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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)

▶ 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.

2106

OMB No 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01/20 , and ending 06/30/21

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

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 201

City or town, state or province, country, and ZIP or foreign postal code
LEESBURG VA 20178

06

D Employer identification number
52-1227836

E Telephone number
703-777-5700

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] 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) [X] 501(c)(6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization [ ] Corporation [ ] Trust [X] 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 ▶ $ 38,359

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	38,345
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	14
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events.			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	38,359
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	8,029
	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	13,810
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	25,329
	17	**Total expenses.** Add lines 10 through 16 ▶		17	47,168
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-8,809
	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	75,713
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-32,399
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	34,505

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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2020)

DAA

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 [X]

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	74,983	22	33,775
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	730	24	730
25 **Total assets**	75,713	25	34,505
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)	75,713	27	34,505

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 [X]

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

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.

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 ▶ [ ] 31a

32 **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
RACHEL ROBINSON PRESIDENT	2.50	0	0	0
LESLIE BARNES PRESIDENT-ELECT	1.50	0	0	0
CHRISTIN GEORGELAS TREASURER	2.50	0	0	0
CHRISTINE NEWTON PARLIAMENTARIAN	1.50	0	0	0
MILISSA R SPRING SECRETARY	2.50	0	0	0
AMY HARBER BOARD MEMBER	1.50	0	0	0
AMANDA STONE SWART BOARD MEMBER	1.50	0	0	0
ELIZABETH PENDZICH BOARD MEMBER	1.50	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	33		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	34		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)?	35a		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	35b		
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	35c		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	36		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?	37b		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?	38a		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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ VA			
42a	The organization's books are in care of ▶ CHRISTIN GEORGELAS Telephone no. ▶ 703-777-5700			
	29 NORTH KING STREET			
	Located at ▶ LEESBURG VA ZIP + 4 ▶ 20176			

			Yes	No
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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	Date
	RACHEL ROBINSON PRESIDENT	11/16/2021
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	BRADLY HOFFMAN, CPA	BRADLY HOFFMAN, CPA	11/15/21		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

2020

Open 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		$ 8,029

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

DESCRIPTION	AMOUNT
EXPENSES	
POSTAGE AND DELIVERY	$ 296
COMPUTER AND INTERNET EXPENSE	$ 375
LUNCH MEETINGS	$ 1,567
EVENT EXPENSES	$ 6,581
BANK SERVICE CHARGE	$ 198
CONTINUING EDUCATION	$ 130
GIFTS	$ 1,483
STATE TAXES	$ 14,699
TOTAL	$ 25,329

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE

DESCRIPTION	AMOUNT
C CORP FEDERAL INCOME TAXES PAID YEARS 2014-2018	$ -32,399

THE NON PROFIT LAPSED IN ITS FILINGS FOR TAX YEARS 2014-2018, WHICH IT HAD TO THEN FILE 1120 RETURNS AND PAY FEDERAL TAXES FOR THOSE YEARS IN 2020 AN 2021.

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

Name of the organization | Employer identification number
LOUDOUN COUNTY BAR ASSOCIATION | 52-1227836

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNDEPOSITED FUNDS	$ 730	$ 73
TOTAL	$ 730	$ 73

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.

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

CONTRIBUTIONS TO THE AMPERSAND PANTRY PROJECT. THE AMPERSAND PANTRY PROJECT STARTED IN JANUARY OF 2020 AS A LITTLE FREE PANTRY BOX ON EDWARDS FERRY ROAD WHERE NON-PERISHABLE FOODS AND OTHER ITEMS COULD BE PROVIDED TO NEIGHBORHOOD RESIDENTS WHO FOUND THEMSELVES IN URGENT NEED.

THE SUCCESS OF THIS PROJECT RELIES ON IN-KIND DONATIONS AND TAX-DEDUCTIBLE CONTRIBUTIONS FROM THE COMMUNITY AT LARGE, AND THE ENTHUSIASTIC SUPPORT FROM LOCAL RESTAURANTS, CATERING COMPANIES, BUSINESSES AND STORES. THE PROJECT IS A 100% VOLUNTEER ORGANIZATION WITH OVERHEAD BEING LIMITED TO ACCOUNTING AND LIABILITY INSURANCE COSTS.

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

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

A SCHOLARSHIP PROGRAM FOR AT-RISK YOUTH IN LOUDOUN COUNTY

THE BEAT THE ODDS® PROGRAM IDENTIFIES LOCAL YOUTH WHO HAVE DEMONSTRATED TH ABILITY TO SUCCEED IN SPITE OF BEING AT RISK FOR FAILURE BECAUSE OF THEIR ENVIRONMENT OR LIFE CIRCUMSTANCES. THE PROGRAM SEEKS TO IMPROVE THEIR ODD FOR SUCCESS BY PROVIDING FINANCIAL AWARDS TO ASSIST THEM IN PURSUING

Name of the organization | Employer identification number
LOUDOUN COUNTY BAR ASSOCIATION | 52-1227836

EDUCATIONAL AND VOCATIONAL GOALS. LOUDOUN'S CHAPTER WAS STARTED IN 2004 THROUGH THE EFFORTS OF THE LOUDOUN COUNTY BAR ASSOCIATION AND OTHER LOUDOU 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.