efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319027579 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization WARREN COUNTY BAR ASSOCIATION ☐ Address change 31-1082837 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 500 JUSTICE DR ☐ Final return/terminated (513) 695-1668 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return LEBANON, OH 45036 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) 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 \checkmark 1 2,955 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 39,027 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 41,982 10 Grants and similar amounts paid (list in Schedule O) 10 2,500 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 19,300 13 5,596 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 15,080 17 17 Total expenses. Add lines 10 through 16 42,476 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -494 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 6,406 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 5,912 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2018)

-orm 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instructions		wastian in this D	art II			
Check if the organization used Schedule	O to respond to any q	uestion in this P		eginning of year	· ·	(B) End of year
22 Cash, savings, and investments			(A) D	6,406	22	5,912
23 Land and buildings		[23	
24 Other assets (describe in Schedule O)					24	
25 Total assets				6,406	25 26	5,912
27 Net assets or fund balances (line 27 of column				6,406	-	5,912
Part III Statement of Program Service	• •		ns for Par		T	Expenses
Check if the organization used Schedule	O to respond to any o	uestion in this P	art III			equired for section 501(c) and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O					org	ganizations, optional for
Describe the organization's program service accomplismeasured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service					ners)
28	· J · ·····					
See Additional Data Table						
(Crante #) If this amoun	t includes foreign gran	te chaek bara		▶ □	20-	
(Grants \$)	t includes foreign gran	its, check here	<u> </u>	. • 🗆	28a 29a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ □		
30 See Additional Data Table					30a	
(Grants \$) If this amoun	t includes foreign gran	ts, check here		. ▶ □		
31 Other program services (describe in Schedule O)				· · <u>·</u> ·		
	t includes foreign gran	ts, check here			31a	
32 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,		(1)-1				13,021
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
(a) Name and title	/h> A	(a) Damanta	h.l.	(al) Haalth han	-6.6-	14-2 Fatimanta di amazinti
(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensati (Forms W-2/1 MISC) (if not	on .099- paid,	(d) Health ben contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
THOMAS DIEHL	1	enter -0-	0			
PRESIDENT						
CAROLYN DUVELIUS	1		0			
VICE PRESIDENT						
JEFFREY KIRBY	1		0			
SECRETARY						
MARK YURICK	1		0			
TREASURER						

Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	9	-		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u></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)					
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				
	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 37a	50				
Ь	Did the organization file Form 1120-POL for this year?	37b				
	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		No		
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter	1				
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities	1				
	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), 501(c)(4), and 501(c)(29) 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				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e				
41	transaction? If "Yes," complete Form 8886-T					
42a		/ [12)	60E 120	2		
THE	e organization's books are in care of ► TREASURER Telephone no	(313)	093-130	9		
	Located at ► 500 JUSTICE DR LEBANON , OH ZIP + 4 ► 45036					
			Yes	No		
ь	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					
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42c				
·	If "Yes," enter the name of the foreign country	720				
/2 ⁽	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	•				
	J , , , , , , , , , , , , , , , , , , ,		V			
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	Yes	No 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		No		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d				
4 5>	explanation in Schedule O	45a		No No		
	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		No		
		. '	. '			

								Yes	No
	the organization engage, directly or indirectly or indirectly or indirectly or indirectly individuals.			of or in	opposition to	0			
Part VI	Section 501(c)(3) organization	, 		•			46		
GIL VA	All section 501(c)(3) organization		ions 47- 49b and 52	2, and	complete th	he table	s for lı	nes 50	and
	51. Check if the organization used Schedu	le O to respond to any o	juestion in this Part VI				,	[
								Yes	No
	che organization engage in lobbying activi es," complete Schedule C, Part II	ties or have a section 5	01(h) election in effect	during	the tax year		47		
8 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	=		48		
9a Did t	the organization make any transfers to ar	n exempt non-charitable	related organization?				49a		
b If "Ye	es," was the related organization a sectio	n 527 organization? .					49b		
	plete this table for the organization's five					rustees a	nd key	employ	ees)
	each received more than \$100,000 of coil Name and title of each employee	(b) Average	ganization If there is r		nter "None " d) Health ben	efits,	(e) Est	tımated	amour
•		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to el penefit plans, erred comper	and ´	of othe	er compe	ensatio
f Tot	al number of other employees paid over	\$100,000		<u> </u>		-			
51 Com _l	plete this table for the organization's five	highest compensated in			· · · · · · · · · · · · · · · · · · ·	►	an \$10	0,000 of	
51 Com _l		highest compensated in is none, enter "None"			each received			0,000 of	
51 Com _l	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"							
51 Com _l	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"							
51 Com _l	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"							
51 Com _l	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"							
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51 Com _l	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"							
51 Comp	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None "each independent contr	actor						
51 Comp	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None "each independent contr	actor						
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in its none, enter "None " each independent control of the co	\$100,000	(b) T	ype of service		Compe	ensation	
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of the contract of the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000	(b) T	ype of service	e (c) ▶	Compe	s	
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of the contraction of the organization complete Schedule A? The organization complete Schedule A? The organization complete Schedule A? The organization complete Schedule A and belief, it is true, correct, and complete schedule for the organization is scheduled for the o	highest compensated in its none, enter "None " each independent control of the co	\$100,000 c)(3) organizations mu	(b) T	ch a	e (c)	Compe ☐ Ye to the	s N	
d Tot 52 Dic con nder pena nowledge as any knowledge	ral number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000 c)(3) organizations mu	(b) T	ch a sand stateme ed on all info	e (c)	Compe ☐ Ye to the	s N	
d Tot 52 Dic con nder pena nowledge as any knowledge	ral number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000 c)(3) organizations mu	(b) T	ch a sand statemered on all info	e (c)	Compe ☐ Ye to the	s N	
d Tot 52 Dic con nder pena nowledge as any knowledge	ral number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000 c)(3) organizations mu	(b) T	ch a sand stateme ed on all info	e (c)	Compe ☐ Ye to the	s N	
d Tot 52 Dic nder pena nowledge as any knowledge ign	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of the contract of the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000	(b) T	ch a check	e (c)	Ye to the	s N	
d Tot 52 Did con nder pena nowledge as any knowledge	cal number of other independent contracted the organization from the organization. If there (a) Name and business address of cal number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000	(b) T	ch a sand statemed on all info	e (c)	Ye to the of which	s N	
d Tot 52 Did con nder pena nowledge as any knowledge	cal number of other independent contracted the organization from the organization. If there (a) Name and business address of cal number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in its none, enter "None " each independent control of the co	\$100,000	(b) T	ch a check	e (c) ents, and rmation f PTIN P00250 47-23495	Ye to the of which	s N	
d Tot 52 Did con Inder pena	cal number of other independent contracted the organization complete Schedule A? mpleted Schedule A	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(mined this return, incluite Declaration of prepa	\$100,000	(b) T	ch a check check self-employed	e (c) ents, and rmation f PTIN P00250 47-23495	Ye to the of which	s N	

Page **4**

Form 990-EZ (2018)

Additional Data

(Grants \$)

Software ID: 18007443

Software Version:

EIN: 31-1082837

Name: WARREN COUNTY BAR ASSOCIATION

Expenses

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.		quired for section 501 ()(3) and 501(c)(4) panizations; optional for others.)
28 GATHERING OF LEGAL PROFESSIONALS AT EVENTS DURING THE YEAR	28a	10,521

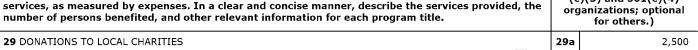
If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright \ \Box$

Describe the organization's program service accomplishments for each of its three largest program

(c)(3) and 501(c)(4)

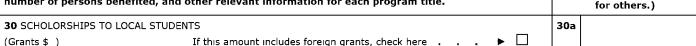
Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$)



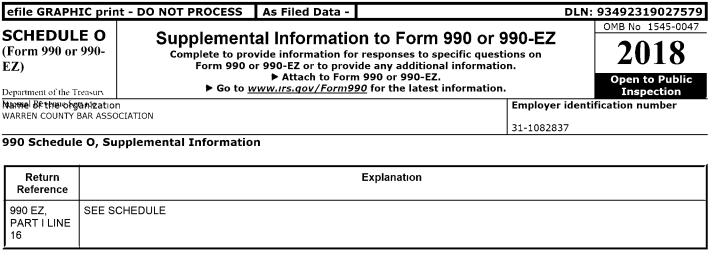
If this amount includes foreign grants, check here . . . \blacktriangleright

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



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

(Grants \$)



990 Schedule O, Supplemental Information

Reference	
Return	Explanation

990-EZ, TO PROMOTE THE STUDY OF LAW BY AWARDING SCHOLARSHIPS TO DESERVING LAW STUDENTS AND TO PROMOTE PART III THE PROFESSION THROUGH GROUP EVENTS