



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



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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****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 organizationDISABLED AMERICAN VETERANS
NATIONAL SERVICE FOUNDATION

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 41076-1712

F Name and address of principal officer: GARY P. BURNS

SAME AS C ABOVE

D Employer identification number

52-1516071

E Telephone number

(859) 442-2055

G Gross receipts \$ 59,224,184.**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 ▶**I Tax-exempt status:** ☒ 501(c) (04) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.NSF.DAV.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1986**M State of legal domicile** DC**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>DEVELOPS FINANCIAL RESOURCES FOR ASSISTANCE, CARE, SUPPORT & REHABILITATION TO DISABLED VETERANS.</u>		
	2	Check this box <input type="checkbox"/> 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)	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of employees (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	7	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
8		Contributions and grants (Part VIII, line 1h)	2,960,061.	
9		Program service revenue (Part VIII, line 2g)	1,743,864.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<3,884,067.>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,506.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<697,500.>	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,549,507.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	1,709,070.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,071.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,813.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 127,694.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	615,504.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	595,500.	
	19	Revenue less expenses. Subtract line 18 from line 12	2,179,082.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<2,876,582.>
		21	Total liabilities (Part X, line 26)	1,343,434.
22		Net assets or fund balances. Subtract line 21 from line 20	63,122,514.	
			74,562,154.	

RECEIVED
 AUG 12 2010
 OGDEN, UT
 RS-OSC

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

10 August 2010
DateDENNIS A. JOYNER, SECRETARY/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

DELOITTE TAX LLP

250 EAST FIFTH STREET, SUITE 1900
CINCINNATI, OH 45202

Date

8/5/10

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

22 613

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION DEVELOPS
FINANCIAL RESOURCES FOR THE ASSISTANCE, AID, MAINTAINANCE, CARE,
SUPPORT AND REHABILITATION OF DISABLED VETERANS AND THEIR DEPENDENTS.

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 \$ 1,891,958. including grants of \$ 1,709,070.) (Revenue \$ 202,220.)

GRANTS TO DAV DEPARTMENTS AND CHAPTERS AWARDED THROUGH THE COLUMBIA
TRUST HELPED TO PURCHASE VANS DONATED TO THE U.S. DEPT OF VETERANS
AFFAIRS (VA). MANNED BY VOLUNTEER DRIVERS, THE VANS TRANSPORT SICK AND
INJURED VETERANS TO/FROM VA MEDICAL FACILITIES FOR CARE AND TREATMENT.
GRANTS ALSO SUPPORT DAV'S HOSPITAL SERVICE COORDINATOR PROGRAM UNDER
WHICH THE VOLUNTEER DRIVERS MANAGE THE TRANSPORTATION REQUESTS.
ADDITIONALLY, GRANTS SUPPORT DAV'S NATIONAL AND STATE DEPARTMENT
SERVICE PROGRAMS PROVIDING REPRESENTATION FOR VETERANS AND THEIR
FAMILIES WITH BENEFITS CLAIMS FROM THE VA, DEPT OF DEFENSE AND OTHER
GOVERNMENT AGENCIES.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,891,958.

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Part I</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 x	
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	x
23 Did the organization answer "Yes" to Part VII, Section A, line 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	x
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	x
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	x
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	x
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	x
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	x
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	x
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	x
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	x
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	x
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	x
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	x
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	x
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	x
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 x	

Form 990 (2009)

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 10		
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 X	
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 0		
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	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	X
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	X
b If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
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	X
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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
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		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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		
1b Enter the number of voting members that are independent		
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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		
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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?		X
16b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
NANCY L. O'BRIEN - (859) 442-2055
3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076

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			
1 b Total								15,813.	0.	0.

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		x
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? <i>If "Yes," complete Schedule J for such individual</i>		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		x

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

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	1 a 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	1,743,864.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			1,743,864.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,937,132.			1,937,132.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<219,399.>			<219,399.>
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	872,178.					
b Less: cost of goods sold	b	669,958.					
c Net income or (loss) from sales of inventory			202,220.	202,220.			
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,663,817.	202,220.	0.	1,717,733.	

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	1,709,070.	1,709,070.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	15,813.		15,813.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal	6,840.			6,840.
c Accounting	24,400.		24,400.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	143,637.		143,637.	
g Other	5,625.		5,625.	
12 Advertising and promotion	47,792.	47,792.		
13 Office expenses	201,884.	91,002.	59,958.	50,924.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,620.		2,620.	
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 ADMINISTRATIVE CHARGES	110,855.		44,094.	66,761.
b GRANT PROPOSAL PROCESS	44,094.	44,094.		
c AWARDS	4,569.		4,569.	
d REGISTRATION FEES	3,184.		15.	3,169.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,320,383.	1,891,958.	300,731.	127,694.
26 Joint costs. Check here <input type="checkbox"/> 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				

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	1,538,074.	2	748,097.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	46,095.	4	72,073.
	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	443,715.	8	249,158.
	9 Prepaid expenses and deferred charges	2,455.	9	30,543.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 128,987.		
	b Less: accumulated depreciation	10b	31,331.	10c 128,987.
	11 Investments - publicly traded securities	60,749,088.	11	73,048,846.
	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	311,756.	15	284,450.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,122,514.	16	74,562,154.	
Liabilities	17 Accounts payable and accrued expenses	376,992.	17	266,308.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		25	
	26 Total liabilities. Add lines 17 through 25	376,992.	26	266,308.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		33,192,663.	27	39,341,468.
28 Temporarily restricted net assets		29,342,565.	28	34,739,084.
29 Permanently restricted net assets		210,294.	29	215,294.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		62,745,522.	33	74,295,846.
34 Total liabilities and net assets/fund balances		63,122,514.	34	74,562,154.

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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.

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 separate 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?

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.

	Yes	No
2a		x
2b	x	
2c	x	
3a		
3b		

Form 990 (2009)

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
NATIONAL SERVICE FOUNDATION**

Employer identification number
52-1516071

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax 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 section 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 acquisition, 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 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:

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

	Amount
1c	
1d	
1e	
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	31,455,749.	39,369,222.			
b Contributions	1,826,402.	2,134,913.			
c Net investment earnings, gains, and losses	6,149,966.	<8,403,960.			
d Grants or scholarships	365,552.	370,929.			
e Other expenditures for facilities and programs	850,641.	814,811.			
f Administrative expenses	428,425.	458,686.			
g End of year balance	37,787,499.	31,455,749.			

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

- a Board designated or quasi-endowment ▶ 100.00 %
 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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	x	
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		128,987.		128,987.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				128,987.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,663,817.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,320,383.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,343,434.
4	Net unrealized gains (losses) on investments	4	10,206,890.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	10,206,890.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,550,324.

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	4,190,138.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,190,138.
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	143,637.
b	Other (Describe in Part XIV.)	4b	<669,958.>
c	Add lines 4a and 4b	4c	<526,321.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,663,817.

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

1	Total expenses and losses per audited financial statements	1	2,846,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	669,958.
e	Add lines 2a through 2d	2e	669,958.
3	Subtract line 2e from line 1	3	2,176,746.
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	143,637.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	143,637.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,320,383.

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, line 2; 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.

PART V, LINE 4: ALL UNRESTRICTED CONTRIBUTIONS AND REQUESTS ARE

DESIGNATED BY THE BOARD OF DIRECTORS FOR PERMANENT INVESTMENT IN AN

ENDOWMENT FUND. THE FUND IS A RESERVE TO ADDRESS FUTURE NEEDS AND WILL BE

USED SOLELY IN ACCORDANCE WITH THE FOUNDATION'S MISSION OF SERVICE FOR

AMERICA'S DISABLED VETERANS AND THEIR DEPENDENTS.

PART X- 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. THE FOUNDATION APPLIED ASC TOPIC 740,

BEGINNING JANUARY 1, 2009, AND NOTED NO EFFECT ON ITS FINANCIAL

STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALE OF FRATERNAL ITEMS: -669958.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALE OF FRATERNAL ITEMS: 669958.

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" on 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 NATIONAL SERVICE FOUNDATION	Employer identification number 52-1516071
---	---

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 ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076-1712	31-0263158	501(C)(4)	6,071.	0.			LEGISLATIVE PROGRAM ACTIVITIES
U.S. DEPARTMENT OF VETERANS AFFAIRS		GOV'T ENTITY	925,143.	0.			VANS DONATED-NATIONWIDE TRANSPORTATION NETWORK
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076-1712	31-0263158	501(C)(4)	59,481.	0.			NATIONAL SERVICE PROGRAM
DAV DEPARTMENT OF NEVADA 4129 KARMA DRIVE NORTH LAS VEGAS, NV 89032-5009	88-0191079	501(C)(4)	35,000.	0.			DEPARTMENT SERVICE OFFICER PROGRAM
DAV DEPARTMENT OF MICHIGAN 17779 FOURTEEN MILE ROAD FRASER, MI 48026-2290	38-0489155	501(C)(4)	9,317.	0.			DEPARTMENT SERVICE PROGRAMS
DAV DEPARTMENT OF ALABAMA 7538 MISTY LANE PINSON, AL 35126	63-0421186	501(C)(4)	50,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM

2 Enter total number of section 501(c)(3) and government organizations 1.

3 Enter total number of other organizations 17.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization	DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION		Employer identification number	52-1516071
--------------------------	---	--	--------------------------------	------------

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					(a) Name and address of organization or government	(b) EIN	(c) IRC 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 DEPARTMENT OF MAINE P.O. BOX 3415 AUGUSTA, ME 04330						51-0169791	501(C)(4)	18,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF VERMONT P.O. BOX 828 WHITE RIVER JCT, VT 05021						31-6015639	501(C)(4)	38,500.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF NEW JERSEY 135 WEST HANOVER STREET, 4TH FL. TRENTON, NJ 08618						31-1017334	501(C)(4)	10,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF MONTANA P.O. BOX 777 VICTOR, MT 59875						81-0245122	501(C)(4)	30,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF IDAHO 106 E. HAZEL STREET CALDWELL, ID 83605						82-6013538	501(C)(4)	20,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF DELAWARE 1870 S. STATE STREET DOVER, DE 19901						23-7169083	501(C)(4)	9,500.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF VIRGINIA P.O. BOX 7176 ROANOKE, VA 24019-0176						54-0697376	501(C)(4)	29,058.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF WEST VIRGINIA P.O. BOX 274 OCEANA, WV 24870						55-0521769	501(C)(4)	70,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION	Employer identification number 52-1516071
---	---

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 DEPARTMENT OF WYOMING 219 AMES AVENUE CHEYENNE, WY 82007	23-7041066	501(C)(4)	49,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
DAV DEPARTMENT OF GEORGIA 4462 HOUSTON AVENUE MACON, GA 31206	58-6043522	501(C)(4)	50,000.	0.			HOSPITAL SERVICE COORDINATOR PROGRAM
CHISHOLM, CHISHOLM & KILPATRICK ONE TURKS HEAD PLACE, SUITE 1313 PROVIDENCE, RI 02903			225,000.	0.			CLAIMS REPRESENTATION FO VETERANS - COURT OF APPEALS FOR VETERANS CLAIMS
NEW VOYAGE COMMUNICATIONS 1839-16TH STREET, N.W. WASHINGTON, DC 20009	52-2248047		75,000.	0.			PUBLIC EDUCATION - CONSEQUENCES OF WAR AND EFFECT ON DISABLED VETERANS

(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

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

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS ARE REQUIRED TO PROVIDE

ACCOUNTABILITY REPORTS DOCUMENTING THE EXPENDITURE OF THE GRANT FUNDS FOR

THE PURPOSE INTENDED. AS SUBORDINATE UNITS OF THE DISABLED AMERICAN

VETERANS NATIONAL ORGANIZATION, THE EXPENDITURE OF THE FUNDS IS REFLECTED

ON THE SUBORDINATE UNIT'S ANNUAL FINANCIAL REPORT, WHICH IS REVIEWED

ANNUALLY.

932102 02-02-1025Schedule I (Form 990) 2009

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 NATIONAL SERVICE FOUNDATION	Employer identification number 52-1516071
--------------------------	---	--

FORM 990, PART VI, SECTION B, LINE 11: FOLLOWING COMPLETION OF FORM 990 BY

THE FOUNDATION'S TAX PREPARER, THE ADMINISTRATOR AND ACCOUNTANTS REVIEW THE

RETURN. UPON ACCEPTANCE, THE ADMINISTRATOR MAELS A PAPER COPY OF THE FINAL

RETURN TO ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR

REVIEW AND QUESTIONS. SUBSEQUENTLY THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY

APPLIES TO ALL APPLICATIONS FOR FINANCIAL AID AND ASSISTANCE, ALL

EMPLOYMENT MATTERS, AND ALL OTHER ACTIONS BY ANY OFFICER OR THE BOARD OF

DIRECTORS OF THE FOUNDATION AND APPLIES TO ALL ACTIVITIES IN WHICH THE

FOUNDATION IS CURRENTLY ENGAGED OR IN ANY WAY MAY BE ENGAGED AT ANY TIME IN

THE FUTURE.

THE POLICY PROVIDES THAT A CONFLICT OF INTEREST MAY EXIST WHEN THE

INTERESTS OR CONCERNS OF ANY MEMBER OF THE BOARD OF DIRECTORS, AN OFFICER,

ANY MEMBER OF THE STAFF SERVING THE FOUNDATION, OR SAID PERSON'S IMMEDIATE

FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION TO WHICH SAID PERSON HAS

ALLEGIANCE, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE

FOUNDATION.

WHEN A CONFLICT IS DISCLOSED AND IS RELEVANT TO A MATTER REQUIRING ACTION

BY THE BOARD OF DIRECTORS, THE INTERESTED PARTY MUST CALL THE CONFLICT TO

THE ATTENTION OF THE BOARD AND SHALL NOT VOTE ON THE MATTER.

IN FACE-TO-FACE MEETINGS, ANY PERSON HAVING A CONFLICT WILL RETIRE FROM THE

ROOM AND SHALL NOT PARTICIPATE IN FINAL DELIBERATIONS OR DECISION REGARDING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

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
NATIONAL SERVICE FOUNDATION

Employer identification number
52-1516071

THE MATTER UNDER CONSIDERATION. THE PERSON WILL PROVIDE THE BOARD OF

DIRECTORS WITH ANY AND ALL RELEVANT INFORMATION.

THE OFFICERS AND BOARD OF DIRECTORS REVIEW THE POLICY NO LESS THAN ANNUALLY

TO DETERMINE NEED FOR REVISION. A COPY OF THE POLICY IS PROVIDED TO EACH

OFFICER, MEMBER OF THE BOARD OF DIRECTORS AND EACH STAFF MEMBER SERVING THE

FOUNDATION OR WHO MAY BECOME ASSOCIATED WITH IT AT THE TIME OF THEIR

ASSOCIATION. THE POLICY IS REVIEWED NO LESS THAN ANNUALLY FOR THE

INFORMATION AND GUIDANCE OF ALL SUCH PERSONS. ANY NEW OFFICER, MEMBER OF

THE BOARD OF DIRECTORS, AND NEW STAFF MEMBER IS ADVISED OF THE POLICY UPON

UNDERTAKING THE DUTIES OF THEIR POSITION. EACH PERSON ANNUALLY SIGNS A

STATEMENT AFFIRMING: RECEIPT OF A COPY OF THE POLICY; HIS/HER

UNDERSTANDING OF THE POLICY; AGREEMENT TO COMPLY WITH THE POLICY; AND

VERIFICATION THAT HE/SHE HAS DISCLOSED ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15B: IN 2009 THE BOARD OF DIRECTORS

REAFFIRMED ITS POLICY THAT AUTHORIZES REIMBURSEMENT OF EXPENSES INCURRED BY

DIRECTORS AND OFFICERS, I.E. PRESIDENT, VICE PRESIDENT AND

SECRETARY/TREASURER, WHOSE DUTIES REQUIRE THEIR ATTENDANCE AT BOARD OF

DIRECTORS MEETINGS OR SUCH OTHER EVENTS WHERE THEY SERVE AS REPRESENTATIVES

OF OR TRAVEL ON BUSINESS FOR THE FOUNDATION. THIS METHOD OF REIMBURSEMENT

IS THE ONLY FORM OF 'COMPENSATION' PAID.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC

ND, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

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 NATIONAL SERVICE FOUNDATION	Employer identification number 52-1516071
--------------------------	---	--

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT

AND MOST RECENT FORM 990 ARE ACCESSIBLE FROM THE FOUNDATION'S WEBSITE,

WWW.NSF.DAV.ORG, AND ALSO UPON REQUEST OR FOR PUBLIC INSPECTION AT THE

FOUNDATION'S ADMINISTRATIVE OFFICE, 3725 ALEXANDRIA PIKE, COLD SPRING, KY

41076.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION	Employer identification number 52-1516071
	Number, street, and room or suite no. If a P.O. box, see instructions. 3725 ALEXANDRIA PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLD SPRING, KY 41076-1712	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

NANCY L. O'BRIEN

- The books are in the care of ▶ **3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076**

Telephone No. ▶ **(859) 442-2055**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)