

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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 WARREN COUNTY SMALL BUSINESS DEVELOPMENT ALLIANCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 3525 N STATE ROUTE 48 NO 526B

City or town, state or province, country, and ZIP or foreign postal code
 LEBANON, OH 45036

D Employer identification number
 46-1439066

E Telephone number
 (513) 932-8145

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 114,536

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

| | | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 113,000 |
| | 2 Program service revenue including government fees and contracts | 2 | 1,536 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b 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 | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| 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 | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 114,536 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 88,585 |
| | 13 Professional fees and other payments to independent contractors | 13 | 928 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 71 |
| | 15 Printing, publications, postage, and shipping | 15 | 929 |
| | 16 Other expenses (describe in Schedule O) | 16 | 21,430 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 111,943 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,593 |
| | 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 | 3,402 |
| | 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 | 21 | 5,995 |

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 II

| | (A) Beginning of year | | (B) End of year |
|----------------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 3,227 | 22 | 5,891 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 175 | 24 | 104 |
| 25 Total assets | 3,402 | 25 | 5,995 |
| 26 Total liabilities (describe in Schedule O). | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 3,402 | 27 | 5,995 |

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO PROVIDE COUNSELING AND TRAINING TO SUPPORT SMALL BUSINESSES IN WARREN COUNTY, OHIO

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

| | | | |
|---------------------------------------------------------------------------------------------------------|--|------------|--|
| 28 See Additional Data Table | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a | |
| 29 | | 29a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 30 | | 30a | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | | |
| 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 | |

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 title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms 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 |
|---------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| JENNIFER PATTERSON PRESIDENT | 0 75 | 0 | 0 | 0 |
| SHERRY TAYLOR SECRETARY | 0 75 | 0 | 0 | 0 |
| RANDALL KUVIN TREASURER | 0 50 | 0 | 0 | 0 |
| PAT SOUTH BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| CAREY CURTIS BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| TOM HARRIS BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| MICHAEL STATER EXEC DIRECTOR | 40 00 | 49,355 | 0 | 0 |
| LOIS MCKNIGHT BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| SONNY LEWIS BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| MICHAEL SANDNER BOARD MEMBER | 0 25 | 0 | 0 | 0 |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ***** Signature of officer 2017-06-05 Date
TOM HARRIS CHAIRMAN Type or print name and title

Paid Preparer Use Only Print/Type preparer's name RANDALL S KUVIN Preparer's signature Date Check if self-employed PTIN P00013093
Firm's name FLAGEL HUBER FLAGEL Firm's EIN 31-0796034
Firm's address 9135 GOVERNORS WAY CINCINNATI, OH 45249 Phone no (513) 774-0300

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

Additional Data

Software ID:
Software Version:
EIN: 46-1439066
Name: WARREN COUNTY SMALL BUSINESS DEVELOPMENT ALLIANCE

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

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---|
| 28 COUNSELED 186 CLIENTS FOR A TOTAL OF 836 5 COUNSELING HOURS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 0 |

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

| <p>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.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <p>29 CONDUCTED 19 TRAINING COURSES IN WHICH 270 PEOPLE ATTENDED (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>29a</p> | <p style="text-align: right;">0</p> |

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

| <p>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.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <p>30 46 NEW BUSINESS START-UPS WHICH GENERATED 179 NEW JOBS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>30a</p> | <p style="text-align: right;">0</p> |

**TY 2016 Transfers Personal Benefits
Contracts Declaration**

Name: WARREN COUNTY SMALL BUSINESS DEVELOPMENT
ALLIANCE

EIN: 46-1439066

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.

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WARREN COUNTY SMALL BUSINESS DEVELOPMENT
ALLIANCE

Employer identification number

46-1439066

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|------------------------------------|
| FORM 990-EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 71 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION INSURANCE AMOUNT 1,878 DESCRIPTION PAYROLL SERVICE AMOUNT 1,052 DESCRIPTION CELL PHONE AMOUNT 1,495 DESCRIPTION MILEAGE AMOUNT 3,379 DESCRIPTION CONFERENCES, CONVENTION, MEETINGS AMOUNT 3,382 DESCRIPTION SEMINAR EXPENSES AMOUNT 1,535 DESCRIPTION BUSINESS MEALS AMOUNT 1,957 DESCRIPTION TRAVEL AMOUNT 1,384 DESCRIPTION MISCELLANEOUS AMOUNT 200 DESCRIPTION IT SUPPORT AMOUNT 1,066 DESCRIPTION MARKETING AMOUNT 100 DESCRIPTION SUPPLIES AMOUNT 4,002 TOTAL TO FORM 990-EZ, LINE 16 21,430 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------------------|------------------------------------------------------------------------------------|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 175 END OF YEAR AMOUNT 104 |