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Form 990-EZ

CHANGE OF ACCOUNTING PERIOD **Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545 1150

2011Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning	5/01	, 2011, and ending	12/31	, 2011																																																																																										
B Check if applicable	C			D Employer identification number																																																																																										
<input type="checkbox"/> Address change	WARREN COUNTY BAR FOUNDATION, INC.			14-1636333																																																																																										
<input type="checkbox"/> Name change	107 BAY STREET			E Telephone number																																																																																										
<input type="checkbox"/> Initial return	GLENS FALLS, NY 12801			518-792-9239																																																																																										
<input type="checkbox"/> Terminated				F Group Exemption Number																																																																																										
<input type="checkbox"/> Amended return																																																																																														
<input type="checkbox"/> Application pending																																																																																														
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►				H Check ► <input type="checkbox"/> 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 (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																														
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 60,925.																																																																																														
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 <input checked="" type="checkbox"/>																																																																																														
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Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9</td> <td>17,263.</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O).</td> <td>10</td> <td>11,500.</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> <td></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> <td></td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td>1,370.</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> <td></td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>2,051.</td> </tr> <tr> <td>17 Total expenses. 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Combine lines 18 through 20</td> <td>21</td> <td>189,249.</td> </tr> </table>					1 Contributions, gifts, grants, and similar amounts received	1	2,575.	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3		4 Investment income	4	4,687.	5a Gross amount from sale of assets other than inventory	5a	47,754.	b Less. cost or other basis and sales expenses	5b	43,536.	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,218.	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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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 I

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	205,261.	189,249.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	205,261.	189,249.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,261.	189,249.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE Q**

What is the organization's primary exempt purpose? **SEE SCHEDULE C**
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 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"/>	28a 7,500.
29 COMMUNITY GRANTS			
(Grants \$ _____) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a 4,000.
30			
(Grants \$ _____) If this amount includes foreign grants, check here		► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$ _____) If this amount includes foreign grants, check here		► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32 11,500.

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 address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form 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
SEE SCHEDULE Q		0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

34 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) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b

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? If 'Yes,' complete Schedule C, Part III 35c X

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.. 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. 37b X

b Did the organization file Form 1120-POL for this year? 38a 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 tax year covered by this return? 38b N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9 40a N/A

b Gross receipts, included on line 9, for public use of club facilities 40b X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40c N/A

section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0. 40d N/A

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 40e 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 40f N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40g N/A

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 40h N/A

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, ESO** Telephone no ► **518-761-6547**
Located at ► **1340 STATE RT 9 LAKE GEORGE NY** ZIP + 4 ► **12845** 42b X

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)? 42c X

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 Foreign Bank and Financial Accounts.

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

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 and enter the amount of tax-exempt interest received or accrued during the tax year. ► **43** N/A N/A

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

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 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

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 instructions) 45b X

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 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

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		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

49b	
-----	--

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) 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				

e 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.'

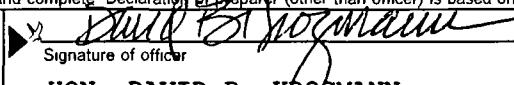
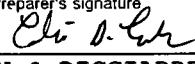
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e 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			R 6-7-12
	Signature of officer	Date	
► HON. DAVID B. KROGMANN		PRESIDENT	
► Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	COLIN D. COMBS, CPA		6-5-12
	Firm's name ► WHITTEMORE, DOWEN & RICCIARDELLI, LLP		Check <input type="checkbox"/> if self employed
Firm's address ► 333 AVIATION RD BLDG B		PTIN	
QUEENSBURY, NY 12804-2915		P00968109	
Phone no (518) 792-0918		Firm's EIN 82-0548504	

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

Form 990-EZ (2011)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545 0047

2011**Open to Public
Inspection**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

WARREN COUNTY BAR FOUNDATION, INC.

Employer identification number

14-1636333

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III – Functionally integrated d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	10,616.	11,480.	16,531.	10,120.	2,575.	51,322.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	10,616.	11,480.	16,531.	10,120.	2,575.	51,322.
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)						0.
6 Public support. Subtract line 5 from line 4						51,322.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,616.	11,480.	16,531.	10,120.	2,575.	51,322.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,993.	5,131.	3,724.	4,133.	4,687.	24,668.
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						75,990.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	67.54 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	54.95 %
16a 33-1/3% support test – 2011. 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		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2010. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 in 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 lines 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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2011. 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 ► <input type="checkbox"/>		
b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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. Also complete this part for any additional information. (See instructions).

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.**

Name of the organization

Employer identification number

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADVANCEMENT OF LEGAL RESEARCH & EDUCATION

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

ACCOUNT # 1235244203
TAX ID 14-1636333
FROM 05/01/2011
TO 12/31/2011
FISCAL YEAR: 04/30

TRUST
Gain and Loss Report
WARREN CO BAR FOUNDATION, INC

PAGE 1
AS OF 05/08/2012
RUN MAY 08 2012

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY	DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	REG	COVERED
<hr/> SHORT TERM CAPITAL GAIN (LOSS)							
168.613	SHARES OF FIDELITY HIGH INCOME FUND #455	05/19/2011 06/23/2010	1,552.93	1,431.53	121.40	901	
41.775	SHARES OF T ROWE PRICE EQUITY INCOME #71	05/19/2011 06/23/2010	1,051.49	873.10	178.39	901	
10.731	SHARES OF FIDELITY SELECT GOLD PORTFOLIO	08/26/2011 05/19/2011	559.73	507.56	52.17	901	N
213.194	SHARES OF FRANKLIN TEMPLETON CONVERTIBLE SECURITIES FUND-ADV	12/07/2011 02/08/2011	3,016.69	3,368.47	(351.78)	901	N
TOTAL SHORT TERM CAPITAL GAIN (LOSS)				6,180.84	6,180.66	0.18	

18

ACCOUNT # 1235244203
 TAX ID 14-1636333
 FROM 05/01/2011
 TO 12/31/2011
 FISCAL YEAR: 04/30

TRUST
 Gain and Loss Report
 WARREN CO BAR FOUNDATION, INC

PAGE 2
 AS OF 05/08/2012
 RUN MAY 08 2012

GAIN AND LOSS DETAIL

CUSIP #/ PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	REG	COVERED
LONG TERM CAPITAL GAIN (LOSS)						
560.3316 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	05/19/2011 01/03/2008	5,726.59	5,726.59	0.00	171	
514.2018 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	05/19/2011 04/22/2008	5,255.14	5,250.00	5.14	171	
28.2151 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	05/19/2011 05/21/2008	288.36	287.23	1.13	171	
689.5055 SHARES OF NORTH COUNTRY EQUITY GROWTH FUND	05/19/2011 11/19/2002	7,584.56	5,081.65	2,502.91	171	
30.2258 SHARES OF VANGUARD INFLATION PROTECTED FUND #119 INV SHS	05/19/2011 06/05/2009	405.63	361.80	43.83	171	
75.8017 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	07/18/2011 05/21/2008	780.00	771.66	8.34	171	
18.2882 SHARES OF VANGUARD INFLATION PROTECTED FUND #119 INV SHS	07/18/2011 06/05/2009	250.00	218.91	31.09	171	
149.2537 SHARES OF NORTH COUNTRY EQUITY GROWTH FUND	07/18/2011 11/19/2002	1,600.00	1,100.00	500.00	171	
61.001 SHARES OF FIDELITY CAPITAL & INCOME #38	07/18/2011 06/23/2010	585.00	530.71	54.29	901	
23.153 SHARES OF FIDELITY HIGH INCOME FUND #455	07/18/2011 06/23/2010	210.00	196.57	13.43	901	

ACCOUNT # 1235244203
TAX ID 14-1636333
FROM 05/01/2011
TO 12/31/2011
FISCAL YEAR: 04/30

TRUST
Gain and Loss Report
WARREN CO BAR FOUNDATION, INC

GAIN AND LOSS DETAIL

CUSIP # / PROPERTY DESCRIPTION	DATE SOLD/ ACQUIRED	PROCEEDS OF SALE	COST	GAIN OR LOSS	REG	COVERED
<hr/>						
LONG TERM CAPITAL GAIN (LOSS) - CONTINUED						
120.081 SHARES OF PIMCO COMMODITY REAL RETURN STRATEGY FD 45 INSTL	07/18/2011 06/05/2009	1,100.00	894.65	205.35	901	
11.616 SHARES OF FIDELITY SELECT GOLD PORTFOLIO	08/12/2011 06/23/2010	580.00	557.80	22.20	901	
23.13 SHARES OF FIDELITY SELECT GOLD PORTFOLIO	08/26/2011 06/23/2010	1,222.11	1,125.10	97.01	901	
192.864 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	09/06/2011 05/21/2008	2,000.00	1,963.36	36.64	171	
112.612 SHARES OF FIDELITY CAPITAL & INCOME #38	09/06/2011 06/23/2010	1,000.00	979.72	20.28	901	
189.8397 SHARES OF NORTH COUNTRY INTERMEDIATE BOND FUND	12/07/2011 05/21/2008	1,953.45	1,932.57	20.88	171	
14.783 SHARES OF FIDELITY HIGH INCOME FUND #455	12/07/2011 06/23/2010	127.43	125.51	1.92	901	
285.148 SHARES OF PIMCO COMMODITY REAL RETURN STRATEGY FD 45 INSTL	12/07/2011 06/05/2009	2,164.27	2,124.35	39.92	901	
77.886 SHARES OF T ROWE PRICE EQUITY INCOME #71	12/07/2011 06/23/2010	1,799.94	1,627.82	172.12	901	
310.961 SHARES OF T ROWE PRICE EQUITY INCOME #71	12/13/2011 06/23/2010	6,940.65	6,499.08	441.57	901	
TOTAL LONG TERM CAPITAL GAIN (LOSS)		<hr/> <u>41,573.13</u>	<hr/> <u>37,355.08</u>	<hr/> <u>4,218.05</u>		

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 47,754.
 COST OR OTHER BASIS: 43,536.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 4,218.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 4,218.

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

FILING FEES	\$	50.
INVESTMENT FEES		1,240.
LEGAL SYMPOSIUM		361.
UNDERWRITING COSTS		400.
TOTAL	\$	2,051.

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

UNREALIZED LOSS - INVESTMENTS	\$	-18,354.
TOTAL	\$	-18,354.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & 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	VICE PRESIDENT 0		0.	0.
PATRICIA E. WATKINS, ESQ. PO BOX 2168, ONE WASHINGTON ST GLENS FALLS, NY 12801	TRUSTEE 0		0.	0.
JILL E. O'SULLIVAN, ESQ. 16 PEARL STREET GLENS FALLS, NY 12801	TRUSTEE 0		0.	0.

WARREN COUNTY BAR FOUNDATION, INC.

14-1636333

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
WILLIAM NIKAS, ESQ. 116 OAK STREET HUDSON FALLS, NY 12839	TREASURER 0	0. \$	0. \$	0.
CATHI L. RADNER, ESQ. 451 GLEN ST, PO BOX 765 GLENS FALLS, NY 12801	SECRETARY 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.
TOTAL	\$	0.	\$	0.

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ▶ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ▶ **X**

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions WARREN COUNTY BAR FOUNDATION, INC.	Employer identification number (EIN) or X 14-1636333
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 107 BAY STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENS FALLS, NY 12801	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **DAVID KROGMANN, ESQ** -----

Telephone No. ► **518-761-6547** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ▶ **X**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.

The extension is for the organization's return for.

- calendar year 20 _____ or
- tax year beginning 5/01, 20 11, and ending 12/31, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.