2949300447718

Form	990
٠.	

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.

	rtment of th al Revenue	ne Treasury e Service		/Form990 for instructions ar	•		Open to Public Inspection
					d ending J		
Вс	heck if pplicable	C Name of	f organization NDS OF LOUDOUN COU	•		D Employer identific	cation number
	Address	HEAL					
	Name change	Doing bi	usiness as	·		51-0	246519
	Initial return	Number	and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	•
	Final return/	P.O.	BOX 4452			703-4	443-1380
	termin- ated	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	92,848.
	Amended		BURG, VA 20177			H(a) is this a group re	tum
	Applica- tion pending	F Name a	nd address of principal officer KAT	RINA COLE	1	for subordinates	_ = =
1 7	ax-exem	npt status	X 501(c)(3) 501(c)(527/	1/ ` '	list (see instructions)
			LOUDOUNFRIENDS.ORG	1	VI	H(c) Group exemption	
				sociation Other	L Year		State of legal domicile: VA
		Summary		1			
	1 Br	nefly describ	e the organization's mission or most	significant activities TO E	EDUCATE	THE COMMUNI	TY ABOUT
ıce			ILLNESS AND RECOVE				
Governance	_	heck this bo		ntinued its operations or dispo			ets
ver			ting members of the governing body			3	11
Ĝ			lependent voting members of the go	·	111-	1 0 4	11
ජ			of individuals employed in calendar y		1116	10 5	0
Activities &			of volunteers (estimate if necessary)		ili.		0
tivi			d business revenue from Part VIII, co	lumn (C) line 12	114	7a	3,726.
Ac			business taxable income from Form	990-T line 38	Iron OF	7b	0.
		ct amoiated	DOSITIOS TAXABLE INCOME NOTE OF	RECEIV		Prior Year	Current Year
	8 C	ontributions	and grants (Part VIII, line 1h)	I RES	010	108,930.	89,122.
ine			ce revenue (Part VIII, line 2g)	NOV 25	2012		0.
Revenue		_				4.	9,278.
Re	10 In	vestment ind	Come (Part VIII, Column (A), lines 5, 4	and 70) (0)		4,137.	<5,552.>
	11 01	tner revenue	e (Part VIII, Column (A), lines 5, 6d, 6C	90, 100, 1110		113,071.	92,848.
-	12 To	otal revenue	come (Part VIII, column (A), lines 3, 4 e (Part VIII, column (A), lines 5, 6d, 8c - add lines 8 through 11 (must equal milar amounts paid (Part IX, column (A) Image 1 2		46,424.	45,881.
	13 G	rants and sir	milar amounts paid (Part IX, column (4), lines 1-3)	-	0.	0.
	14 00	cricina paid	to or for members (r are ix, column y	y, 11110 -1 7	<u> </u>	0.	0.
es		•	r compensation, employee benefits (i			0.	0.
Expenses			undraising fees (Part IX, column (A), I	. 25 0	.o₁	0.	
χ			ing expenses (Part IX, column (D), line		'01.	37,823.	56,121.
		•	es (Part IX, column (A), lines 11a-11d,	·	<u> </u>	84,247.	102,002.
		•	s Add lines 13-17 (must equal Part I		\vdash	28,824.	<9,154.>
. "		evenue less	expenses Subtract line 18 from line	12			
Net Assets or Fund Balances			2		Be	ginning of Current Year 130,196.	End of Year 121,936.
Sset	20 To	•	Part X, line 16)		<u> </u>	•	1,138.
et A	21 To		(Part X, line 26)		<u> </u>	244.	120,798.
켪	22 No	et assets or Signature	fund balances. Subtract line 21 from	line 20		129,952.	120,790.
							lancated and a sense to be also at an
			I declare that I have examined this return,				knowledge and belief, it is
true,	correct, a	and complete.	Declaration of preparer (other than office	r) is based on all information of v	vnich preparer	nas any knowledge.	1,2
		Signatur	e of officer	<u></u>		Date	119
Sigr	' '	· ·		-		11/12/1	0
Her	₽		INA COLE, PRESIDENT print name and title	<u>'</u>		<u> </u>	7
		y Type or p	orint name and title		Ir)ata la l	T DTIN
		Print/Type prep	parer's name	Preparer's signature	ال	Date Check C	PTIN
Paid						self-employe	
Prep		irm's name	<u> </u>			Firm's EIN ▶	
Use	Only Fi	irm's address	>				
						Phone no.	
May	the IRS	discuss this	s return with the preparer shown abo	ve? (see instructions)			Yes No

Form	990 (2018) HEALTH, INC.	<u>51-0246519</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
$\overline{}$	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		,
•	FRIENDS OF LOUDOUN MENTAL HEALTH IS AN ALL VOLUNTEER NON-	PROFIT	
	ORGANIZATION THAT ASSISTS LOUDOUN COUNTY RESIDENTS WITH C		ΔT.
	ILLNESSES LIVE INDEPENDENT LIVES. FRIENDS ARE MENTAL HEA		
			<u> </u>
	WHO, THROUGH FRIENDS' INITIATIVES, PROVIDE MATERIAL ASSIS	TANCE TO	
2	Did the organization undertake any significant program services during the year which were not listed on the		Lee-1
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported	, the total expenses, a	
_	44 000		
4a	(Code)(Expenses \$ 44,000. including grants of \$ 43,098.) (Revenue A PLACE TO CALL HOME PROVIDED ASSISTANCE TO LOUDOUN COUNT		·······'
	DISABLED BY MENTAL ILLNESSES. OVER 20 PEOPLE WERE SERVED		
		EAN AND	
	AFFORDABLE HOUSING.		
		.	
	(Code) (Expenses \$ 2,783. including grants of \$ 2,783.) (Revenue		
4b	(Code)(Expenses \$		<u> </u>
	BY MENTAL ILLNESSES WHO ARE ACTIVELY INVOLVED IN THERAPEU		
	FROM LOUDOUN MENTAL HEALTH SERVICES AND WHO NEED TEMPORAR		
	HELP FOR UTILITY PAYMENTS, UTILITY DEPOSITS OR RENTAL DEP	OSITS.	
	·		
	0 10 10		
4c	(Code) (Expenses \$0 . including grants of \$0 .) (Revenue COMMUNITY & PUBLIC AWARENESS, EDUCATION AND ADVOCACY EVEN		—— '
	COMMUNITY & PUBLIC AWARENESS, EDUCATION AND ADVOCACY EVEN	13 INCHODE:	
	IN OUR OWN VOICE PROGRAM - PEOPLE TALK ABOUT THEIR EXPERI		
		AWARENESS	
	PROGRAM PUTS A FACE ON MENTAL ILLNESS, GIVES A MESSAGE OF	' HOPE, AND	
	HELPS BREAK THE STIGMA ASSOCIATED WITH MENTAL ILLNESSES.		
		· ·	
	HIKE FOR HOPE PROGRAM - MENTAL HEALTH CONSUMERS, ADVOCATE	S, AND	
	COMMUNITY MEMBERS COME TOGETHER ANNUALLY FOR A THREE-MILE		
	PICNIC, FOR THE OPPORTUNITY TO SOCIALIZE, AND TO RAISE PU		RCC
	ABOUT MENTAL HEALTH AND MENTAL ILLNESSES.	DDIC NUMBER	<u> </u>
	ADOUT MENTAL DEWILL WAN MENTAL INFUEDORS.		
		-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 46,783.		
			90 (2018)
83200	SEE SCHEDULE O FOR CONTINUATION(S))	

Form 990 (2018) HEALTH, INC.
Part IV Checklist of Required Schedules

$0 \int_{51-0246}$	519	Р	_{age} 3
		Yes	No
	1	Х	
	2		X
didates for	3		X
ction in effect	4		х
sments, or	5		х
ne right to	6		х
	7		х
omplete			•

	CTT CTTCCTATICC CTTCCTATICC			
`			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		.,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. 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	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١ ـ		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_ '		х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	H-0		
••	as applicable			i
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 if "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			**
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	ا مد ا		v
00-	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
	Connected government on that my column pry, line 17 II Test Complete Schedule I. Parts Fano II	<u> </u>		

832003 12-31-18

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	$ldsymbol{ld}}}}}}$
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			ŀ
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	İ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			l
_		28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		 ^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		├ ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		 ↑
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_v
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
832004	12-31-18	Form	990	(2018

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return b // 2a Least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2a is greater than 320, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Least one is reported on line 2a, did the organization of \$1,000 or more during the year? 5a Least one is the file of Form 990 of the business gross income of \$1,000 or more during the year? 5a Least one of the calendar year, did the organization of the value of the organization in Schedule O 5a At any time during the calendar year, did the organization in Schedule O 5a At any time during the calendar year, did the organization in Schedule O 5a At any time during the calendar year, did the organization in Schedule O 5a Was the driganization and the foreign country to the schedule of the organization of the organization in Schedule O 5a Was the organization or party to a prohibited tax sheller transaction at any time during the tax year? 5b Was the organization appray to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization and environmental for Foreign Foreign 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c Was the organization and environmental for Foreign 886-17 6c Was the organization and environmental for Foreign 886-17 6c Was the organization and environmental foreign and the organization schedule of the organization and party to a prohibited tax sheller transaction organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organization schedule organizatio	Form	990 (2018) HEALTH, INC. 51-0246	519	Р	age 5
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Made for the candrary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business goos income of \$1,000 or more during the selence of the during the celence year, did the organization have normal secondary or the selence of the during the celence year, did the organization have an interest in, or a significant or offer selence of the selection of the select	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
filed for the calendary year ending with or within the year covered by this return bit of a least one is reported on the 20, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) a Did the organization have unretied business gross income of \$1,000 or more during the year? bit 1"Yes, "has it filed a Form 990°T for this year?" /"No" to line 30, provide an explanation in Schedule O 4a At any time during the celendar year, did the organization have an interest it, or a signature or other authority over, a financial accountly found as a bank account, securities account, or other financial accountly? 5a Was the organization a party to a prohibitod tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibitod tax sheller transaction at any time during the tax year? 5b Ut Yes, "to line 5a or 5b, did the organization that was or is a party to a prohibitod tax sheller transaction? 6c If Yes," to line 5a or 5b, did the organization file Form 888617 6d Does the organization required profits were not tax deductable? 6d Ut Yes, "to line 5a or 5b, did the organization file Form 888617 6d Ut Yes," or the same of the common of the second or the value of the goods or services provided to the payor? 6d If Yes, "indicate the number of Forms 8282 filed during the year 6d Ut the organization receive a contribution or qualified retailerular property, for which it was required to file Form 8282? 6d If Yes, "indicate the number of Forms 8282 filed during the year 6d Ut the organization received a contribution of qualified retalectual property, do not proposed to the promise organization received a contribution of qualified retalectual property, do not provide organization file a Form 118807 7d If the organization received a contribution of qualified retalectual property, do the organization file a Form 118807 7d Section 501(c)(17) organizations. Eiter 7d				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 505, your may be required to e. file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," has if filed a Form 990T for this year? If No' 15 also 35, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have 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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAR) 5b If "Yes," there the name of the freegn country. 5c Was the organization of fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c Was the organization for the organization the Form 88677 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization the organization the Form 88677 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization the organization the contributions? 5c Lif "Yes," in did the organization the schambable contributions? 6c Life of the organization in the organization the schambable contributions? 6c Life of the organization in the dimension of the value of the good or services provided? 6c Does the organization stell were notify the donor of the value of the good or services provided? 6c Does the organization stell, exchange, or otherwise dispose of tangible personal brenefit contact? 7c Life of the organization received a contribution of qualified intellectual property to which it was required to file Form 82682? 7d Life of the organization has a contribution of cars, boats, applaine, or other vehicles, did the organization file of the provision o	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 2	 		
3a D the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it field a Form 9901 for this year? If "No" to line 36, provide an explication in Schedule O 4a 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, securines account, or other financial account). So the organization of the foreign country (such as a bank account, securines account, or other financial account). So the foreign country (such as a bank account, securines account, or other financial account). So the filter organization for the foreign country. So the foreign country (such as a bank account, securines account, or other financial account). So the filter organization for foreign Bank and Financial Accounts (FBAR). So was the organization for foreign bank advantage and the foreign country of the filter organization for the organization foreign country. So the organization foreign country of the organization foreign country of the organization foreign country and the organization foreign organization have annual gross receives that are normally greater than \$100,000, and did the organizations solicit any contributions that were not tax deductible? 5c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		L
b if "Yes," has if Med a Form 990-T for this year? If "Mo" to fine 3b, provide an explanation in Schedule O 4a 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, securines account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Dd any taxable party notify the organization file Form 888617 6c If "Yes" to line Sa or Sb, did the organization file Form 888617 6d Does the organization and unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the vere not tax deductible as charitable contributions? b if "Yes," did the organization moutide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b If the section of the section of the value of the goods or services provided? 7 c Did the organization receive a payment in excess of \$15 inside party is a contribution and party for goods and services growded to the payor? 7 b If "Yes," did the organization norbity the donor of the value of the goods or services provided? 8 b If "Yes," did the organization exceeves dispose of tangible personal property for which it was required to file Form 82822 filed during the year 9 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 c If the organization received a contribution of qualified indirectual property, did the organization file a Form 1098-C? 9 Sponsoring organization maintaining donor advised funds. 10 b If the organization received a contribution of cars, boats, amplaines, or othe		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		it Yes, complete Form 4/20, Schedule U	Earm	990	(2010)

HEALTH, INC 51-0246519 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Ra Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records FRIENDS OF LOUDOUN COUNTY MENTAL HEALTH - 703-443-1380 SOUTH ST., SW. LEESBURG. 20175 8-B Form 990 (2018) 832006 12-31-18

INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
rame and ride	hours per week	box	, unle	not check more than one unless person is both an er and a director/trustee) from the		compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATRINA COLE	0.00	l		l					_	_
PRESIDENT		X	ļ	X	_			0.	0.	0
(2) ANNETTE HARTUNG	0.00									
TREASURER		X	L					0.	0.	0
(3) PATTI ATKINS	0.00									_
DIRECTOR		X	Ļ	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0
(4) JUDY HINES	0.00	∤								
DIRECTOR		X	_	_	_	Ь		0.	0.	0
(5) RANDY IHARA	0.00		۱							
VICE PRESIDENT	0.00	Х	È	_	_	H		0.	0.	. 0
(6) ELIZABETH NEWBERRY SECRETARY	0.00	x						0.	0.	0
(7) GARRETT HAMILTON	0.00	^	-			-		0.	0.	0
DIRECTOR	- 0.00	x						0.	0.	0
(8) J. LEE HIGGINBOTHAM	0.00	^	\vdash		_	\vdash	_	0.	0.	
DIRECTOR	0.00	х						0.	0.	0
(9) ELEANOR HUFF	0.00	<u> </u>	\vdash			\vdash		•		J
DIRECTOR	<u> </u>	х						0.	0.	0
(10) TRACY WOOD	0.00								-	
DIRECTOR		х						0.	0.	0
(11) CAROLYN DOBSON	0.00									
DIRECTOR		Х						0.	0.	0
						Ш				
						Щ				
									•	
		_				Щ				_
•		\vdash	Щ			Ш				
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Form 990 (2018)

HEALTH, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
. (A) (B) (C) (D) (E) (F)										F)	
Name and title	Average Position (do not check more than one							Reportable	Reportable	Estin	nated
	hours per	box	, unle:	ss pe	rson ı	s both	an	compensation	compensation		unt of
	week	\vdash	Leran	Oac	17 00 10	r/ous	86)	from	from related		her
	(list any hours for	irecto						the	organizations	1 -	nsation
	related	0 10	aa			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	n the ization
	organizations	ruste	l trus		92	mpen		(11-27 1033 111100)			elated
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	la la			1	zations
	line)	Indiv	Instit	ласіјі0	Key e	Highest compensated employee	Former				
	(
			Ш		<u> </u>						
-											
		_	lacksquare		_	Ш					
										1	
			_		_	Н				 	
			\vdash		<u> </u>	\vdash				 	
			<u> </u>			-		-		+	
			\vdash		┢	Н				 	
										1	
					\vdash		_	···-		 	
1b Sub-total							_	0.	0 .		0.
c Total from continuation sheets to Part VI	l. Section A							0.	0 .		0.
d Total (add lines 1b and 1c)	,							0.	0.		0.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											0
										Y	es No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	nplo	yee,	or l	highest compensated en	nployee on		_
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization	_	_
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual		4	<u> </u>
5 Did any person listed on line 1a receive or a					•		late	ed organization or individ	ual for services		_
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch r	oers	on				5	X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·			
Complete this table for your five highest complete this table.										ation from	
the organization Report compensation for	he calendar ye	ear e	ndın	g w	ith c	r wil	hin		ear		
(A) Name and business	address	NIC	NE	,				(B) Description of s	envices	(C) Compensa	ition
Traine and Decinose		140	ME				┪	2000		-	
							-				
							┪				-
							寸		···		
							┪				
							\exists				
				_							
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	hos	e list	ed	above) who received mo	re than		
\$100,000 of compensation from the organization	ation				0)					
						_	_			Form 99	0 (2018)

Form 990 (2018)

HEALTH, INC.

Ра	rt VII	_						
j		Check if Schedule O conta	ains a response i	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f		ts, and ve 1f	263. 22,184. 66,675. Business Code	89,122.	revenue	revenue	sections 512 - 514
Program Service Revenue	•							
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		▶	9,278.		9,278.	
	С	Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal			<u>.</u>	
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other	:			
. Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of	>				
Other Re	с 9 а	Less direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses	b raising events	>				
	c 10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sales	ing activities returns a b	>				
	11 a b c	Miscellaneous Revenue UNREALIZED GAIN	e	Business Code 523920	<5,552.>		<5,552.>	
83200	_	All other revenue Total, Add linos 1a 1d Total revenue, See instructions		>	<5,552.> 92,848.	0.	3,726.	0 • Form 990 (2018)

INC.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 45,881. 45,881 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 257. 257. f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology Royalties 15 1,966. 902. 1,064. Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 35,981. 35,981 FUND RAISING EXPENSE 17,917 17.917. OTHER MANAGEMENT & GENE C d All other expenses 35,981. 19,238. 46,783. 102,002. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018) Part X | Balance Sheet

HEALTH, INC.

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	47,870.	1	<u> 26,887</u>
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	• <u> </u>	1	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined u	nder		
-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8 ¥	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
100	basis Complete Part VI of Schedule D 10a	_		
Ь	·		10c	<u> </u>
11	Investments - publicly traded securities	82,326.	11	95,049
12	Investments - other securities See Part IV, line 11		12	<u> </u>
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	130,196.	16	121,936
17	Accounts payable and accrued expenses	244.	17	1,138
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
000	Loans and other payables to current and former officers, directors, trustee	es,		
Liabilities	key employees, highest compensated employees, and disqualified person	ns		
<u> </u>	Complete Part II of Schedule L	-	22	
<u>23</u> ا ٿا	Secured mortgages and notes payable to unrelated third parties		23	7
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	of		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	244.	26	1,138
	Organizations that follow SFAS 117 (ASC 958), check here	and .		
υ I	complete lines 27 through 29, and lines 33 and 34.			
ဦ 27	Unrestricted net assets		27	
<u>e</u> 28	Temporarily restricted net assets	<u> </u>	28	
m 29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here	[X] .		
<u> </u>	and complete lines 30 through 34.			
हैं 30	Capital stock or trust principal, or current funds	0.	30	0
ဖ္တီ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or Fund Balances 22 22 22 22 22 22 22 22 22 22 22 22 22	Retained earnings, endowment, accumulated income, or other funds	129,952.	32	120,798
ž 33	Total net assets or fund balances	129,952.	33	120,798
34	Total liabilities and net assets/fund balances	130,196.	34	121,936

	1990 (2018) HEALTH, INC.	51-0	<u> 246519 </u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,002.
3	Revenue less expenses Subtract line 2 from line 1	3		154.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129	<u>,952.</u>
5	Net unrealized gains (losses) on investments	5	-	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	120	,798.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
	<u> </u>			Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	[[1
	separate basis, consolidated basis, or both		}	1.1
	Separate basis Consolidated basis Both consolidated and separate basis		-	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		4
	consolidated basis, or both]
	Separate basis Consolidated basis Both consolidated and separate basis		-	_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	 _
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2018)

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public

Inspection

FRIENDS OF LOUDOUN COUNTY MENTAL Employer identification number Name of the organization 51-0246519 HEALTH, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (iii) EIN in your gove na documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 HEALTH, INC. 51-0246519 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
ت	(Complete only if you checke							
•	fails to qualify under the tests				,		- 3 -	
Sec	ction A. Public Support		<u> </u>	· _				
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	/(e) 2018	(f) Total	
	Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(0) 2017	/(6/2010	(i) Total	
•	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organ-			_				
_	ization's benefit and either paid to	İ						
	or expended on its behalf							
3	The value of services or facilities					•	·	
Ü	furnished by a governmental unit to							
	the organization without charge			/	1			
4	Total. Add lines 1 through 3	_						
5	The portion of total contributions			/	1	1		
J	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)							
6	Public support. Subtract line 5 from line 4		/					
	ction B. Total Support					•		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4			•				
8	Gross income from interest,		/					
	dividends, payments received on	/	ĺ					
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on				'			
10	Other income Do not include gain							
	or loss from the sale of capital	/						
	assets (Explain in Part VI.)	,						
11	Total support. Add lines 7 through/10							
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
_	organization, check this box and stor	here						
_	ction C. Computation of Publi					, . ,		
	Public support percentage for 2018 (I		•	olumn (f))		14	<u>%</u>	
	Public support percentage from 2017					15	<u>%</u>	
16a	33 1/3% support test - 2018. If the c	=		n line 13, and line	14 is 33 1/3% or m	ore, check this box		
	stop here. The ofganization qualifies		•				. ▶□	
b	33 1/3% support test - 2017. If the d	-			l line 15 is 33 1/3%	or more, check the	s box	
	and stop here. The organization qual						▶□	
17a	17a 10% -facts/and-circumstances test - 2018. 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 VI how the organization							
	meets the "facts-and-circumstances"	-					1007	
b	10% -facts-and-circumstances test							
	more, and if the organization meets th						,	
	organization meets the "facts-and-circ		-		· · · · · ·			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or <u>17</u> b				
					Sch	edule A (Form 990	or 990-EZ) 2018	

832022 10-11-1

Schedule A (Form 990 or 990-EZ) 2018 HEALTH, INC.

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

(Complete only if you checked the box on line 10 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 year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not		•					
include any "unusual grants ")	46,743.	65,309.	101,060.	108,930.	89,122.	411,164.	
2 Gross receipts from admissions,		-					
merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that		-				<u></u>	
are not an unrelated trade or bus-	-						
iness under section 513							
4 Tax revenues levied for the organ-					_		
-							
ization's benefit and either paid to or expended on its behalf							
·					_		
5 The value of services or facilities	,					l	
furnished by a governmental unit to							
the organization without charge	46 743	CE 200	101 000	100 030	00 100	411 1 <i>C</i> A	
6 Total. Add lines 1 through 5	46,743.	65,309.	101,060.	108,930.	89,122.	411,164.	
7a Amounts included on lines 1, 2, and						,	
3 received from disqualified persons						0.	
b Amounts included on lines 2 and 3 received from other than disgualified persons that							
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year						0.	
c Add lines 7a and 7b						0.	
8 Public support. (Subtract line 7c from line 6)						411,164.	
Section B. Total Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9 Amounts from line 6	46,743.	65,309.	101,060.	108,930.	89,122.	411,164.	
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 VI) 13 Total support. (Add lines 9, 10c, 11, and 12)	46,743.	65,309.	101,060.	108,930.	89,122.	411,164.	
14 First five years. If the Form 990 is for							
check this box and stop here	the organization o	mat, booting, time	s, routin, or mar ta	x your 10 a 00011011	100 ((b)(b) 0 guinza	o., •	
Section C. Computation of Public	c Support Per	centage					
15 Public support percentage for 2018 (li			column (f))		15	100.00 %	
16 Public support percentage from 2017		-	(7)			100.00 %	
Section D. Computation of Inves							
17 Investment income percentage for 20			ne 13. column (fi)		17	.00 %	
18 Investment income percentage from 2			.5 75, 55,611111 (1))		18	%	
19a 33 1/3% support tests - 2018. If the			n line 14 and line	15 is more than 3			
more than 33 1/3%, check this box an						▶ X	
	•	-		· ·		· ·	
b 33 1/3% support tests - 2017. If the	-					~ □	
line 18 is not more than 33 1/3%, chec		-			_		
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2018							
# 4 2012 4 1 H= 3 T= TM				- CHE	- water or of Circle 330	ur saurcatanio	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *If you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part W Supporting Organizations continued			24651	у Р.	age 5
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	Ь				
			3b		

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	dule A (Form 990 or 990-EZ) 2018 HEALTH, INC.		•	51-0246519 Page 6
Pa				
. 1	Check here if the organization satisfied the Integral Part Test as a qualify	•		Part VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must clion A - Adjusted Net Income	complete Se	(A) Prior Year	(B) Current Year
	on A Adjusted Not Income			(optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	_ 2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		_
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			1
	instructions for short tax year or assets held for part of year)		i	м
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	•	
е	Discount claimed for blockage or other			1
	factors (explain in detail in Part VI)			, ,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	•	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	ganization (see
•	instructions)	, -9	,, en 3 - c	•

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 HEALTH, INC.		5	1-0246519 Page			
Pa	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)				
<u>Sect</u>	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6.		<u> </u>				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	· · · · · · · · · · · · · · · · · · ·				
	(provide details in Part VI) See instructions	•					
9	Distributable amount for 2018 from Section C, line 6		-				
10	Line 8 amount divided by line 9 amount						
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016		•				
е	From 2017						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from Section D,						
	line 7 \$		•				
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2018, if						
-	any Subtract lines 3g and 4a from line 2 For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h						
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions	ii					
7	Excess distributions carryover to 2019. Add lines 3						
•	and 4c						
8	Breakdown of line 7						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
u	ENOUGO II VIII EVII	1					

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 HEALTH , INC .	<u>51-0246519 Page</u>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section 1, Part IV, Section E, Ines 1c, 2a, 2b, 3a, and 3b, Part IV, III Part IV, Section E, Ines 1c, 2a, 2b, 3a, and 3b, Part IV, III Part IV, II	, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C,
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for (See instructions)	any additional information
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990

Open to Public 2018

Inspection

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.

2 [] **Employer identification number** 51-0246519 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COUNTY MENTAL (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the little is cause LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. FRIENDS OF LOUDOUN General Information on Grants and Assistance (**b**) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization HEALTH, or government Name of the organization Part

Schedule I (Form 990) (2018)

HEALTH, INC.

Schedule I (Form 990) (2018)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Page 2

51-0246519

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) PAYMENT IS MADE DIRECTLY TO THE SERVICE PROVIDER ON BEHALF OF THE CONSUMER. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information OFTEN TIMES GRANTS ARE GIVEN TO COVER LIVING EXPENSES FOR CONSUMERS AND IN OTHER CASES THE USE OF GRANTS IS MONITORED INTERNALLY BY THE 0 (d) Amount of non-cash assistance 45,881. (c) Amount of cash grant (b) Number of recipients 0 GRANTS ARE GIVEN ON A CASE-BY-CASE BASIS AS (a) Type of grant or assistance ORGANIZATION'S MEMBERS PART I, LINE 2: APPROVED BY THE BOARD.

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

FRIENDS OF LOUDOUN COUNTY MENTAL HEALTH, INC.

Employer identification number 51-0246519

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LOUDOUN COUNTY RESIDENTS EXPERIENCEING DISABLING MENTAL ILLNESSES;
SPEAK OUT AS ACTIVISTS TO HELP END DISCRIMINATION; AND SPONSOR
EDUCATIONAL PROGRAMS TO MAKE THE COMMUNITY AWARE OF MENTAL HEALTH
ISSUES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FRIENDS BEING FRIENDS PROGRAM - OUTREACH ACTIVITIES CREATING
OPPORTUNITIES FOR FRIENDSHIP AND SOCIALIZATION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER- COMMUNITY RELATIONS, EDUCATION ON MENTAL ILLNESS PUBLIC
AWARENESS, MILES FOR MENTAL HEALTH, IN OUR OWN VOICE.
FORM 990, PART V, LINE 3B:
THE UNRELATED BUSINESS INCOME EXCEEDING \$1,000 RESULTS PRIMARILY FROM
UNREALIZED GAINS ON INVESTMENTS, BUT ALSO INCLUDES DIVIDEND AND INTEREST
INCOME. FOR THIS REASON, FORM 990-T WILL NOT BE PREPARED.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED AND REVIEWED BY ORGANIZATION'S TREASURER. THE BOARD
OF DIRECTORS REVIEWS THE FORM 990 ANNUALLY BEFORE FILING THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE COMPLIANCE OFFICER MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT
OF INTEREST POLICY.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization FRIENDS OF LOUDOUN COUNTY MENTAL HEALTH, INC.	Employer identification number 51 – 0246519
FORM 990, PART VI, SECTION C, LINE 18:	
VIA WEBSITE - WWW.LOUDOUNFRIENDS.ORG	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
	·
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