As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492326002209 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization LESTER S GORDON DISABLED AMERICAN ☐ Address change VETERANS CHAPTER 2 54-1062666 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 15460 WARWICK BLVD (757) 875-0721 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return NEWPORT NEWS, VA 23608 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2,211 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 Membership dues and assessments . . . . . . . 3 4 602 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 2,813 10 Grants and similar amounts paid (list in Schedule O) 10 11,210 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 16,746 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 20,635 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 6,977 17 17 Total expenses. Add lines 10 through 16 55,568 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -52,755 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 126,532 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 73,777 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

	= (====)					r age 🛓
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		wastion in this Part II			
	Check if the organization used schedule	O to respond to any q		eginning of year	• •	( <b>B</b> ) End of year
<b>22</b> Cash, sa	avings, and investments			126,532	22	64,535
	d buildings			·	23	· · ·
<b>24</b> Other as	ssets (describe in Schedule O)				24	9,242
	ssets			126,532		73,777
	abilities (describe in Schedule O)			426 522	26	72.777
27 Net ass Part III	ets or fund balances (line 27 of column Statement of Program Service A	· · ·		126,532	27   T	73,777 Expenses
rait III	Check if the organization used Schedule	•		🗆		equired for section 501(c)
	organization's primary exempt purpose?					) and 501(c)(4) ganizations, optional for
Describe the	T DISABLED AMERICAN VETERNS  e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service				hers )
<b>28</b> See Addition	nal Data Table					
(C+- # )	T6 Abra ana arra		to about bour	. ▶ □	20	
(Grants \$  ) <b>29</b>	If this amoun	t includes foreign gran	ts, check here	. ▶ ⊔	28a	
(Grants \$ )	If this amoun	t includes foreian aran	its, check here	. ▶ □		
30				<u> </u>	30a	
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here	. ▶ □		
	ogram services (describe in Schedule 0)		<u> </u>		+	
(Grants \$ )	•		ts, check here	. ▶ □	31a	
32 Total pr	ogram service expenses (add lines 28a				_	<u> </u>
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule	and Key Employees O to respond to any q	(list each one even if not courseling line) (list each one even if not courseling)	ompensated — see the	ınstru •	uctions for Part IV)
		1	1	1		1
	(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 ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
VINCENT E I	REMSON SR	000 00	0			
CHAPTER CO	ММС					
IRBY COTTO	DN	000 00	0			
CH SR VICE	С					
KEITH M DA		000 00	0			
FIRST JR VI	C					
	GRAY-PARKS	000 00	0			
CHARTER AF	2111					
CHAPTER AD WILLIAM L N		000 00	0			
CHAPTER TE JOHN W KIN		000 00	0			
		000 00				
LEGISLATVI	E					
						Form <b>QQQ-F7</b> (2018)

Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Fart V ) Check if the organization used Schedule O to respond to any question in this Fart V	• • •		
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	Yes	No No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	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		
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶			
Ь	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		No
С	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 sections4912, 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 41	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		No
<del>т.</del> 42а	List the states with which a copy of this return is filed 🕨			
	LESTER S GORGON DISABLED AMERICAN  e organization's books are in care of ▶ VETERANS CHAPTER 2  Telephone no ▶	· <u>(757)</u>	875-072	1
	Located at ▶ 15460 WARWICK BLVD NEWPORT NEWS , VA ZIP + 4 ▶	23608		
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)?	42b	Yes	No No
	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)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		I	
	Delth a second to second a second control of the second se		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
U	instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			
_	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

								Yes	
		anization engage, directly or indirector for public office? If "Yes," complete			of or In	opposition to			
Part		ction 501(c)(3) organization	<u> </u>		•		46		No
all	All :	section 501(c)(3) organizations		ons 47- 49b and 52	2, and	complete the tab	les for	lines 50	and
	51. Che	ck if the organization used Schedul	e O to respond to any q	uestion in this Part VI				1	
								Yes	No
		anization engage in lobbying activit mplete Schedule C, Part II	ties or have a section 50	D1(h) election in effect	during	g the tax year?	47		
18	Is the orga	nization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
9a [	Did the org	anızatıon make any transfers to an	exempt non-charitable	related organization?			49a		
ь	If "Yes," wa	as the related organization a section	n 527 organization? .				49b		
		his table for the organization's five eceived more than \$100,000 of con					and ke	y employ	ees)
		e and title of each employee	(b) Average	(c) Reportable	(d	d) Health benefits,		stimated	
			hours per week devoted to position	compensation (Forms W-2/1099- MISC)	Ь	ributions to employe penefit plans, and erred compensation		ner comp	ensatio
							- 1		
f		nber of other employees paid over \$				· · · · •_			
51 (	Complete t compensat	nber of other employees paid over s his table for the organization's five ion from the organization If there i (a) Name and business address of o	highest compensated ir s none, enter "None "	·				00,000 o pensation	
51 (	Complete t compensat	his table for the organization's five on from the organization If there i	highest compensated ir s none, enter "None "	·					
51 (	Complete t compensat	his table for the organization's five on from the organization If there i	highest compensated ir s none, enter "None "	·					
51 (	Complete t compensat	his table for the organization's five on from the organization If there i	highest compensated ir s none, enter "None "	·					
5 <b>1</b> (	Complete t compensat	his table for the organization's five on from the organization If there i	highest compensated ir s none, enter "None "	·					
551	Complete t	his table for the organization's five on from the organization If there i (a) Name and business address of o	highest compensated ir s none, enter "None " each independent contr	actor					
d	Complete to compensation (	his table for the organization's five on from the organization If there i	highest compensated ir s none, enter "None " each independent contr  peach independent contr  peach receiving over  NOTE. All section 501(4)	\$100,000	(b) T	ype of service (	c) Comp	pensation	——————————————————————————————————————
d d	Total num  Did the complete penalties o	his table for the organization's five on from the organization. If there is (a) Name and business address of other independent contractors of other independent contractors organization complete Schedule A? It is schedule A	highest compensated ir s none, enter "None " each independent contr  pers each receiving over  NOTE. All section 501(a	\$100,000	(b) T	ype of service (	c) Comp	es   • ses  • ses  • of the ses o	No my
d d	Total num  Did the completes or dege and be y knowledge.	his table for the organization's five fon from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? In the sche	highest compensated ir s none, enter "None " each independent contr  pers each receiving over  NOTE. All section 501(a	\$100,000	(b) T	ype of service (	c) Comp	es   • ses  • ses  • of the ses o	1
d d 22	Total num  Did the completes of the complete o	his table for the organization's five for from the organization. If there is a Name and business address of organization complete Schedule A? Is declared that I have exampled for the strue, correct, and complete the strue, correct, and complete the strue.	highest compensated in s none, enter "None " each independent contr  peach receiving over  NOTE. All section 501(	\$100,000	(b) T	ype of service (	c) Comp	es   • ses  • ses  • of the ses o	1
d  62  nowled as any  ign	Total num  Did the completes or side and be y knowledge.	his table for the organization's five fon from the organization. If there is (a) Name and business address of other independent contractor organization complete Schedule A? In the sche	highest compensated in s none, enter "None " each independent contr  peach receiving over  NOTE. All section 501(	\$100,000	(b) T	ype of service (	c) Comp	es   • ses  • ses  • of the ses o	1
d d 52 nder nowle as an ign lere	Total num  Did the complete penalties o dige and be y knowlede y knowlede	his table for the organization's five for from the organization. If there is a Name and business address of organization complete Schedule A? In the second schedule A	highest compensated in s none, enter "None " each independent contr  peach receiving over  NOTE. All section 501(	\$100,000	st attac	ype of service (  ch a  and statements, and ed on all information  2019-11-22  Date  Check  frequency if PTIN P002	C) Comp	es   • ses  • ses  • of the ses o	No my
d for an	Total num  Did the completes or side and be y knowledge and be y knowledge.	his table for the organization's five for from the organization If there is a Name and business address of organization complete Schedule A? In the structure of Schedule A	highest compensated in s none, enter "None " each independent control of the seach receiving over the seach receiving ove	\$100,000	st attac	ch a  ch a  2019-11-22  Date	► □ Y  Ind to the In of whee	es   • ses  • ses  • of the ses o	No my
d for an	Total num  Did the complete complete penalties of edge and be y knowledge y knowledge y knowledge	his table for the organization's five for from the organization. If there is a Name and business address of a Name and business address of a name and business address of a name and street organization complete. Schedule A? It is true, correct, and complete is a nature of officer.  CENT E REMSON SR CHAPTER COMMANG or print name and title  Print/Type preparer's name JUDY P IMDAHL-KING CPA	highest compensated in s none, enter "None " each independent contr  peach independent contr  peach receiving over  NOTE. All section 501(	\$100,000	st attac	ch a  ch a  2019-11-22  Date  Check	<b>c)</b> Comp	es   • ses  • ses  • of the ses o	No my

Page **4** 

Form 990-EZ (2018)

## **Additional Data**

(Grants \$ 11,211)

Software ID:

**Software Version: EIN:** 54-1062666

Name: LESTER S GORDON DISABLED AMERICAN

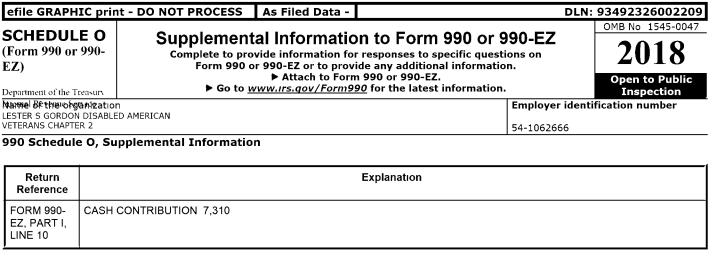
Expenses

**VETERANS CHAPTER 2** 

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	` (c	quired for section 501 )(3) and 501(c)(4) panizations; optional for others.)
28 HELPING WITH THE IMMEDIATE NEEDS OF DISABLED AMERICAN VETERNS	28a	11,211

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



Return Explanation Reference

990 Schedule O, Supplemental Information

AL 6.977

LINE 16

FORM 990-EXPENSES OFFICE EXPENSE 1.779 TRAVEL MEALS 167 NATIONAL CONFERENCES 250 STATE CONFERENCES EZ. PART I.

2.290 INSURANCE 1.680 BANK FEES 26 EQUIPMENT LEASE 129 NON-INVESTMENT DEPRECIATION 656 TOT

## 990 Schedule O, Supplemental Information

Return

Reference

FORM 990-	CHAPTER FURNITURE 0 5,373 LESS ACCUMULATED DEPRECIATION 0 448 TV 0 419 LESS ACCUMULATED DE
EZ, PART II,	PRECIATION 0 20 COMPUTERS-(2 @ 604 99EA) 0 1,210 LESS ACCUMULATED DEPRECIATION 0 81 CHAIRS
LINE 24	(2 @ 249 99) 0 500 LESS ACCUMULĀTED DEPRECIATION 0 18 DESK (2 @ 259 99) 0 520 LESS ACCUMU
	I ATED DEDDECIATION 0.10 DDINTEDS (AØ. 103.09EA) 0.416 LESS ACCUMULATED DEDDECIATION 0.21 CO

Explanation

LATED DEPRECIATION 0.19 PRINTERS (4@ 103.98EA) 0.416 LESS ACCUMULATED DEPRECIATION 0.21 CO MPUTERS-(2 @ 729 99EA) 0 1,460 LESS ACCUMULATED DEPRECIATION 0 49 TOTAL 0 9,242