: 12 WAIT ST
GLENS FALLS, NY 12801
CASH AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: DONATION
DONEE'S NAME: COUNCIL FOR PREVENTION (YOUTH COURT)
DONEE'S ADDRESS: 10 LACROSSE ST
HUDSON FALLS, NY 12839
CASH AMOUNT GIVEN: \$ 1,000.

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION		
DONEE'S NAME:	NORTH WARREN MAOS		
DONEE'S ADDRESS:	6110 STATE ROUTE 8 CHESTERTOWN, NY 12817		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	TRAVIS BROWN		
DONEE'S ADDRESS:	93 COUNTRY CLUB ROAD QUEENSBURY, NY 12804		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SITA LEGAC		
DONEE'S ADDRESS:	55 MONTCALM ST GLENS FALLS, NY 12801		
CASH AMOUNT GIVEN:		\$	2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	NATHANIEL C. WHITE		
DONEE'S ADDRESS:	5 BOWMAN AVENUE GLENS FALLS, NY 12801		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	RYAN W. HICKEY		
DONEE'S ADDRESS:	155 WEST 60TH STREET, APT 19F3 NEW YORK, NY 10023		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MEGHAN A. HORTON		
DONEE'S ADDRESS:	261 RED MAPLE DRIVE S. LEVITTOWN FALLS, NY 11756		
CASH AMOUNT GIVEN:		\$	3,000.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE FEE	\$	2,204.
FILING FEES		50.
INVESTMENT FEES		697.
LAW DAY SPONSORSHIP		853.
LEGAL SYMPOSIUM		906.
OFFICE EXPENSES		62.
UNDERWRITING COSTS		825.
TOTAL	\$	<u>5,597.</u>

2009

FEDERAL STATEMENTS

PAGE 3

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON SECURITIES

TOTAL \$ 32,170.
\$ 32,170.

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO