

Form **990-EZ**

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)

OMB No 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public

Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization LOUDOUN COUNTY BAR ASSOCIATION		D Employer identification number 52-1227836
	Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 201		E Telephone number 703-777-5700
	City or town, state or province, country, and ZIP or foreign postal code LEESBURG VA 20178		F Group Exemption Number
	G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____ H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
I Website: WWW.LOUDOUNBAR.ORG J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c) 6 (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____ L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 21,629			

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	21,586
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	43
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less cost of goods sold	7b		
7c	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	21,629	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	7,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	8,304
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	9,863
	17	Total expenses. Add lines 10 through 16	17	25,667
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-4,038
	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	79,750
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,712

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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	79,020	22	75,712
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	730	24	
25 Total assets	79,750	25	75,712
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)	79,750	27	75,712

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 ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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 SEE SCHEDULE O

(Grants\$) If this amount includes foreign grants, check here ☐ 28a

29 SEE SCHEDULE O

(Grants\$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants\$) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants\$) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) ☐ 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
BENJAMIN FITZGERALD OFFICER	5.00	0	0	0
ELIZABETH PENDZICH DIRECTOR	5.00	0	0	0
LESLIE BARNES DIRECTOR	5.00	0	0	0
CHRISTIN GEORGELAS DIRECTOR	5.00	0	0	0
RACHEL ROBINSON PRESIDENT	5.00	0	0	0
CHRISTINE NEWTON PARLIAMENTARIAN	5.00	0	0	0
HEATHER MILLER PRESIDENT	5.00	0	0	0
RENEE BERARD PRESIDENT	5.00	0	0	0
MILISSA R SPRING SECRETARY	5.00	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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed VA		
42a The organization's books are in care of BENJAMIN FITZGERALD Telephone no 703-777-5700 30 NORTH KING STREET Located at LEESBURG VA ZIP + 4 20176		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations 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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and 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"

(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

BENJAMIN FITZGERALD

OFFICER

Type or print name and title

Date

6-1-21

Paid Preparer Use Only

Pnn/Type preparer's name

BRADLY HOFFMAN, CPA

Preparer's signature

BRADLY HOFFMAN, CPA

Date

05/21/21

Check ☐ if self-employed

PTIN

P00418693

Firm's name ▶

DELEON & STANG, CPAS AND ADVISORS

Firm's EIN ▶

52-1373858

Firm's address ▶

**100 LAKEFOREST BLVD STE 650
GAITHERSBURG, MD 20877-2609**

Phone no

301-948-9825

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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.

OMB No 1545-0047

2019Open to Public
Inspection

Name of the organization

LOUDOUN COUNTY BAR ASSOCIATION

Employer identification number

52-1227836

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE	AMOUNT
CHARITABLE CONTRIBUTIONS		\$ 7,500

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

DESCRIPTION	AMOUNT
EXPENSES	

ADVERTISING AND PROMOTION	\$ 350
COMPUTER AND INTERNET EXPENSE	\$ 287
LUNCH MEETINGS	\$ 6,646
MEALS AND ENTERTAINMENT	\$ 2,314
BANK SERVICE CHARGE	\$ 1
OFFICE SUPPLIES	\$ 254
SERVICE CHARGES	\$ 11
TOTAL	\$ 9,863

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNDEPOSITED FUNDS	\$ 730	\$ 0
TOTAL	\$ 730	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

OUR MISSION IS TO ADVANCE THE ROLE OF ATTORNEYS IN LOUDOUN COUNTY THROUGH
CAREER DEVELOPMENT OPPORTUNITIES AND COMMUNITY PROGRAMMING.

Name of the organization

Employer identification number

LOUDOUN COUNTY BAR ASSOCIATION

52-1227836

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE THOMAS D. HORNE LEADERSHIP IN THE LAW PROGRAM (WWW.LAWCAMP.ORG) PROVIDES STUDENTS WITH A UNIQUE OPPORTUNITY TO GAIN FIRSTHAND KNOWLEDGE ABOUT THE LEGAL SYSTEM. IT IS DESIGNED TO AFFORD RISING HIGH SCHOOL STUDENTS THE OPPORTUNITY TO WORK WITH LOCAL JUDGES, LAWYERS, LAW CLERKS AND OTHER PROFESSIONALS TO LEARN ABOUT THE LAW, AND APPLICANTS SHOULD BE WELL-ROUNDED INDIVIDUALS WHO ARE MOTIVATED AND EAGER TO LEARN.

PARTICIPANTS IN THE PROGRAM WILL BE INTRODUCED TO THE PRACTICE OF CRIMINAL AND CIVIL LAW, COURTROOM PROCEDURES, CRIME SCENE INVESTIGATION AND THE HANDLING AND PRESERVATION OF EVIDENCE. INSTRUCTION AND HANDS-ON DEMONSTRATIONS ARE PROVIDED BY EXPERIENCED PRACTITIONERS AND TEAM-BUILDING SKILLS ARE EMPHASIZED THROUGHOUT THE PROGRAM. STUDENT WILL ALSO PARTICIPATE IN RECREATIONAL ACTIVITIES WHICH, IN PAST YEARS INCLUDED A ROPE COURSE, VOLLEYBALL, SOCCER, RAFTING AND SALSA DANCING.

STUDENT LEGAL TEAMS WILL RECEIVE A CASE OUTLINE, STUDY THE FACTS, VISIT THE CRIME SCENE, INTERVIEW WITNESSES AND EXPERTS, ANALYZE EVIDENCE, DEVELOP EXHIBITS AND PREPARE WITNESSES AND EXPERTS FOR TRIAL. THE PROGRAM WILL CULMINATE IN A JURY TRIAL IN WHICH STUDENTS ASSUME THE ROLES OF LAWYERS. A SITTING CIRCUIT COURT JUDGE WILL PRESIDE OVER THE TRIAL.

STUDENTS WILL STAY OVERNIGHT AT THE FOXCROFT SCHOOL IN MIDDLEBURG, VIRGINIA AND WILL BE TRANSPORTED DAILY TO THE COURTHOUSE COMPLEX IN LEESBURG FOR ACTIVE PARTICIPATION IN THE LEGAL SYSTEM. DUE TO THE SUPPORT OF THE FAUQUIER AND LOUDOUN COUNTY BAR ASSOCIATIONS, AS WELL AS PRIVATE DONATIONS, THE PROGRAM IS OFFERED TO STUDENTS AT NO COST.

FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT

THE BEAT THE ODDS® PROGRAM FOR YOUTH, LOUDOUN COUNTY CHAPTER

Name of the organization

Employer identification number

LOUDOUN COUNTY BAR ASSOCIATION**52-1227836****A SCHOLARSHIP PROGRAM FOR AT-RISK YOUTH IN LOUDOUN COUNTY**

THE BEAT THE ODDS® PROGRAM IDENTIFIES LOCAL YOUTH WHO HAVE DEMONSTRATED THE ABILITY TO SUCCEED IN SPITE OF BEING AT RISK FOR FAILURE BECAUSE OF THEIR ENVIRONMENT OR LIFE CIRCUMSTANCES. THE PROGRAM SEEKS TO IMPROVE THEIR ODDS FOR SUCCESS BY PROVIDING FINANCIAL AWARDS TO ASSIST THEM IN PURSUING EDUCATIONAL AND VOCATIONAL GOALS. LOUDOUN'S CHAPTER WAS STARTED IN 2004 THROUGH THE EFFORTS OF THE LOUDOUN COUNTY BAR ASSOCIATION AND OTHER LOUDOUN COUNTY AGENCIES.

BEAT THE ODDS® IS A NATIONALLY RECOGNIZED PROJECT INITIATED IN 1990 BY THE CHILDREN'S DEFENSE FUND. THE PROGRAM CELEBRATES THE POSITIVE POTENTIAL OF YOUTH WHO DO WELL AND SUCCEED DESPITE FACING SUCH PROBLEMS AS POVERTY, VIOLENCE, HOMELESSNESS, FAMILY BREAKUP OR SUBSTANCE ABUSE.