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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2009

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

**A For the 2009 calendar year, or tax year beginning** JUL 1, 2009 **and ending** JUN 30, 2010

|   |   |   |   |
|---|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C Name of organization</b><br><u>DISABLED AMERICAN VETERANS DEPT OF NJ</u><br>Number and street (or P.O. box, if mail is not delivered to street address)<br><u>135 W HANOVER STREET SUITE 4</u><br>City or town, state or country, and ZIP + 4<br><u>TRENTON, NJ 08618-4844</u> | <b>D Employer identification number</b><br><u>31-1017334</u><br><br><b>E Telephone number</b><br><u>609-396-2885</u><br><br><b>F Group Exemption Number</b> ▶ <u>0557</u> |
|---|---|---|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) **G Accounting method.**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ N/A **H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)

**J Tax-exempt status** (check only one) —  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 410,045.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|  |   |    |    |          |          |
|--|---|----|----|----------|----------|
|  | 1 Contributions, gifts, grants, and similar amounts received  |    | 1  |          | 201,608. |
|  | 2 Program service revenue including government fees and contracts   |    | 2  |          | 33,871.  |
|  | 3 Membership dues and assessments   |    | 3  |          | 49,408.  |
|  | 4 Investment income   |    | 4  |          | 1,796.   |
|  | 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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>      |    |    |          |          |
|  | a Gross revenue (not including \$ <u>25,000.</u> of contributions reported on line 1)   | 6a |    | 102,540. |          |
|  | b Less: direct expenses other than fundraising expenses   | 6b |    | 98,230.  |          |
|  | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   |    | 6c |          | 4,310.   |
|  | 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 ▶ <u>PROCEEDS FROM DEFUNCT CHAPTERS</u> )   |    | 8  |          | 20,822.  |
|  | 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   |    | 9  |          | 311,815. |
|  | 10 Grants and similar amounts paid (attach schedule)  |    | 10 |          |          |
|  | 11 Benefits paid to or for members  |    | 11 |          |          |
|  | 12 Salaries, other compensation, and employee benefits  |    | 12 |          | 67,273.  |
|  | 13 Professional fees and other payments to independent contractors  |    | 13 |          | 10,400.  |
|  | 14 Occupancy, rent, utilities, and maintenance  |    | 14 |          | 17,414.  |
|  | 15 Printing, publications, postage, and shipping  |    | 15 |          | 5,037.   |
|  | 16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u> )  |    | 16 |          | 253,254. |
|  | 17 <b>Total expenses.</b> Add lines 10 through 16   |    | 17 |          | 353,378. |
|  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |    | 18 |          | -41,563. |
|  | 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 |          | 374,138. |
|  | 20 Other changes in net assets or fund balances (attach explanation)  |    | 20 |          |          |
|  | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   |    | 21 |          | 332,575. |

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 374,138.              | 332,575.        |
| 23 Land and buildings   |                       |                 |
| 24 Other assets (describe ▶ _____)  |                       |                 |
| 25 <b>Total assets</b>  | 374,138.              | 332,575.        |
| 26 <b>Total liabilities</b> (describe ▶ _____)  | 0.                    | 0.              |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 374,138.              | 332,575.        |

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|  |  |   |
|--|--|---|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)  |  | <b>Expenses</b>   |
| What is the organization's primary exempt purpose? <b>TO PROVIDE SERVICE TO VETERANS.</b>  |  | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title |  |   |
| 28   | <b>SEE STATEMENT 3</b>   |   |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a 353,378.</b>   |
| 29   |  |   |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b>  |
| 30   |  |   |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>30a</b>  |
| 31   | Other program services (attach schedule)   |   |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b>  |
| 32   | <b>Total program service expenses</b> (add lines 28a through 31a)                        | <b>32 353,378.</b>  |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV) |  |  |   |  |
|---|--|--|---|--|
| (a) Name and address  | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| ROBERT MACDONALD, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | COMMANDER  | 1.00 0.                                    | 0.  | 0.                                       |
| PAUL DORMINA, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | SENIOR VICE COMMANDER                                    | 1.00 0.                                    | 0.  | 0.                                       |
| STEPHEN SMITH, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844  | 1ST JR. VICE COMMANDER                                   | 1.00 0.                                    | 0.  | 0.                                       |
| JOHN MALONE, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844  | 2ND JR. VICE COMMANDER                                   | 1.00 0.                                    | 0.  | 0.                                       |
| CRAIG MCTERNAN, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | 3RD JR. VICE COMMANDER                                   | 1.00 0.                                    | 0.  | 0.                                       |
| DONALD SCHOLTES, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844  | CHIEF INSPECTOR  | 1.00 0.                                    | 0.  | 0.                                       |
| RONALD ESTEPP, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844  | TREASURER  | 15.00 0.                                   | 0.  | 0.                                       |
| JEANNE GOLDY-SANITATE, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ   | SERGEANT AT ARMS   | 1.00 0.                                    | 0.  | 0.                                       |
| JOHN CHAPLICK, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844  | JUDGE ADVOCATE   | 1.00 0.                                    | 0.  | 0.                                       |
| STEPHEN DUNCAN, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | STATE ADJUTANT   | 1.00 0.                                    | 0.  | 0.                                       |
| HOMER MARTELLI, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | DEPARTMENT CHAPLAIN                                      | 1.00 0.                                    | 0.  | 0.                                       |
| JOSE DE LEON, 135 W HANOVER ST., SUITE 4, DAV, TRENTON, NJ 08618-4844   | HISTORIAN/WEBMASTER                                      | 1.00 0.                                    | 0.  | 0.                                       |
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Part V Other Information (Note the statement requirements in the instructions for Part V)

|     |  | Yes | No  |
|-----|--|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X   |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |     |     |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   |     | X   |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year?   | N/A |     |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions.  | 37a | 0.  |
| 37b | 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 period covered by this return?   | 38a | X   |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b | N/A |
| 39  | Section 501(c)(7) organizations. Enter:  |     |     |
| 39a | a Initiation fees and capital contributions included on line 9   | 39a | N/A |
| 39b | b Gross receipts, included on line 9, for public use of club facilities  | 39b | N/A |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>   |     |     |
| 40b | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X   |
| 40c | c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0.  |
| 40d | d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     | 0.  |
| 40e | 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. <u>NONE</u>   |     |     |
| 42a | The organization's books are in care of <u>RONALD ESTEPP, TREASURER</u> Telephone no. <u>609-396-2885</u><br>Located at <u>135 W HANOVER STREET, SUITE 4, TRENTON, NJ</u> ZIP + 4 <u>08618-4844</u>  |     |     |
| 42b | 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)?<br>If "Yes," enter the name of the foreign country: _____   | 42b | X   |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>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 <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year  | 43  | N/A |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44  | X   |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45  | X   |

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
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."

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Content: N/A

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: N/A

d Total number of other independent contractors each receiving over \$100,000

Sign Here: 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.
Preparer: Ronald E. Estep, Treasurer, Date: 11/1/20

Paid Preparer's Use Only: Preparer's signature: Bruce J. Ludlow, Date: 10/26/10, Check if self-employed: [ ], Preparer's identifying number: P00153647, Firm's name: KLATZKIN & COMPANY, LLP, 1670 WHITEHORSE HAM SQ RD, HAMILTON, NJ 08690-3513, EIN: 21-0650289, Phone: (609) 890-9189

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events              | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|----|--|--------------|-------------------------------|--|
|                 |    | <b>MAGNET<br/>CAMPAIGN</b><br>(event type)                 | (event type) | <b>NONE</b><br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 23,717.      |                               | 23,717.  |
|                 | 2  | Less Charitable contributions                              | 5,000.       |                               | 5,000.   |
|                 | 3  | Gross income (line 1 minus line 2)                         | 18,717.      |                               | 18,717.  |
| Direct Expenses | 4  | Cash prizes  |              |                               |  |
|                 | 5  | Noncash prizes   |              |                               |  |
|                 | 6  | Rent/facility costs  |              |                               |  |
|                 | 7  | Food and beverages   |              |                               |  |
|                 | 8  | Entertainment  |              |                               |  |
|                 | 9  | Other direct expenses                                      | 17,821.      |                               | 17,821.  |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) |              |                               | ( 17,821 )   |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 |              |                               | 896.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col (c))                              |         |
|-----------------|--|-----------------------|---|---|--|---------|
|                 |  | Revenue               | 1   | Gross revenue   |  | 72,749. |
| Direct Expenses | 2  | Cash prizes           |   | 43,000.   | 43,000.  |         |
|                 | 3  | Noncash prizes        |   |   |  |         |
|                 | 4  | Rent/facility costs   |   |   |  |         |
|                 | 5  | Other direct expenses |   |   | 29,268.  | 29,268. |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |         |
| 7               | Direct expense summary Add lines 2 through 5 in column (d)       |                       |   |   | ( 72,268 )   |         |
| 8               | Net gaming income summary Combine line 1, column (d), and line 7 |                       |   |   | 481.   |         |

|  | Yes  | No |
|--|------|----|
| 9 Enter the state(s) in which the organization operates gaming activities <b>NJ</b>  |      |    |
| a Is the organization licensed to operate gaming activities in each of these states?   | 9a X |    |
| b If "No," explain:  |      |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   |      | X  |
| b If "Yes," explain:   |      |    |
| 11 Does the organization operate gaming activities with nonmembers?  | X    |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? |      | X  |

**13** Indicate the percentage of gaming activity operated in:

|            |          |
|------------|----------|
| <b>13a</b> | 100.00 % |
| <b>13b</b> | %        |

- a The organization's facility
- b An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► NICOLE CIRINGIONE

Address ► 135 WEST HANOVER STREET SUITE 4 - TRENTON, NJ 08618

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a** Yes No **X**

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► RONALD ESTEPP

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► OVERSEES RAFFLE OPERATIONS

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**17a** Yes No **X**

| FORM 990-EZ                    | OTHER EXPENSES | STATEMENT | 1 |
|--------------------------------|----------------|-----------|---|
| DESCRIPTION                    |                | AMOUNT    |   |
| PAYROLL SERVICE FEES           |                | 2,255.    |   |
| PAYROLL TAXES                  |                | 4,227.    |   |
| AUTOMOBILE EXPENSE             |                | 12,269.   |   |
| NATIONAL CONFERENCE EXPENSE    |                | 123,885.  |   |
| OFFICE SUPPLIES                |                | 5,119.    |   |
| INSURANCE EXPENSE              |                | 1,600.    |   |
| MEMBERSHIP DUES                |                | 8,254.    |   |
| ADVERTISING EXPENSE            |                | 1,049.    |   |
| DONATIONS                      |                | 5,500.    |   |
| TRAVEL EXPENSE                 |                | 38,579.   |   |
| MISCELLANEOUS EXPENSE          |                | 2,578.    |   |
| SERVICE AND CHARITABLE EXPENSE |                | 47,939.   |   |
| TOTAL TO FORM 990-EZ, LINE 16  |                | 253,254.  |   |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

SERVICES ARE PROVIDED TO VETERANS AND THEIR DEPENDANTS, ASSIST IN FILING CLAIMS, PROVIDE INFORMATION AND LITERATURE, ASSIST STATE DAV CHAPTERS AND COORDINATE STATE WIDE CONVENTION.