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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 411,088,083

F Name and address of principal officer
J Marc Burgess
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)(3) ☑ 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

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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	701
6	Total number of volunteers (estimate if necessary)	**6**	16,000
7a	Total 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

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	108,797,382	103,466,734
9	Program service revenue (Part VIII, line 2g)	5,386,896	5,259,093
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,792,143	22,802,781
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	783,552	627,873
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,759,973	132,156,481
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,753,876	5,038,982
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,879,948	48,519,029
16a	Professional fundraising fees (Part IX, column (A), line 11e)	168,000	180,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶32,458,368		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	66,754,970	62,853,011
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	125,556,794	116,591,022
19	Revenue less expenses Subtract line 18 from line 12	-796,821	15,565,459

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	393,363,398	388,911,658
21	Total liabilities (Part X, line 26)	133,903,697	152,504,428
22	Net assets or fund balances Subtract line 21 from line 20	259,459,701	236,407,230

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 — 2012-07-13 Date

▶ Arthur Wilson Exec Director of National HQ
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Matthew Montgomery | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00492843

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 ▶ 86-1065772

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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

We are dedicated to one single purpose empowering veterans to lead high-quality lives with respect and dignity We accomplish this by making sure veterans and their families can access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 44,424,822 including grants of $ 5,038,982) (Revenue $)

NATIONAL SERVICE PROGRAM In 110 offices throughout the United States and in Puerto Rico, the DAV employs a corps of approximately 250 National Service Officers (NSO's) and 30 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, 2011, and December 31, 2011, our NSOs and TSOs, all wartime veterans themselves, represented more than 215,000 veterans and their families in their claims for VA benefits See Schedule O for further details The Board of Veterans' Appeals (BVA) is the highest appellate body within the VA responsible for decisions concerning entitlement to veterans benefits About 96 percent of the claims before the Board involve disability compensation issues Our highly skilled National Appeals Officers serve appellants in the preparation of written briefs for BVA review and conduct formal hearings before Veterans Law Judges We maintain the largest staff of any advocacy group, representing more than 30 percent of all cases decided by the BVA in 2011 DAV continues its pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims In fiscal 2010-11, the BVA took action on more than 14,000 cases involving DAV clients Each and every one of those cases was reviewed to identify those in which a veterans' claim was improperly denied Thanks to DAV, more than 600 of these cases were appealed to the court While we are still working toward our goal of appealing each and every worthy case, it is hard to believe that just a few years ago, we had yet to crack the 200-case per year mark Service members making the transition back to civilian life must overcome many obstacles, and we provide programs that address their overall health and well-being DAV participates in Transition Assistance and Disabled Transition Assistance programs Our TSOs provide benefits counseling and assistance to service members filing initial claims for VA benefits at more than 100 military installations throughout the country By filing compensation claims at separation centers where service medical records and examination facilities are readily available, we are able to provide prompt service to these future veterans Over the last year, our TSOs conducted 3,974 formal presentations to 74,858 transitioning servicemembers During that same time they filed 21,947 claims for VA benefits Counsel and representation for active duty servicemembers during their transition was provided through the military's Disability Evaluation System The Mobile Service Office Program continues to reach out to veterans in their own communities Not all veterans are willing or able to visit a DAV office due to distance, transportation, health or other reasons By putting our service offices on the road, assisting veterans where they live, DAV is increasing their accessibility to benefits During 2011, our MSOs traveled more than 124,778 miles, visiting 811 cities and towns Our NSOs interviewed 18,020 veterans and other potential claimants The NSO's also participate in other outreach efforts such as Homeless Veteran Initiatives, Employment Programs and Women Veterans Outreach Programs VOLUNTARY SERVICE PROGRAM DAV operates an extensive network of programs through which dedicated volunteers provide a variety of services to America's heroes One of the largest of these programs is our nationwide Transportation Network, through which volunteers drive injured and ill veterans to and from VA medical facilities for treatment This program fills a substantial community need as the federal government terminated its program that helped many veterans pay for transportation to VA medical facilities More than 190 Hospital Service Coordinators manage the transportation needs of veterans to and from nearly every VA medical center in the country In 2011, 101 vans were added to the Transportation Network Since 1987, 2,469 vans have been purchased by the National Organization, Chapters, Departments and the National Service Foundation Columbia Trust at a cost of $53,680,312 These vans have all been donated to VA hospitals for use in the Transportation Network DAV and Auxiliary volunteers and a growing number of generous nonmembers provided 1,911,896 million hours and drove 27,330,295 miles, to provide free rides to 712,687 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 Volunteers also contributed an additional 204,130 hours of service to veterans at VA hospitals, clinics and nursing homes through the VA Voluntary Service (VAVS) program in 2011 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 When disaster strikes, National Service Officers are dispatched to the affected 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 to help veterans and their families secure temporary lodging, food and other necessities During 2011, almost $76,000 in grants was disbursed to flood, tornado and hurricane victims Since the program's inception in 1968, $8,838,306 has been disbursed We help fund services that our state-level Departments provide to veterans and their families In some cases, these Department programs extend, supplement or dovetail services we provide through our 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 $3,870,412 in 2011

4b (Code) (Expenses $ 5,050,113 including grants of $) (Revenue $)

PUBLICATIONS & COMMUNICATIONS DAV uses a variety of tools, such as videos, DAV Magazine, social media and public service announcements to educate the public about how our mission of service and advocacy have empowered our wounded heroes and their families to take back their lives, return to normalcy and, ultimately, live a high-quality life

4c (Code) (Expenses $ 5,157,690 including grants of $) (Revenue $ 5,259,093)

MEMBERSHIP PROGRAM The National Membership Department delivers a variety of services to maintain a large, strong and active member base By coordinating and extending our mission into communities where veterans and their families live, DAV members promote an agenda for the well-being of America's veterans and their families With 52 state-level Departments and more than 1,536 Chapters nationwide, we closed the 2010/2011 membership year with almost 1 2 million injured and ill wartime veterans

(Code) (Expenses $ 23,213,024 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 2011, $1 7 million was spent on legislative activities PUBLIC AWARENESS OUTREACH The men and women returning home from service face obstacles most people can't fathom in their daily lives They must find jobs in a difficult economy, relearn how to relate to their families after having been away for long periods of time or find housing Accessing basic and needed health services can be daunting As many veterans struggle to regain a sense of normalcy, they must start the long and often difficult process of healing and rehabilitation so that they can begin to rebuild the lives they once knew And DAV is here to help them every step of the way Too many of our wounded heroes need federal benefits and services they've earned but haven't used Generally, these veterans aren't aware of their rights and benefits or the free help our National Service Program can provide with filing for VA and other government benefits Further, many aren't aware of the wide range of other programs we offer for disabled veterans and their families In a nontraditional approach, the Public Awareness Outreach Program asks our donors to help identify those veterans and put them in contact with us In 2011, $21 5 million was spent on this large-scale outreach effort, an investment that's making a real difference in the lives of veterans and their families This program supplements the outreach efforts already built into our other program services It offers the American public an even greater opportunity to become personally involved in identifying and assisting those men and women who have served our nation

4d Other program services (Describe in Schedule O)

(Expenses $ 23,213,024 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 77,845,649

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	133		
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**	701		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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 ▶

Marc Burgess
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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) Robert Barrera Chairman (1/11-8/11)	5 00	X						6,883	0	0
(2) Wallace Tyson Chairman (8/11-12/11)	5 00	X						92,256	0	0
(3) Donald Samuels Vice-Chairman (1/11-8/11)	5 00	X						94,362	0	0
(4) Larry Polzin Vice-Chairman (8/11-12/11)	5 00	X						12,347	0	0
(5) Rodney Tucker Treasurer (1/11-8/11)	5 00	X						9,082	0	0
(6) Delphine Metcalf-Foster Treasurer & Director(1/11-8/11)	5 00	X						7,009	0	0
(7) Jay E Johnson Director	5 00	X						4,983	0	0
(8) Davis Lorren Director (1/11-8/11)	5 00	X						7,421	0	0
(9) Joseph Lenhart Director (8/11-12/11)	5 00	X						1,466	0	0
(10) Tim Timmerman Director (8/11-12/11)	5 00	X						1,024	0	0
(11) Arthur Wilson Natl Adjutant/CEO/Sec	40 00	X		X				281,311	0	72,208
(12) J Marc Burgess Exec Dir Natl HQ	40 00			X				154,066	0	109,119
(13) David Gorman Exec Dir NSLHQ(1/11-7/11)	40 00				X			198,975	0	9,155
(14) Barry Jesinoski Exec Dir NSLHQ(7/11-12/11)	40 00				X			262,565	0	83,885
(15) Christopher Clay General Counsel	40 00					X		198,366	0	127,524
(16) Anita Blum Comptroller	40 00					X		162,355	0	92,371
(17) Garry Augustine Natl Service Director	40 00					X		137,360	0	102,998

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) William Saunders IT Director	40 00					X		140,329	0	20,129
(19) Joseph Violante Natl Legislative Dir	40 00					X		138,252	0	112,268
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,910,412	0	729,657

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 30

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Kelly Services Inc PO Box 530437 Atlanta, GA 303530437	Temporary services	645,598
Oxford Global Resources Inc PO Box 3256 Boston, MA 022413256	Temporary services	559,154
Creative Direct Response 16900 Science Drive Bowie, MD 20715	Consulting	374,077
Comunicad 1530 Wilson Blvd Suite 860 Alexandria, VA 22209	Consulting	302,000
Adecco Employment Services PO Box 371084 Pittsburgh, PA 152507084	Temporary services	280,706

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 15

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 103,466,734				
	g	Noncash contributions included in lines 1a-1f $ 331,871				
	h	**Total.** Add lines 1a-1f . . . . . ▶	103,466,734			
Program Service Revenue		Business Code				
	2a	Membership Dues 900099	5,259,093	5,259,093		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	5,259,093			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	9,819,446			9,819,446
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	557,521			557,521
		(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 291,914,937				
	b	Less cost or other basis and sales expenses 278,931,602				
	c	Gain or (loss) 12,983,335				
	d	Net gain or (loss) . . . . . ▶	12,983,335			12,983,335
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 900099	70,352			70,352
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	70,352			
	12	**Total revenue.** See Instructions . . . ▶	132,156,481	5,259,093	0	23,430,654

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	4,884,132	4,884,132		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	154,850	154,850		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,307,317	1,071,632	235,685	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	95,250		95,250	
7	Other salaries and wages	28,224,885	24,399,262	1,644,245	2,181,378
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,867,457	2,876,586	471,918	518,953
9	Other employee benefits	12,712,577	10,805,733	704,207	1,202,637
10	Payroll taxes	2,311,543	1,996,464	134,287	180,792
11	Fees for services (non-employees)				
a	Management				
b	Legal	187,503	57,749	129,754	
c	Accounting	123,035		123,035	
d	Lobbying	364,393	364,393		
e	Professional fundraising *See Part IV, line 17* . .	180,000			180,000
f	Investment management fees	51,981		51,981	
g	Other	3,557,052	1,598,634	1,446,955	511,463
12	Advertising and promotion	213,251	163,515		49,736
13	Office expenses	48,267,149	22,301,109	421,836	25,544,204
14	Information technology	63,240	40,532	21,460	1,248
15	Royalties . .	2,439,955	987,235	1,033	1,451,687
16	Occupancy	724,789	428,427		296,362
17	Travel	1,382,002	1,318,333	44,266	19,403
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,119,312	1,119,312		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,592,217	1,038,820	269,495	283,902
23	Insurance	387,980	312,406	57,648	17,926
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Relocation	1,293,520	1,277,636	15,884	0
b	Other Expenses	898,427	507,584	382,595	8,248
c	Training	116,205	70,305	35,471	10,429
d	Project Costs	71,000	71,000	0	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	116,591,022	77,845,649	6,287,005	32,458,368
26	**Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	47,809,865	21,514,439	0	26,295,426

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		6,320,849	2	8,607,929
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,145,674	4	980,805
	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		1,438,917	8	1,539,896
	9	Prepaid expenses and deferred charges		3,211,372	9	2,140,997
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 33,363,276			
	b	Less accumulated depreciation	10b 26,606,185	7,529,688	10c	6,757,091
	11	Investments—publicly traded securities		373,234,498	11	368,467,540
	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		482,400	15	417,400
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		393,363,398	16	388,911,658
Liabilities	17	Accounts payable and accrued expenses		20,532,464	17	26,801,253
	18	Grants payable			18	
	19	Deferred revenue		3,783,621	19	3,702,418
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		109,587,612	25	122,000,757
	26	**Total liabilities.** Add lines 17 through 25		133,903,697	26	152,504,428
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		259,459,701	27	236,407,230
	28	Temporarily restricted net assets			28	0
	29	Permanently restricted net assets			29	0
		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		259,459,701	33	236,407,230
	34	Total liabilities and net assets/fund balances		393,363,398	34	388,911,658

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	132,156,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,591,022
3	Revenue less expenses Subtract line 2 from line 1	3	15,565,459
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	259,459,701
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-38,617,930
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	236,407,230

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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		

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 23,213,024 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 2011, $1 7 million was spent on legislative activities PUBLIC AWARENESS OUTREACH The men and women returning home from service face obstacles most people can't fathom in their daily lives They must find jobs in a difficult economy, relearn how to relate to their families after having been away for long periods of time or find housing Accessing basic and needed health services can be daunting As many veterans struggle to regain a sense of normalcy, they must start the long and often difficult process of healing and rehabilitation so that they can begin to rebuild the lives they once knew And DAV is here to help them every step of the way Too many of our wounded heroes need federal benefits and services they've earned but haven't used Generally, these veterans aren't aware of their rights and benefits or the free help our National Service Program can provide with filing for VA and other government benefits Further, many aren't aware of the wide range of other programs we offer for disabled veterans and their families In a nontraditional approach, the Public Awareness Outreach Program asks our donors to help identify those veterans and put them in contact with us In 2011, $21 5 million was spent on this large-scale outreach effort, an investment that's making a real difference in the lives of veterans and their families This program supplements the outreach efforts already built into our other program services It offers the American public an even greater opportunity to become personally involved in identifying and assisting those men and women who have served our nation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(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	5,149,791	1,856,204
c Leasehold improvements		4,182,636	2,701,946	1,480,690
d Equipment		21,704,751	18,754,448	2,950,303
e Other		2,430		2,430
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,757,091

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
(1) Financial derivatives		
(2) 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	54,851,984
Post Retirement Benefit Obligation	66,105,493
Other Liabilities	1,043,280
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	122,000,757

2. Fin 48 (ASC 740) 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 (ASC740)

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	132,156,481
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	116,591,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	15,565,459
4	Net unrealized gains (losses) on investments	4	-18,762,707
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-19,855,223
9	Total adjustments (net) Add lines 4 - 8	9	-38,617,930
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-23,052,471

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	174,756,087
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	42,651,587		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	42,651,587
3	Subtract line **2e** from line **1**			3	132,104,500
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	51,981		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	51,981
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	132,156,481

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

1	Total expenses and losses per audited financial statements			1	159,190,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	42,651,587		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	42,651,587
3	Subtract line **2e** from line **1**			3	116,539,041
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	51,981		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	51,981
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	116,591,022

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
Description of Uncertain Tax Positions Under FIN 48	Part X	ASC Topic 740, Income Taxes, 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, disclosure, and transition DAV applies ASC Topic 740 and notes no effect on its financial statements
Part XI, Line 8 - Other Adjustments		Adjustment to Minimum Pension Liability & Other Postretirement Benefit Obligation Adjustment -19,855,223

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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

2011

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.

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 services? ☑ **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 and address 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 16900 Science Drive Suite 210 Bowie, MD 20715	Direct Mail and Electronic Fundraising		No	3,891,644	300,000	3,591,644
Total . . . . . ▶				3,891,644	300,000	3,591,644

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 and 10 in column (d) ▶				

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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 listed in the line 1 table . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 56

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
(1) Scholarships	45	79,375			
(2) Disaster Relief	265	75,475			

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 grants by DAV and to ensure good standing for continued eligibility 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 Department of Alabama7538 Misty Lane Pinson, AL 351262463	63-0421186	501(c)(4)	71,964				Veteran Services
DAV Department of Arizona38 West Dunlap Avenue Phoenix, AZ 85021	86-0191627	501(c)(4)	80,995				Veteran Services
DAV Department of ArkansasPO Box 1620 North Little Rock, AR 72115	38-6143144	501(c)(4)	51,435				Veteran Services
DAV Department of California13733 East Rosecrans Avenue Santa Fe Springs, CA 90670	95-0684372	501(c)(4)	436,328				Veteran Services
DAV Department of Colorado1485 Holland Street Lakewood, CO 802154735	84-0388439	501(c)(4)	98,918				Veteran Services
DAV Department of Connecticut35 Cold Spring Road Suite 315 Rocky Hill, CT 06067	06-6050968	501(c)(4)	35,681				Veteran Services
DAV Department of DelawarePO Box 407 Camden, DE 19934	23-7169083	501(c)(4)	9,602				Veteran Services
DAV Department of DCPO Box 43584 Washington, DC 20010	31-1017322	501(c)(4)	5,289				Veteran Services
DAV Department of Florida2015 SW 75th Street Gainesville, FL 32607	59-0915376	501(c)(4)	252,699				Veteran Services
DAV Department of Georgia4462 Houston Avenue Macon, GA 31206	58-6043522	501(c)(4)	85,446				Veteran Services
DAV Department of Idaho3647 North Greenwich Way Meridian, ID 836462695	82-6013538	501(c)(4)	20,983				Veteran Services
DAV Department of Illinois809 South Grand Avenue West Springfield, IL 62704	36-2026733	501(c)(4)	101,195				Veteran Services
DAV Department of Indiana2439 West 16th Street Indianapolis, IN 46222	35-0269110	501(c)(4)	67,269				Veteran Services
DAV Department of Iowa4332 West 30th Street Davenport, IA 528045084	42-0218615	501(c)(4)	29,803				Veteran Services
DAV Department of Kansas21055 Wallace Road Parsons, KS 673578417	48-0669371	501(c)(4)	29,884				Veteran Services
DAV Department of KentuckyPO Box 129 Shepherdsville, KY 40165	61-0574614	501(c)(4)	80,319				Veteran Services
DAV Department of LouisianaPO Box 1271 Baton Rouge, LA 70821	72-6023897	501(c)(4)	42,337				Veteran Services
DAV Department of MainePO Box 3415 Augusta, ME 04330	51-0169791	501(c)(4)	30,640				Veteran Services
DAV Department of Maryland101 North Gay Street B Baltimore, MD 21202	52-6055613	501(c)(4)	62,309				Veteran Services
DAV Department of MassachusettsRoom 546 State House Boston, MA 02133	04-2170836	501(c)(4)	126,067				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 Department of Michigan17779 East Fourteen Mile Road Fraser, MI 48026	38-0489155	501(c)(4)	110,910				Veteran Services
DAV Department of Minnesota20 West 12th Street 3rd Floor St Paul, MN 55155	41-0641627	501(c)(4)	72,172				Veteran Services
DAV Department of MississippiPO Box 1579 Jackson, MS 39215	64-6034899	501(c)(4)	26,590				Veteran Services
DAV Department of Missouri413 West Hickory Kirksville, MO 63501	43-1428547	501(c)(4)	72,787				Veteran Services
DAV Department of MontanaPO Box 20516 Billings, MT 59104	81-0245122	501(c)(4)	17,360				Veteran Services
DAV Department of Nebraska2533 North 83rd Street Lincoln, NE 685073390	47-0462717	501(c)(4)	27,547				Veteran Services
DAV Department of Nevada2775 Meadow Park Avenue Henderson, NV 890527023	88-0191079	501(c)(4)	26,030				Veteran Services
DAV Department of New HampshirePO Box 20516 Dover, NH 03821	02-6018967	501(c)(4)	22,599				Veteran Services
DAV Department of New Jersey135 West Hanover Street Trenton, NJ 08618	31-1017334	501(c)(4)	50,062				Veteran Services
DAV Department of New Mexico2511 Utah Street NE Albuquerque, NM 87110	85-0131116	501(c)(4)	42,679				Veteran Services
DAV Department of New York162 Atlantic Avenue Lynbrook, NY 11563	11-2248726	501(c)(4)	203,610				Veteran Services
DAV Department of North CarolinaPO Box 28146 Raleigh, NC 27611	56-6061261	501(c)(4)	148,543				Veteran Services
DAV Department of North Dakota2009 4th Street NE Jamestown, ND 584013926	45-0232777	501(c)(4)	19,137				Veteran Services
DAV Department of OhioPO Box 15099 Columbus, OH 43215	31-4166963	501(c)(4)	140,779				Veteran Services
DAV Department of Oklahoma2311 North Central Avenue 1000B Oklahoma City, OK 73105	73-6112085	501(c)(4)	77,918				Veteran Services
DAV Department of Oregon5922 NE 55th Avenue Portland, OR 972182302	93-0155562	501(c)(4)	38,418				Veteran Services
DAV Department of Pennsylvania4219 Trindle Road Camp Hill, PA 17011	23-0520283	501(c)(4)	146,014				Veteran Services
DAV Department of Rhode Island380 Westminster Street 2nd Floor Providence, RI 02903	05-6023646	501(c)(4)	21,616				Veteran Services
DAV Department of South CarolinaPO Box 5317 West Columbia, SC 29171	57-0600471	501(c)(4)	62,839				Veteran Services
DAV Department of South Dakota1519 West 51st Street Sioux Falls, SD 571056648	46-6016959	501(c)(4)	18,802				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 Department of TennesseeWar Memorial Building G-22 Nashville, TN 37243	62-6074303	501(c)(4)	75,139				Veteran Services
DAV Department of Texas3003 North Medford Drive Lufkin, TX 75901	75-6053959	501(c)(4)	267,190				Veteran Services
DAV Department of Utah273 East 800 South Salt Lake City, UT 84111	87-6151236	501(c)(4)	26,846				Veteran Services
DAV Department of VermontPO Box 828 White River Junction, VT 05001	03-6015639	501(c)(4)	10,671				Veteran Services
DAV Department of VirginiaPO Box 7176 Roanoke, VA 24019	54-0697376	501(c)(4)	166,215				Veteran Services
DAV Department of Washington8907 NE 24th Avenue Vancouver, WA 986659048	91-0544487	501(c)(4)	102,340				Veteran Services
Department of West VirginiaPO Box 274 Oceana, WV 248700274	55-0521769	501(c)(4)	35,845				Veteran Services
DAV Department of Wisconsin130 Dauphin Street Green Bay, WI 54301	39-0244255	501(c)(4)	67,410				Veteran Services
DAV Department of Wyoming219 Ames Avenue Cheyenne, WY 820072218	23-7041066	501(c)(4)	7,896				Veteran Services
DAV Department of Puerto RicoPO Box 363604 San Juan, PR 00936	23-7352551	501(c)(4)	33,775				Veteran Services
DAV Department of Hawaii2685 North Nimitz Highway Honolulu, HI 96819	99-0105357	501(c)(4)	31,537				Veteran Services
DAV Department of Alaska3413 Conifer Drive North Pole, AK 997056435	52-1648345	501(c)(4)	11,524				Veteran Services
Department of Veterans Affairs50 Irving Street NW Washington, DC 20422		Gov't Entity	526,118				Winter Sports Clinic
Department of Veterans Affairs50 Irving Street NW Washington, DC 20422		Gov't Entity	209,486				Van Program
Iraq and Afghanistan Veterans of America292 Madison Avenue 10th Floor New York, NY 10017	20-1664531	501(c)(3)	7,500				Veteran Services
Intrepid Museum FoundationOne Intrepid Square New York, NY 10036	13-3062419	501(c)(3)	11,000				Veteran Services
USO2111 North Wilson Boulevard Suite 1200 Arlington, VA 22201	13-1610451	501(c)(3)	15,000				Veteran Services
Columbia Trust Service Programs 3725 Alexendria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	44,425				Veteran Services
US Association of Former Members of Congress1401 K Street NW 503 Washington, DC 20005	54-0883744	501(c)(3)	10,000				Governmental Education
DAV Wisconsin Chapter 26East 4710 County BB Menominee, WI 54751	39-6105378	501(c)(4)	7,000				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 Auxiliary 3725 Alexendria Pike Cold Spring, KY 41076	84-0505501	501(c)(4)	25,353				Veteran Services
DAV California Chapter 5516 East Baseline Road San Dimas, CA 91773	95-0684370	501(c)(4)	31,247				Veteran Services

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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

2011

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**		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) Arthur Wilson	(i)	253,157	18,922	9,232	69,400	2,808	353,519	0
	(ii)	0	0	0	0	0	0	0
(2) J Marc Burgess	(i)	142,020	9,000	3,046	108,344	775	263,185	0
	(ii)	0	0	0	0	0	0	0
(3) David Gorman	(i)	99,085	9,013	90,877	8,861	294	208,130	0
	(ii)	0	0	0	0	0	0	0
(4) Barry Jesinoski	(i)	136,727	67,924	57,914	75,772	8,113	346,450	0
	(ii)	0	0	0	0	0	0	0
(5) Christopher Clay	(i)	178,583	13,677	6,106	120,800	6,724	325,890	0
	(ii)	0	0	0	0	0	0	0
(6) Anita Blum	(i)	145,494	13,478	3,383	85,263	7,108	254,726	0
	(ii)	0	0	0	0	0	0	0
(7) Garry Augustine	(i)	119,873	13,900	3,587	100,239	2,759	240,358	0
	(ii)	0	0	0	0	0	0	0
(8) William Saunders	(i)	120,445	18,300	1,584	17,321	2,808	160,458	0
	(ii)	0	0	0	0	0	0	0
(9) Joseph Violante	(i)	133,652	500	4,100	107,960	4,308	250,520	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 2011, four 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 2011, DAV did not pay for companion travel of any person listed on Schedule J, Part I 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 2011, Wallace Tyson, DAV National Commander (January to August) received $91,734 and Donald Samuels, DAV National Commander (September to December) received $83,266 for such payments
	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

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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.

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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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) Wilson David	Officer's fam mbr	89,684	Employment		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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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.

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2011

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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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	38	331,871	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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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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 Form 1024 is available upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -18,762,707 Adjustment to Minimum Pension Liability & Other Postretirement Benefit Obligation Adjustment -19,855,223 Total to Form 990, Part XI, Line 5 -38,617,930