

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization: LESTER S GORDON DISABLED AMERICAN VETERANS CHAPTER 2
Number and street (or P O box, if mail is not delivered to street address): 15460 WARWICK BLVD
Room/suite: _____
City or town, state or province, country, and ZIP or foreign postal code: NEWPORT NEWS, VA 23608

D Employer identification number: 54-1062666
E Telephone number: (757) 875-0721
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: N/A

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 2,813

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 2,211
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income 602
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
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 2,813
Expenses	
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	Professional fees and other payments to independent contractors 13 16,746
14	Occupancy, rent, utilities, and maintenance 14 20,635
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 6,977
17	Total expenses. Add lines 10 through 16 17 55,568
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -52,755
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) 19 126,532
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 73,777

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	126,532	22 64,535
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 9,242
25 Total assets	126,532	25 73,777
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,532	27 73,777

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?
 TO SUPPORT DISABLED AMERICAN VETERANS
 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 Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	11,211

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
VINCENT E REMSON SR	000 00	0		
CHAPTER COMM				
IRBY COTTON	000 00	0		
CH SR VICE C				
KEITH M DAVIS	000 00	0		
FIRST JR VIC				
LAJUANDA GRAY-PARKS	000 00	0		
CHAPTER ADJU				
WILLIAM L MOSLEY	000 00	0		
CHAPTER TREA				
JOHN W KING	000 00	0		
LEGISLATVIE				

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of LESTER S GORGON DISABLED AMERICAN VETERANS CHAPTER 2 Telephone no (757) 875-0721
Located at 15460 WARWICK BLVD NEWPORT NEWS, VA ZIP + 4 23608

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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		No

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

		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	2019-11-22 Date
VINCENT E REMSON SR CHAPTER COMMANDER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JUDY P IMDAHL-KING CPA	Preparer's signature	Date 2019-11-22	Check <input type="checkbox"/> if self-employed	PTIN P00493992
	Firm's name ▶ JONES CPA GROUP PC			Firm's EIN ▶ 54-1208437	
	Firm's address ▶ 11837 ROCK LANDING DRIVE SUITE 202 NEWPORT NEWS, VA 23606			Phone no (757) 596-3046	

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

Additional Data

Software ID:

Software Version:

EIN: 54-1062666

Name: LESTER S GORDON DISABLED AMERICAN
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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 HELPING WITH THE IMMEDIATE NEEDS OF DISABLED AMERICAN VETERNS (Grants \$ 11,211) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	11,211

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

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

Department of the Treasury

Name of the organization

LESTER S GORDON DISABLED AMERICAN
VETERANS CHAPTER 2

Employer identification number

54-1062666

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION 7,310

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 1,779 TRAVEL MEALS 167 NATIONAL CONFERENCES 250 STATE CONFERENCES 2,290 INSURANCE 1,680 BANK FEES 26 EQUIPMENT LEASE 129 NON-INVESTMENT DEPRECIATION 656 TOTAL 6,977

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	CHAPTER FURNITURE 0 5,373 LESS ACCUMULATED DEPRECIATION 0 448 TV 0 419 LESS ACCUMULATED DEPRECIATION 0 20 COMPUTERS-(2 @ 604 99EA) 0 1,210 LESS ACCUMULATED DEPRECIATION 0 81 CHAIRS (2 @ 249 99) 0 500 LESS ACCUMULATED DEPRECIATION 0 18 DESK (2 @ 259 99) 0 520 LESS ACCUMULATED DEPRECIATION 0 19 PRINTERS (4@ 103 98EA) 0 416 LESS ACCUMULATED DEPRECIATION 0 21 COMPUTERS-(2 @ 729 99EA) 0 1,460 LESS ACCUMULATED DEPRECIATION 0 49 TOTAL 0 9,242