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A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492187002073

2012

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

, and ending 12-31-2012

Open to Public Inspection

Temmards	Terminated Amended return		* *	WARREN COUNTY BAR ASSOCIATION INC					
District action Terminated			change			ımber			
Formation Page P				500 JUSTICE DRIVE	' (513	\ 695-1309			
Type Page				City or town, state or country, and ZIP + 4		<u></u>			
Twebsite:				I FOLINON OU AFORE					
Trace-exempt status(check only one)				Cash Accrual Other (specify) ► required to at (Form 990, 9	tach Sch	edule B			
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 color to file a return, be sure to file a complete return color to file a return, be sure to file a complete return color to file a return, be sure to file a complete return color to file a return, be sure to file a return to file a file a return to file a file a return to file a file a return to file a file a return to file a return to file a return to file a return to file a file a return to									
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 color to file a return, be sure to file a complete return color to file a return, be sure to file a complete return color to file a return, be sure to file a complete return color to file a return, be sure to file a return to file a file a return to file a file a return to file a file a return to file a file a return to file a return to file a return to file a return to file a file a return to			_		and its or	oss reseints are			
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 Total 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 Total Part I To	norr ınst	mally ructio	not more than ons) But if the	\$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post organization chooses to file a return, be sure to file a complete return	card) may	be required (see			
Check if the organization used Schedule O to respond to any question in this Part I F	со	lumn	(B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	- \$49,10	08			
2 Program service revenue including government fees and contracts 3 3,8,800	P	art I	Check if th						
3 Membership dues and assessments 3 38,800		1	Contributions	s, gifts, grants, and similar amounts received	. 1				
A Investment income		2	Program serv	rice revenue including government fees and contracts	. 2	1,630			
Sa		3	Membership	dues and assessments	. 3	38,800			
b Less cost or other basis and sales expenses . 5b		4	Investment II	ncome	. 4	22			
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a b Gross income from fundraising events (not including \$		5a	Gross amoun	t from sale of assets other than inventory 5a					
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a b Gross income from fundraising events (not including \$	흦	ь	Less cost or						
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a b Gross income from fundraising events (not including \$	ρģ	С	Gain or (loss)	. 5c					
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) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Less 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 16,164 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Solaries 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-f-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Net assets or fund balances at end of year Combine lines 18 through 20 24 Net assets or fund balances at end of year Combine lines 18 through 20 25 Profit of the year (Subtract Combine lines 18 through 20 26 Other changes in net assets or fund balances (explain in Schedule O) 27 Other changes in net assets or fund balances (explain in Schedule O) 28 Other changes in net assets or fund balances (explain in Schedule O) 29 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20	œ	6	Gaming and f						
From fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c		а	Gross income						
C		ь							
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7b 7c 7c 7c 7c 7c 7c			sum of such g	gross income and contributions exceeds \$15,000)					
Ta		С	Less direct e	expenses from gaming and fundraising events 6c					
b Less cost of goods sold 7b 7c		d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	Gross sales o	of inventory, less returns and allowances					
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 49,108 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 16,164 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 9,260		ь	Less cost of	goods sold					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		С	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c				
10 Grants and similar amounts paid (list in Schedule O) 10 6,450 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 14,430 13 Professional fees and other payments to independent contractors 13 16,164 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 545 16 Other expenses (describe in Schedule O) 16 15,241 17 Total expenses. Add lines 10 through 16 17 52,830 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,722 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) 19 12,982 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Net assets or fund balances at end of year Combine lines 18 through 20 11 9,260 21 Postage 10 10 10 10 22 Postage 10 10 10 23 Professional fees and other payments to independent contractors 12 14,430 15 16,164 10 10 16 15,241 17 17 17 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,722 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) 19 12,982 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Postage 10 10 10 22 Postage 11 10 23 Postage 11 10 24 Postage 11 25 Postage 12 26 Postage 13 27 Postage 14,430 28 Postage 15 29 Postage 15 20 Postage 15 20 Postage 15 21 Postage 15 22 Postage 15 23 Postage 15 24 Postage 15 25 Postage 15 26 Postage 15 27 Postage 15 28 Postage 15 29 Postage 15		8	O ther revenu	e (describe in Schedule O)	. 8	8,656			
11 Benefits paid to or for members		9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9	49,108			
Salaries, other compensation, and employee benefits		10			. 10	6,450			
Professional fees and other payments to independent contractors 13 16,164 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Postage and other payments to independent contractors 13 16,164 14		11	Benefits paid	to or for members	. 11				
16 Other expenses (describe in Schedule O)	Expenses	12	Salaries, othe	er compensation, and employee benefits	. 12	14,430			
16 Other expenses (describe in Schedule O)		13	Professional	fees and other payments to independent contractors	. 13	16,164			
16 Other expenses (describe in Schedule O)		14	Occupancy, r	rent, utilities, and maintenance	. 14	+			
17 Total expenses. Add lines 10 through 16		15	Printing, publ						
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	•		. 16				
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)		17	Total expense	es. Add lines 10 through 16	17	52,830			
end-of-year figure reported on prior year's return)	<u>છ</u>	18	•	, , , , , , , , , , , , , , , , , , , ,	. 18	-3,722			
20 Other changes in net assets or fund balances (explain in Schedule O)	, S.S.	19							
20 Other changes in net assets or fund balances (explain in Schedule O)	ets		•		. 19	<u> </u>			
	Z	20			_	_			

Part II Balance Sheets (see the Check if the organization use		any guestion in this	Part II		
- Check if the organization use	ed Scheddle O to respond to	any question in this			
			A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			12,630	22	9,049
23 Land and buildings				23	
24 Other assets (describe in Schedule	0)		352	24	211
25 Total assets			12,982	25	9,260
26 Total liabilities (describe in Schedule	eO)		C	26	C
27 Net assets or fund balances (line 27	of column (B) must agree w	ith line 21)	12,982	27	9,260
Part III Statement of Program	1 Service Accomplish	ments (see the instruct	ons for Part III)	Τ	Expenses
Check if the organization use	-		· —	1 '	quired for section 501
What is the organization's primary exemp				1 ' '	(3) and 501(c)(4) anızatıons and section
TO PROMOTE THE STUDY OF LAW BY A TO PROMOTE THE PROFESSION THRO		PS TO DESERVING L	AW STUDENTS AND	49	47(a)(1) trusts,
Describe the organization's program serv		ch of its three largest	program services, as	- opt	ional for others)
measured by expenses In a clear and co	ncise manner, describe the				
benefited, and other relevant information 28 GATHERING OF LEGAL PROFESSIO		`THE VEAD		+	T
	his amount includes foreign		▶ ┌	28a	10,679
29 DONATIONS TO LOCAL CHARITIES	5		•	1	
(Grants \$ 3,450) If t	his amount includes foreign	grants, check here	• • ► ┌	29a	3,450
30 SCHOLARSHIPS TO LOCAL STUDEN		avanta abaak bara	. –		
(Grants \$ 3,000) If t 31 Other program services (describe in S	his amount includes foreign	grants, check here	· · •	30a	3,000
	his amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add la	ines 28a through 31a) .		•	32	17,129
Part IV List of Officers, Directors, To					
Check if the organization use	ed Schedule O to respond to	any question in this	art IV	• •	
(a) Name and title	(b) A verage	(c)Reportable	(d) Health bene	fits,	(e) Estimated amount
. ,	hours per week	compensation	contributions		of other compensation
	devoted to position	(Forms W-2/1099- MISC) (if not paid			
		enter -0-)	compensatio		
TIM TEPE	1 00		ו	0	0
VICE-PRESIDENT					
DAVID ERNST	1 00		o	0	0
SECRETARY					
GREGORY CLARK	1 00)	0	0
TREASURER				3	
CHRISTOPHER WATKINS	1 00)	0	0
PRESIDENT				,	

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>v</u>		<u>lΥ</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
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		No
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		
С	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F 0			
b	Did the organization file Form 1120-POL for this year?	37b		
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?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911, section 4912, section 4955			
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	40b		
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Page 1800 HAMILTON Telephone no			-1309
	Located at • 500 JUSTICE DRIVE LEBANON, OH ZIP + 4	45	036	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	If "Yes," enter the name of the foreign country 🕨	1		
	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 the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	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	· ·		▶ 「
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a		No
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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	-		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	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		

orm 990-EZ	(2012)						Page 4
						Yes	No
	organization engage, directly ites for public office? If "Yes,"			ehalf of or in opposition to	L		No
	Section 501(c)(3) organ		questions 47-49b ar	nd 52, and complete the	tables	for lir	nes 50
	and 51 Check if the organization used	d Schedule O to respond t	o any question in this P	art VI			Г
						Yes	No
	organızatıon engage ın lobbyıı " complete Schedule C, Part I		tion 501(h) election in		. 47		
18 Is the d	organization a school as descr	ibed in section 170(b)(1)((A)(II)? If "Yes," comple	ete Schedule E .	. 48		
9a Did the	organization make any transfe	ers to an exempt non-char	ritable related organizat	ion?	. 49a		
b If"Yes	," was the related organization	a section 527 organization	on?		. 49b		
	te this table for the organizations. ees) who each received more t						
(a) Name an	d title of each employee paid ore than \$100,000	(b) A verage 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) Es	tımated	amoun ensatior
f Total	number of other employees pa	ud over\$100 000					
: 1 Comple	te this table for the organization	on's five highest compens		actors who each received	more th	an \$10	0,000
•	ne and address of each indepe			(b) Type of service	(c) C	ompen	sation
d Total	number of other independent o	ontractors each receiving	gover\$100,000				
	he organization complete Sche xempt charitable trusts must a				•	┌ Ye:	s 「No
	es of perjury, I declare that I have I belief, it is true, correct, and co						

ign	Signature of officer			Date			
)	ROD HAMILTON TREASURER Type or print name and title						
	Print/Type preparer's name	Preparer's signature ROBIN M DENNIS		I CHECK I II I	99809		
aid Fenarer	Firm's name ► CLARK SCHA		1222	Firm's EIN - 31-0800			
reparer Ise Only	Firm's address ► 10100 INNOV			Phone no (937) 226-	0070		
av the IRS	discuss this return with the pre		instructions		Γv	es C	No

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As Filed Data -

DLN: 93492187002073

OMB No 1545-0047

2012

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization WARREN COUNTY BAR ASSOCIATION INC

Employer identification number

31-1082837

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990- EZ, PART I, LINE 4	INTEREST - FIRST NATIONAL BANK 22
OTHER REVENUE	FORM 990- EZ, PART I, LINE 8	DESCRIPTION REIMBURSEMENT FOR BAR COUNSEL EXPENSES AMOUNT 8,656
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	DESCRIPTION MEETING EXPENSES AMOUNT 7,684 DESCRIPTION SUPREME COURT (CLE) AMOUNT 275 DESCRIPTION PAYROLL TAXES AMOUNT 1,700 DESCRIPTION MISCELLANEOUS AMOUNT 53 DESCRIPTION INSURANCE AMOUNT 1,452 DESCRIPTION WORKERS COMPENSATION AMOUNT 100 DESCRIPTION WEBSITE-GO CONCEPTS AMOUNT 121 DESCRIPTION TELEPHONE AMOUNT 503 DESCRIPTION EVENTS AMOUNT 2,217 DESCRIPTION ADVERTISING AMOUNT 54 DESCRIPTION BANK FEES AMOUNT 150 DESCRIPTION COMPOSITE PHOTOS AMOUNT 791 DESCRIPTION DEPRECIATION AMOUNT 141 TOTAL TO FORM 990-EZ, LINE 16 15,241
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 352 END OF YEAR AMOUNT 211

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: WARREN COUNTY BAR ASSOCIATION INC

EIN: 31-1082837

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.