

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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: DAV 22 Portsmouth Federal Chapter. D Employer identification number: 54-6070379. E Telephone number: 757-465-7300. F Group Exemption Number: 0557. G Accounting Method: X Cash. H Check X if the organization is not required to attach Schedule B. I Website: N/A. J Tax-exempt status: X 501(c)(4).

K Form of organization: X Corporation. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total gross receipts: \$ 141,153.

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]

Table with 21 rows and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Assets. Total revenue (line 9): 141,153. Total expenses (line 17): 124,903. Net assets at end of year (line 21): 417,867.

Client Copy

Vertical handwritten notes on the left margin: 'Doc as one', 'JA 23 21 98 65 JUL 09 2021', '594083', 'DAA'.

Handwritten note: 'Rec 5-17-21'

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	177,194	22	192,944
23 Land and buildings	224,923	23	224,923
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	402,117	25	417,867
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)	402,117	27	417,867

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	The Organization's purpose is to help disabled veterans access benefits from the Veterans Administration and other governmental agencies and improve their quality of life. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	124,903
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
	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	124,903

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
Humberto Rodriguez-Lopez Commander	1.00	0	0	0
Thomas Cahoon Treasurer	1.00	0	0	0
Larry Romaine SR Vice Commander	1.00	0	0	0
Patricia Coker-Bell Adjutant	1.00	0	0	0
John Simmons Assistant Adjutant	1.00	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

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
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.
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b 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, section 4912, section 4955
40b 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 I, Part I
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed: None
42a The organization's books are in care of: Board of Directors
42b Telephone no: 757-465-7300
42c 4648 Portsmouth Boulevard
42d Located at: Portsmouth VA ZIP + 4: 23701
42e 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)
42f 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:
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year? 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)?
45b 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.

Client Copy

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

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		
----	--	--

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

Client Copy

f Total number of other employees paid over \$100,000

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 **Thomas Cahoon** Signature of officer Date **09/16/2020**
Thomas Cahoon Type or print name and title **Treasurer**

Paid Preparer Only
 Print/Type preparer's name: **Joyce Riggins Schaffer, CPA**
 Preparer's signature: **Joyce Riggins Schaffer, CPA**
 Date: **09/14/20**
 Check if self-employed
 PTIN: **P00139010**
 Firm's name: **Malvin, Riggins & Company, P.C.**
 Firm's EIN: **54-1383985**
 Firm's address: **725 City Center Blvd, Suite 200 Newport News, VA 23606**
 Phone no: **757-881-9600**

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

2019

 Open to Public
 Inspection

Name of the organization

DAV 22 Portsmouth Federal Chapter

Employer identification number

54-6070379
Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Other Revenue	\$ 52,698
Dues Per Capita	\$ 2,397
Forget-me-Not Drive Receipts	\$ 1,226
Total	\$ 56,321

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
Dues		\$ 0

20

Client Copy

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Conferences	\$ 14,654
Insurance	\$ 2,504
Service and Charitable	\$ 74,932
Bank Charges	\$ 68
Other Expenses	\$ 12,129
Utilities	\$ 9,557
Cleaning Service	\$ 1,440
Repair & Maintenance	\$ 4,832
State Corp. Commission	\$ 25
Fire Marshall Insp/Extng	\$ 58

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

Employer identification number

DAV 22 Portsmouth Federal Chapter

54-6070379

Copier Maintnance	\$	3,288
-------------------	----	-------

Total \$		123,487
----------	--	---------

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Adjustment	\$	-500

Form 990-EZ, Part III - Primary Exempt Purpose

The Organization's purpose is to help disabled veterans access benefits from the Veterans Administration and other governmental agencies and to assist in improving their quality of life.

Client Copy