See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Disabled American Veterans

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3725 Alexandria Pike

City or town, state or country, and ZIP + 4
Cold Spring, KY 41076

D Employer identification number
31-0263158

E Telephone number
(859) 441-7300

G Gross receipts $ 730,340,285

F Name and address of principal officer
Arthur Wilson
3725 Alexandria Pike
Cold Spring, KY 41076

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0557

I Tax-exempt status ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www dav org

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ | **L** Year of formation 1932 | **M** State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Since 1920, DAV builds better lives for America's disabled veterans and their families

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	649
6	Total number of volunteers (estimate if necessary)	6	9,100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	117,514,051	109,709,450
9	Program service revenue (Part VIII, line 2g)	5,841,259	5,418,749
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,086,098	-74,204
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,057,805	994,659
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,327,017	116,048,654

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,746,009	8,348,814
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,930,385	52,814,498
16a	Professional fundraising fees (Part IX, column (A), line 11e)	234,488	249,196
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,407,373		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	74,634,989	62,621,153
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	130,545,871	124,033,661
19	Revenue less expenses Subtract line 18 from line 12	-15,218,854	-7,985,007

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	314,812,371	363,145,584
21	Total liabilities (Part X, line 26)	119,925,286	124,166,423
22	Net assets or fund balances Subtract line 21 from line 20	194,887,085	238,979,161

Part II Signature Block

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: 2010-07-06

Richard Patterson National Adjutant
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
Deloitte Tax LLP
250 East Fifth Street Suite 1900
Cincinnati, OH 45202

EIN ▶

Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Made up exclusively of men and women disabled in our nation's defense, the Disabled American Veterans is dedicated to one, single purpose building better lives for all of our nation's disabled veterans and their families -Provide free, professional assistance to veterans and their families to obtain benefits & services earned through military service & provided by the Dept of Veterans Affairs and other agencies, -Provide outreach concerning its program services to the American people, and to disabled veterans and their families, -Represent the interests of disabled veterans, their families, widowed spouses and orphans before Congress, the White House, the Judicial Branch, and state & local govt, -Extend the DAV's mission of hope into communities where these veterans and their families live through a network of state-level Depts and local chapters,-Provide a structure through which disabled veterans express their compassion for fellow veterans through volunteer programs

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 51,470,279 including grants of $ 8,348,814) (Revenue $)

NATIONAL SERVICE PROGRAM In 110 offices throughout the United States and in Puerto Rico, the DAV employs a corps of approximately 260 National Service Officers (NSO's) and 34 Transition Service Officers (TSO's) who directly and tirelessly represent veterans and their families with claims for benefits from the Department of Veterans Affairs, the Department of Defense and other government agencies Veterans need not be DAV members to take advantage of this outstanding assistance, which is provided free of charge Between January 1, 2009, and December 31, 2009, our NSO's and TSO's, all wartime service-connected disabled veterans, represented nearly a quarter of a million veterans and their families in their claims for VA benefits, obtaining approximately $4 5 billion for them in new and retroactive benefits DAV's highly skilled National Appeals Officers (NAO's) provide an invaluable service to appellants in the preparation of informal hearing presentations and by conducting formal hearings for Board of Veterans' Appeals (BVA) review The DAV maintains the largest staff of any advocacy group Transition Service Officers (TSO's) provide benefits counseling and assistance to service members filing initial claims for VA benefits at more than 100 military installations throughout the nation By filing compensation claims at separation centers where service medical records and examination facilities are readily available, DAV is able to provide better, more prompt service to these future veterans During 2009, TSO's conducted over 3,136 formal presentations to approximately 86,130 transitioning service members During that same time, our TSO's filed over 26,207 claims for veterans' benefits By literally putting our service offices on the road, assisting veterans where they live, DAV is increasing their accessibility to benefits The DAV currently has 10 specially equipped Mobile Service Offices (MSO's) to visit communities across the country During 2009, our MSO's traveled more than 114,000 miles while visiting 727 cities and towns NSO's interviewed 18,647 veterans and other potential claimants The NSO's also participate in other outreach efforts such as Veterans Information Seminars, Homeless Veteran Initiatives, Employment Programs and Women Veterans Outreach Programs VOLUNTARY SERVICE PROGRAM The DAV also operates an extensive network of programs through which volunteers provide a variety of services to disabled veterans Since 1987, 2,260 vans have been purchased by the DAV National Organization, Chapters, Departments, and the DAV National Service Foundation Columbia Trust These vans have all been donated to VA hospitals for use in the Transportation Network During 2009, Transportation Network Volunteers contributed 1,857,670 hours of service, valued at $37,617,818 and drove 22,308,554 miles, providing 595,718 free rides to veterans The value of these contributed services is reported as revenue on DAV's financial statements prepared in accordance with Generally Accepted Accounting Principles, but is not recorded as revenue on this Form 990 in accordance with Internal Revenue Service guidelines In addition to those hours donated under the Transportation Network during 2009, DAV volunteers contributed another 349,342 hours of service to veterans, volunteering at VA hospitals, clinics, and nursing homes through the VA Voluntary Service (VAVS) program STATE SERVICE AND DISASTER RELIEF PROGRAMS The DAV conducts a program under which direct grants are provided to needy disabled veterans and their families, as well as a program to fund state level services to these veterans and families The DAV is there when disasters strike to offer aid and assistance to our members and all affected veterans DAV National Service Officers are dispatched to the disaster area to provide monetary assistance, conduct benefit counseling, and to offer referral sources We provided disaster relief grants in the aftermath of natural disasters and emergencies in various areas around the nation During 2009, grants totaling $10,625 were disbursed to help disabled veterans secure temporary lodging, food, and other necessities Since the program's inception in 1968, $8,761,581 has been disbursed The DAV conducts a program to help fund services that state level Departments provide to disabled veterans and their families In some cases, these Department programs extend, supplement, or dovetail services the DAV provides in these states through its nationwide programs In other cases, Departments have created entirely new programs to meet the unique needs of veterans in their states Grants to Departments under this program totaled $5,183,646 in 2009 This program carries the DAV's self-help concept forward in a unique way, in that it is funded exclusively with donations made by disabled veterans who are members of the DAV, not with contributions from the general public

4b (Code) (Expenses $ 4,861,983 including grants of $) (Revenue $)

PUBLICATIONS & COMMUNICATIONS A well-informed membership is essential to the DAV's strength As a membership organization, the DAV publishes a full-color magazine to keep our members informed about important issues and our government's policies affecting the federal benefits and services they've earned The DAV produces a variety of print advertisements, brochures, and other informational products to advise all disabled veterans and their families of the organization's free services, as well as opportunities to assist others through our volunteer programs The DAV also maintains a comprehensive Internet website (www dav org), which serves as a vital informational and education resource for disabled veterans and the general public As part of our comprehensive public outreach program, the DAV also produces and distributes television and radio public service announcements, or PSAs, increasing public awareness and understanding of the needs of disabled veterans and other handicapped people

4c (Code) (Expenses $ 9,485,501 including grants of $) (Revenue $ 5,418,749)

MEMBERSHIP PROGRAM The DAV provides a variety of services in its efforts to build the large, strong, and active membership base required to effectively promote a positive agenda for the well-being of America's disabled veterans and their families In accomplishing this, the organization coordinates and extends its mission of hope into communities where veterans and their families live A structure of 52 state Departments and more than 1,584 local Chapters nationwide supports our mission Funds raised from the general public are not used to pay for membership services

(Code) (Expenses $ 21,145,359 including grants of $) (Revenue $)

LEGISLATIVE PROGRAM The DAV's National Legislative Department is engaged in a number of efforts to improve, advance and protect interests of disabled veterans, their families, widowed spouses, and surviving children in the legislative and public policy arena Through direct contact with legislators, congressional testimony, and ongoing, concentrated grassroots lobbying, the DAV strives to be the voice of America's wartime disabled veterans No funds from charitable contributions are used to cover the expenses of the DAV's Legislative Program, with the exception of contributions donated explicitly to fund legislative efforts All other legislative operations are funded from membership dues During 2009, $1,848,286 was spent on legislative activities PUBLIC AWARENESS OUTREACH Too many disabled veterans remain in need of federal benefits and services they've earned but haven't used Generally, these veterans aren't aware of their entitlements or the free help the DAV National Service Program can provide in filing for VA and other government benefits Further, many aren't aware of the various programs the DAV offers for disabled veterans and their families In a nontraditional approach, the Public Awareness Outreach Program asks our donors to help identify these veterans and get them into contact with the DAV In 2009, $19,297,073 was spent on this large-scale outreach effort, an investment that's paying real dividends in the lives of disabled veterans and their families This program supplements the outreach efforts already built into the DAV's other program services It offers the American people an even greater opportunity to become personally involved in identifying and assisting those in need of DAV programs and services

4d Other program services (Describe in Schedule O)
(Expenses $ 21,145,359 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 86,963,122

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	120		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	649		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	7		
b	Enter the number of voting members that are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AZ , AR , CT , FL , GA , HI , KS , ME , MD , MN , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , TN , TX , UT , VA , WA , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Arthur Wilson
3725 Alexandria Pike
Cold Spring, KY 41076
(859) 441-7300

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert T Reynolds Chairman (8/08-8/09)	5 00	X						5,750	0	0
Raymond E Dempsey Chairman (8/09-8/10)	5 00	X						99,580	0	0
Roberto Barrera Vice-Chairman(8/08-8/09)	5 00	X						87,741	0	0
Wallace Tyson Vice-Chairman(8/09-8/10)	5 00	X						9,962	0	0
William Bottom Treasurer (8/08-8/09)	5 00	X						4,356	0	0
Robert DiGirolamo Treasurer (8/09-8/10)	5 00	X						6,265	0	0
Joseph A Costa Director (8/08-8/09)	5 00	X						3,524	0	0
Ronald D Tears Director (8/09-8/10)	5 00	X						6,811	0	0
Rodney Tucker Director (8/09-8/10)	5 00	X						600	0	0
Arthur Wilson Natl Adjutant/CEO/Sec	40 00	X		X				264,704	0	63,548
David Gorman Exec Director NSLHQ	40 00				X			182,624	0	34,902
Richard E Patterson Exec Dir National HQ	40 00				X			188,603	0	43,966
Christopher Clay General Counsel	40 00					X		186,674	0	98,021
Anita Blum Comptroller	40 00					X		152,054	0	61,383
Anthony Baskerville Director of Membership	40 00					X		135,039	0	65,438
Joseph Violante Natl Legislative Dir	40 00					X		139,544	0	84,847
Gregory Nichols Director of IT	40 00					X		202,722	0	31,067

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								1,676,553	0	483,172

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 31

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Kelly Services Inc PO Box 530437 Atlanta, GA 303530437	Temporary Services	810,666
Adecco Employment Services PO Box 371084 Pittsburgh, PA 152507084	Temporary Services	494,492
Epicor Software Corporation 18200 Von Karmen Avenue Irvine, CA 92612	Consulting	393,106
Quebecor World PO Box 98668 Chicago, IL 606938668	Printing Services	376,250
AirSupport LLC 4490 West Lake Rd Canandagua, NY 14424	Consulting	368,948
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 18		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 109,709,450				
	g	Noncash contributions included in lines 1a-1f $ 104,113					
	h	**Total.** Add lines 1a-1f		109,709,450			
Program Service Revenue			Business Code				
	2a	Membership Dues	900,099	5,418,749	5,418,749		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		5,418,749			
	3	Investment income (including dividends, interest and other similar amounts)		8,258,353			8,258,353
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		957,726			957,726
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	605,959,074				
	b	Less cost or other basis and sales expenses	614,291,631				
	c	Gain or (loss)	-8,332,557				
	d	Net gain or (loss)		-8,332,557			-8,332,557
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Other revenue	900,099	36,933			36,933
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		36,933			
	12	**Total revenue.** See Instructions		116,048,654	5,418,749	0	920,455

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,231,876	8,231,876		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	116,938	116,938		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	910,237	705,769	204,468	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	120,097	47,708	72,389	
7 Other salaries and wages	29,007,834	24,850,210	2,005,483	2,152,141
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,926,438	7,832,713	719,976	1,373,749
9 Other employee benefits	10,435,135	8,874,348	671,305	889,482
10 Payroll taxes	2,414,757	2,070,436	162,711	181,610
11 Fees for services (non-employees)				
a Management				
b Legal	173,630	22,137	151,493	
c Accounting	125,930		125,930	
d Lobbying	152,779	152,779		
e Professional fundraising *See Part IV, line 17*	249,196			249,196
f Investment management fees	905,732		905,732	
g Other	3,381,599	2,081,936	808,982	490,681
12 Advertising and promotion	293,186	232,689	319	60,178
13 Office expenses	44,849,179	21,734,551	140,688	22,973,940
14 Information technology	38,450	28,033	8,665	1,752
15 Royalties	1,695,311	730,533		964,778
16 Occupancy	782,480	478,726		303,754
17 Travel	1,316,767	1,264,795	39,962	12,010
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,149,525	1,149,525		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,198,086	1,215,235	281,124	701,727
23 Insurance	344,023	235,435	84,950	23,638
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Membership Services	4,000,000	4,000,000	0	0
b Relocation	530,842	530,842	0	0
c Other Expenses	524,852	246,380	251,490	26,982
d Project Costs	91,810	91,810	0	0
e Training	66,972	37,718	27,499	1,755
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	124,033,661	86,963,122	6,663,166	30,407,373
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	42,865,631	19,289,534	0	23,576,097

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		6,562,704	2	6,463,577
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,425,202	4	2,130,928
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,435,153	8	1,995,193
	9	Prepaid expenses and deferred charges		5,842,138	9	3,464,579
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 35,060,025			
	b	Less accumulated depreciation	10b 26,984,944	9,605,663	10c	8,075,081
	11	Investments—publicly traded securities		289,570,711	11	340,758,726
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		370,800	15	257,500
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		314,812,371	16	363,145,584
Liabilities	17	Accounts payable and accrued expenses		22,212,970	17	18,227,028
	18	Grants payable			18	
	19	Deferred revenue		5,519,767	19	4,786,117
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		92,192,549	25	101,153,278
	26	**Total liabilities.** Add lines 17 through 25		119,925,286	26	124,166,423
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		194,887,085	27	238,979,161
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		194,887,085	33	238,979,161
	34	Total liabilities and net assets/fund balances		314,812,371	34	363,145,584

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		467,464		467,464
b Buildings		7,005,995	4,865,704	2,140,291
c Leasehold improvements		3,851,502	2,335,975	1,515,527
d Equipment		23,373,271	19,783,265	3,590,006
e Other		361,793		361,793
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,075,081

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Reserve for Life Membership Dues	54,370,764
Post Retirement benefit obligation	46,078,522
Other liabilities	703,992
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	101,153,278

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	116,048,654
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	124,033,661
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,985,007
4	Net unrealized gains (losses) on investments	4	40,890,055
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,187,028
9	Total adjustments (net) Add lines 4 - 8	9	52,077,083
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	44,092,076

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	154,574,228
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	39,431,306		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	39,431,306
3	Subtract line **2e** from line **1**			3	115,142,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	905,731		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	905,731
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	116,048,653

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	162,559,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	39,431,306		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	39,431,306
3	Subtract line **2e** from line **1**			3	123,127,929
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	905,732		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	905,732
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	124,033,661

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	In July 2006, the Financial Accounting Standards Board (FASB) issued FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes -- an interpretation of FASB Statement No 109 This guidance was codified into Accounting Standards Codification (ASC) Topic 740, Income Taxes, effective July 1, 2009 ASC Topic 740 clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements It also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition DAV applied ASC Topic 740, beginning January 1, 2009, and noted no effect on its financial statements
Part XI, Line 8 - Other Adjustments		Adj to minimum pension liability & effect of provisions of ASC 715

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Creative Direct Response	Direct Mail & Electronic Fundraising		No	3,554,915	172,800	3,382,115
First Degree LLC	Corporate Fundraising		No	402,020	76,396	325,624
Total . . . . . ▶				3,956,935	249,196	3,707,739

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK,AR,AZ,CA,CO,CT,FL,GA,HI,IL,IN,KS,KY,ME,MD,MA,MN,MS,MO,NC,NH,NJ,NM,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
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			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ 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?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

3 Enter total number of other organizations . . . . . ▶ 54

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	33	69,153			
Disaster Relief	22	10,625			
Balad AFB, Iraq	1310		18,668	Book	Computer Backpacks
732nd Combat Stress Control Unit, Iraq	10000		6,500	Book	Stress Balls

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The procedure for monitoring the use of grants varies depending on the type of grant For grants to DAV Departments, every department is required to submit an annual financial report to DAV for approval Review of annual financial reports allows DAV to monitor the proper use of funds granted by DAV and to ensure good standing for continued eligibility Disaster Relief grants are paid to victims located in qualifying disaster areas, after proof of loss is demonstrated by the recipient Rather than giving funds to the grant recipients, most other grants are distributed in the form of direct payment to the billing party, on behalf of the qualifying organization or individual This allows DAV to control the use of the grant funds Expenses for the National Veterans Winter Sports Clinic and Van Program are sent directly to and are paid by DAV (directly to the billing party) when determined that the expense is an acceptable and qualifying cost of the designated program Scholarship payments towards tuition on behalf of an eligible award recipient are paid directly to the academic institution The remainder of the grants are made on a good faith basis to reputable organizations with a history of service to disabled veterans

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-0263158
Name: Disabled American Veterans

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAV Dept of Alabama7538 Misty Lane Pinson, AL 351262463	63-0421186	501(c)(4)	94,728				Veteran Services
DAV Dept of Arizona38 West Dunlap Ave Phoenix, AZ 85021	86-0191627	501(c)(4)	103,728				Veteran Services
DAV Dept of ArkansasPO Box 1620 North Little Rock, AR 72115	38-6143144	501(c)(4)	71,372				Veteran Services
DAV Dept of California 13733 East Rosecrans Ave Santa Fe Springs, CA 90670	95-0684372	501(c)(4)	1,920,910				Veteran Services
DAV Dept of Colorado1485 Holland St Lakewood, CO 802154735	84-0388439	501(c)(4)	120,813				Veteran Services
DAV Dept of Connecticut35 Cold Spring Road Suite 315 Rocky Hill, CT 06067	06-6050968	501(c)(4)	47,920				Veteran Services
DAV Dept of DelawarePO Box 407 Camden, DE 19934	23-7169083	501(c)(4)	13,044				Veteran Services
DAV Dept of DCPO Box 43584 Washington, DC 20010	31-1017322	501(c)(4)	11,773				Veteran Services
DAV Dept of Florida2015 SW 75th St Gainesville, FL 32607	59-0915376	501(c)(4)	346,699				Veteran Services
DAV Dept of Georgia4462 Houston Ave Macon, GA 31206	58-6043522	501(c)(4)	116,060				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAV Dept of Idaho106 East Hazel St Caldwell, ID 836054817	82-6013538	501(c)(4)	27,024				Veteran Services
DAV Dept of Illinois2 Drawbridge Rd Suite 11 Springfield, IL 62704	36-2026733	501(c)(4)	113,885				Veteran Services
DAV Dept of Indiana2439 West 16th St Indianapolis, IN 46222	35-0269110	501(c)(4)	89,305				Veteran Services
DAV Dept of IowaPO Box 96 Lansing, IA 521510096	42-0218615	501(c)(4)	41,156				Veteran Services
DAV Dept of Kansas3601 SW 29th St Suite 115 Topeka, KS 66614	48-0669371	501(c)(4)	41,510				Veteran Services
DAV Dept of KentuckyPO Box 129 Shepherdsville, KY 40165	61-0574614	501(c)(4)	108,954				Veteran Services
DAV Dept of Louisiana1885 Wooddale Blvd Suite 113 Baton Rouge, LA 70806	72-6023897	501(c)(4)	56,996				Veteran Services
DAV Dept of MainePO Box 3415 Augusta, ME 04330	51-0169791	501(c)(4)	39,345				Veteran Services
DAV Dept of Maryland101 North Gay St B Baltimore, MD 21202	52-6055613	501(c)(4)	80,722				Veteran Services
DAV Dept of Massachusetts Room 546 State House Boston, MA 02133	04-2170836	501(c)(4)	171,091				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAV Dept of Michigan17779 East Fourteen Mile Rd Fraser, MI 48026	38-0489155	501(c)(4)	151,031				Veteran Services
DAV Dept of Minnesota20 West 12th St 3rd Floor St Paul, MN 55155	41-0641627	501(c)(4)	89,513				Veteran Services
DAV Dept of MississippiPO Box 1579 Jackson, MS 39215	64-6034899	501(c)(4)	39,233				Veteran Services
DAV Dept of Missouri22902 Michigan Trail Kirksville, MO 635011623	43-1428547	501(c)(4)	97,495				Veteran Services
DAV Dept of MontanaPO Box 777 Victor, MT 598750777	81-0245122	501(c)(4)	22,892				Veteran Services
DAV Dept of Nebraska2533 North 83rd St Lincoln, NE 685073390	47-0462717	501(c)(4)	35,156				Veteran Services
DAV Dept of Nevada4129 Karma Dr North Las Vegas, NV 890325009	88-0191079	501(c)(4)	34,160				Veteran Services
DAV Dept of New Hampshire 24 Beech Rd Dover, NH 038204207	02-6018967	501(c)(4)	29,315				Veteran Services
DAV Dept of New Jersey135 West Hanover St 4th Floor Trenton, NJ 08618	31-1017334	501(c)(4)	111,713				Veteran Services
DAV Dept of New Mexico 2511 Utah NE Albuquerque, NM 87110	85-0131116	501(c)(4)	56,973				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAV Dept of New York162 Atlantic Ave Lynbrook, NY 11563	11-2248726	501(c)(4)	292,207				Veteran Services
DAV Dept of North Carolina PO Box 28146 Raleigh, NC 27611	56-6061261	501(c)(4)	192,480				Veteran Services
DAV Dept of North Dakota 425 7th Avenue West Williston, ND 588014909	45-0232777	501(c)(4)	22,775				Veteran Services
DAV Dept of OhioPO Box 15099 Columbus, OH 43215	31-4166963	501(c)(4)	196,340				Veteran Services
DAV Dept of Oklahoma2311 North Central Ave 1000B Oklahoma City, OK 73105	73-6112085	501(c)(4)	105,658				Veteran Services
DAV Dept of Oregon5922 NE 55th Ave Portland, OR 972182302	93-0155562	501(c)(4)	51,811				Veteran Services
DAV Dept of Pennsylvania 4219 Trindle Rd Camp Hill, PA 17011	23-0520283	501(c)(4)	204,062				Veteran Services
DAV Dept of Rhode Island1 Capitol Hill Level G Providence, RI 02908	05-6023646	501(c)(4)	27,203				Veteran Services
DAV Dept of South Carolina PO Box 5317 West Columbia, SC 29171	57-0600471	501(c)(4)	79,807				Veteran Services
DAV Dept of South Dakota 1519 West 51st St Sioux Falls, SD 57105	46-6016959	501(c)(4)	23,164				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAV Dept of TennesseeWar Memorial Bldg G-22 Nashville, TN 37243	62-6074303	501(c)(4)	97,716				Veteran Services
DAV Dept of Texas2305 Oak Lane Suite 225 Grand Prairie, TX 75051	75-6053959	501(c)(4)	354,835				Veteran Services
DAV Dept of Utah6784 South 1530 East Salt Lake City, UT 841212732	87-6151236	501(c)(4)	34,880				Veteran Services
DAV Dept of VermontPO Box 828 White River Junction, VT 05001	03-6015639	501(c)(4)	14,118				Veteran Services
DAV Dept of VirginiaPO Box 7176 Roanoke, VA 24019	54-0697376	501(c)(4)	195,599				Veteran Services
DAV Dept of WashingtonPO Box 8595 Lacey, WA 98509	91-0544487	501(c)(4)	132,407				Veteran Services
DAV Dept of West VirginiaPO Box 274 Oceana, WV 248700274	55-0521769	501(c)(4)	50,473				Veteran Services
DAV Dept of Wisconsin130 Dauphin St Green Bay, WI 54301	39-0244255	501(c)(4)	87,570				Veteran Services
DAV Dept of Wyoming219 Ames Ave Cheyenne, WY 820072218	23-7041066	501(c)(4)	10,705				Veteran Services
DAV Dept of Puerto RicoPO Box 76 Puerto Real, PR 007400076	23-7352551	501(c)(4)	44,727				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAV Dept of Hawaii2685 North Nimitz Hwy Honolulu,HI 96819	99-0105357	501(c)(4)	42,347				Veteran Services
DAV Dept of Alaska6704 Notting Hill Dr Anchorage,AK 995044563	52-1648345	501(c)(4)	14,245				Veteran Services
Disabled Veterans Life Memorial Foundation6290 Linton Blvd Delray Beach,FL 33484	52-2098855	501(c)(3)	742,855				Veteran Services
Columbia Trust Service Programs3725 Alexandria Pike Cold Spring,KY 41076	52-1516071	501(c)(4)	67,320				Veteran Services
Department of Veterans Affairs50 Irving St NW Washington,DC 20422		Gov't Entity	559,250				Winter Sports Clinic
Department of Veterans Affairs50 Irving St NW Washington,DC 20422		Gov't Entity	236,202				Van Program
DAV Portland Oregon Chapter #18725 NE Sandy Blvd Portland,OR 97220	93-0256275	501(c)(4)	66,604				Veteran Services

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Arthur Wilson	(i)	255,529	0	9,175	61,000	2,548	328,252	0
	(ii)	0	0	0	0	0	0	0
David Gorman	(i)	176,708	800	5,116	34,408	494	217,526	0
	(ii)	0	0	0	0	0	0	0
Richard E Patterson	(i)	181,666	800	6,137	39,474	4,492	232,569	0
	(ii)	0	0	0	0	0	0	0
Christopher Clay	(i)	180,466	800	5,408	90,329	7,692	284,695	0
	(ii)	0	0	0	0	0	0	0
Anita Blum	(i)	147,437	800	3,817	57,389	3,994	213,437	0
	(ii)	0	0	0	0	0	0	0
Anthony Baskerville	(i)	111,930	19,770	3,339	62,890	2,548	200,477	0
	(ii)	0	0	0	0	0	0	0
Joseph Violante	(i)	135,128	800	3,616	84,847	0	224,391	0
	(ii)	0	0	0	0	0	0	0
Gregory Nichols	(i)	123,834	0	78,888	29,091	1,976	233,789	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	First Class or Charter Travel DAV-paid airfare is typically for coach-class travel First-class airfare may be approved considering such factors as the degree to which the traveler is disabled and the length of the trip In 2009, three persons listed on Schedule J, Part I, traveled first class for DAV related business It was not considered taxable income DAV does not pay for charter travel Travel for Companions DAV pays for companions of those traveling on DAV business, but on a very limited basis Such authorization is only granted when the companion's presence either confers an actual benefit on DAV or provides needed aid and assistance for a significantly disabled DAV traveler In the case of the DAV traveler requiring aid and assistance, DAV will bear the full expense of the companion and it is not considered taxable income In all other situations, companion expenses are either reimbursed by the DAV traveler or included in taxable income In 2009, DAV paid for companion travel of two persons listed on Schedule J, Part I, all of which was for spouses of a significantly disabled traveler Discretionary spending account During their one-year, nonsuccessive term, DAV pays the National Commander an annual expense allowance prorated from the date of his election to the date of the election of his successor, in an amount approved by the Board of Directors, and reflected in the appropriate minutes The amount is to cover lodging, meals, and other expenses incurred to serve in this capacity It is comparable to amounts paid those in similar positions in like organizations and is reported as taxable income on Form 1099 In 2009, Raymond Dempsey, DAV National Commander (January to August), received $98,790 and Roberto Barrera, DAV National Commander (September to December), received $76,209 for such payments
	Part I, Line 4a	Gregory Nichols received a severance payment of $75,000 during 2009
	Part I, Line 7	DAV has a Leadership Incentive Program that offers an additional percentage of annual base salary to about 40 employees - primarily key executives, directors and managers The award percentage is based on the individual participant's position and the organization's measured success meeting 7 goals - one related to achievement of standard ratios published by the BBB Wise Giving Alliance and 6 based on DAV strategic plan goals The Program was designed with assistance from an outside, independent consultant and approved by the Board of Directors

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Wilson David	Officer's fam membr	72,388	Employment		No
Patterson William	Officer's fam membr	47,708	Employment		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	27	104,113	Cost or selling price
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Non-cash contributions (securities) are received, processed, and sold by Fifth Third Bank, Cincinnati, OH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493187002110

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		DAV is a not-for-profit organization with members that have the right to participate in the organization's governance They, or their delegates, elect four members of DAV's Board of Directors
Form 990, Part VI, Section A, line 7a		Please see Form 990, Part VI, Section A, Line 6
Form 990, Part VI, Section B, line 11		Following completion of Form 990 (Form)by the DAV's tax preparer, it is reviewed by DAV's Accounting Department staff and Executive Director Once resulting revisions are made, the Form is mailed to the Board of Directors for their review and questions It is subsequently filed with the IRS
Form 990, Part VI, Section B, line 12c		All members of the Board of Directors receive a copy of the Conflict of Interest Policy immediately upon assuming office, or at a minimum, annually The same process applies to key employees and department directors Recipients acknowledge they have read the policy, identify any areas of conflict and return the signed disclosure form to the DAV Executive Director Responses are reviewed and identified Conflicts are referred to the Board of Directors for discussion and approval as appropriate
Form 990, Part VI, Section B, line 15		Every four or five years DAV hires an independent consulting firm to review compensation of DAV National Adjutant and CEO, Executive Directors, key employees, and other top management officials This involves review of position responsibilities, accumulation of comparable data from other organizations and determination of appropriate compensation ranges for each The ranges are reviewed and approved by independent members of the Board of Directors (Board) Any subsequent changes in compensation, typically annual and within the established ranges, are also approved by the Board Non-employee members of DAV's Board receive a daily per diem of $250 when attending meetings or representing DAV at various related events This is primarily to cover meals and lodging
Form 990, Part VI, Section C, line 19		Governing documents and the conflict of interest policy are available upon request The DAV Annual Report and most recent Form 900 are available on DAV's website (www dav org) and also upon request or public inspection at DAV National Headquarters

Additional Data

Software ID:
Software Version:
EIN: 31-0263158
Name: Disabled American Veterans

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Membership Services	4,000,000	4,000,000	0	0
Relocation	530,842	530,842	0	0
Other Expenses	524,852	246,380	251,490	26,982
Project Costs	91,810	91,810	0	0
Training	66,972	37,718	27,499	1,755