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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) 3725 Alexandria Pike | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Cold Spring, KY 41076

D Employer identification number
31-0263158

E Telephone number
(859)441-7300

G Gross receipts $ 369,900,231

F Name and address of principal officer
Barry A Jesinoski
3725 Alexandria Pike
Cold Spring, KY 41076

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

H(b) Are all subordinates 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

Activities & Governance

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 2013 (Part V, line 2a)	**5**	728
6	Total number of volunteers (estimate if necessary)	**6**	15,845
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
8	Contributions and grants (Part VIII, line 1h)	106,554,515	113,633,364
9	Program service revenue (Part VIII, line 2g)	5,231,562	5,327,557
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,560,592	26,967,770
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500,545	260,304
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,847,214	146,188,995
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,245,278	5,644,366
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)	55,719,317	57,397,984
16a	Professional fundraising fees (Part IX, column (A), line 11e)	180,000	496,495
b	Total fundraising expenses (Part IX, column (D), line 25) ▶36,724,054		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	66,081,975	79,885,602
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	127,226,570	143,424,447
19	Revenue less expenses Subtract line 18 from line 12	620,644	2,764,548

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	425,754,878	468,759,320
21	Total liabilities (Part X, line 26)	177,091,953	177,556,625
22	Net assets or fund balances Subtract line 21 from line 20	248,662,925	291,202,695

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2014-07-30

Barry A Jesinoski Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rebecca Lyons				P01487105

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 East Fifth Street Suite 1900
Cincinnati, OH 45202 — 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 or note to any line 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 See Schedule O for further details 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 51,478,237 including grants of $ 5,644,366) (Revenue $)

NATIONAL SERVICE PROGRAM DAV's largest operation offers services through its National Service Office program, Transition Service Office program, Mobile Service Office program, Voluntary Service program, State Services and Disaster Relief See Schedule O for detailed description of each program In 100 offices throughout the United States and in Puerto Rico, we employ a corps of approximately 270 National Service Officers (NSOs) and 34 Transition Service Officers (TSOs) who counsel and 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 members to take advantage of our assistance, which is provided free of charge Between January 1, 2013 and December 31, 2013, our NSOs and TSOs, all wartime-wounded, injured and ill veterans, provided representation for over 330,000 claims for veterans and their families before VA, obtaining for them more than $4 3 billion in new and retroactive benefits DAV truly is an organization of veterans helping veterans, as all our service officers incurred injury or illness related to their wartime service NSOs function as attorneys-in-fact, assisting veterans and their families in filing claims for VA disability compensation, rehabilitation and education programs, pensions, death benefits and employment and training programs They provide free services, such as information seminars and counseling and community outreach activities such as the Mobile Service Office (MSO) Program NSOs also represent veterans and active-duty military personnel before Discharge Review Boards, Boards for Correction of Military Records, Physical Evaluation Boards, the Disability Transition Assistance Program, the Transition Assistance Program and other official panels For service members making the all-important transition to civilian life, 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 Over the last year, our TSOs conducted 1,390 formal presentations to 54,220 transitioning service members During that time, they filed 19,898 claims for VA benefits Counsel and representation for active-duty service members during their transition was provided through the military's Disability Evaluation System DAV continues its pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims In fiscal year 2013, the Board of Veterans Appeals (BVA) took action on more than 12,000 cases involving DAV clients Each one of those cases was reviewed to identify those in which a veteran's claim was improperly denied Thanks to DAV and our relationship with two private law firms, 1,161 of these cases previously denied by the BVA were appealed to the court The Mobile Service Office (MSO) Program continues to seek new venues to bring DAV service to veterans and dependents in their own communities By putting our service offices on the road and assisting veterans where they live, DAV is increasing veterans' accessibility to benefits With 10 specially equipped MSOs visiting communities across the country, this outreach effort generates a considerable amount of claims work from veterans who may not otherwise have the opportunity to seek assistance at our National Service Offices During 2013, our MSOs traveled more than 89,000 miles, visiting 832 cities and towns VOLUNTARY SERVICE PROGRAM Service is the cornerstone of DAV's mission of empowering veterans to lead high-quality and fulfilled lives Our thousands of dedicated volunteers across the country help us to provide the best care, morale and service to our nation's heroes DAV's Transportation Network is one of the country's largest voluntary transportation programs This unique program provides vehicles and volunteers throughout the country to transport veterans to and from their medical appointments at Department of Veterans Affairs (VA) medical centers This program is managed by 192 Hospital Service Coordinators located at 152 VA medical centers and is operated by nearly 9,000 volunteer drivers Since the inception of the program in 1987, DAV Departments and Chapters have donated 2,714 vehicles to the VA at a cost to DAV of $57 6 million In 2013 alone, volunteers traveled 25,923,124 miles, providing 717,009 free rides to veterans and donating 1,792,450 hours of their time 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 Other DAV voluntary service program initiatives include the Winter Sports Clinic, the Jesse Brown Memorial Youth Scholarship Program, the Local Veterans Assistance Program and the VA Voluntary Service Program STATE SERVICES AND DISASTER RELIEF 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 $3,947,000 When disaster strikes, our National Service Officers are dispatched to the affected area to provide monetary assistance, conduct benefit counseling and to offer referral services 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 2013, almost $275,000 was granted to tornado, flood and fire victims Since the program's inception in 1968, $9,310,000 has been disbursed

4b (Code) (Expenses $ 10,839,074 including grants of $) (Revenue $)

PUBLICATIONS & COMMUNICATIONS The National Communications Department oversees internal and external communications programs, including media relations, publications, contacts with other organizations and a variety of public outreach initiatives to tell DAV's story Our communications staff produces a full-color magazine, news releases, speeches, op-eds, brochures, print messages, public service announcements, videos and other materials that provide information about DAV and the full range of free services that empower veterans to live high-quality lives with respect and dignity In addition to these traditional tools, social media such as Facebook, Twitter and YouTube also enable DAV and its members to build an even stronger community to carry out our mission, now and in the future

4c (Code) (Expenses $ 6,620,351 including grants of $ 0) (Revenue $ 5,327,557)

MEMBERSHIP PROGRAM DAV's lifeblood is its members, who are the veterans we serve and those who support our mission This support has made DAV what it is today Our founders formed DAV because they believed there was a need to structure an organization through which injured and ill veterans can seek mutual support and camaraderie and receive the services necessary to make an effective transition to civilian life That concept of veterans helping veterans is our continuing legacy With 52 state-level Departments and 1,370 active Chapters nationwide, we closed the 2012-2013 membership year with 1 2 million veterans in DAV

(Code) (Expenses $ 28,068,237 including grants of $ 0) (Revenue $)

LEGISLATIVE PROGRAM DAV's National Legislative Department is responsible for developing, strengthening and expanding federal policies, programs, benefits and services to empower injured and ill veterans to lead high-quality lives with respect and dignity DAV works with Congress, the Department of Veterans Affairs and other federal agencies that help fulfill our nation's promises to the men and women who served The guiding principles of our advocacy efforts emanate directly from our legislative agenda as set forth by the resolutions adopted by delegates to our annual National Conventions and strengthened by DAV's Constitution and Bylaws The Legislative Department works closely with members of Congress and their staffs to promote, enact and implement reasonable, responsible legislation, and with VA and other agencies that craft regulations and policies to carry out congressional intent with respect to veterans and their needs We accomplish our objectives through numerous activities in Washington, D C , and by drawing upon the grassroots strength of our 1 2 million DAV members across the country PUBLIC AWARENESS OUTREACH When our heroes return home from military service, many 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 They must find jobs and often housing in a difficult economy, as well as relearn how to relate to their families after having been away for long periods of time Accessing basic health services can be daunting That's why DAV is here to help them every step of the way Too many of our injured and ill veterans haven't accessed the benefits and services they've earned Most simply aren't aware of their rights and benefits or the free help our National Service Program can provide with filing for benefits from the Department of Veterans Affairs and other government agencies Neither are they aware of the wide range of other programs we offer for ill and injured 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 $ 28,068,237 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 97,005,899

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 for escrow or custodial account liability, 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, line 10? *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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	126		
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		Yes	
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	728		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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	0		
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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 this 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 , AR , CA , CT , GA , HI , KS , KY , LA , MD , MN , MS , NC , NH , NJ , NM , NY , OK , OR , PA , RI , SC , TN , UT , VA , 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

▶ Barry A Jesinoski 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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) Donald Samuels Chairman (1/13-8/13)	5 00 0 00	X						7,092	0	0
(2) Larry Polzin Chairman (8/13-12/13)	5 00 0 00	X						130,303	0	0
(3) Joseph W Johnston Vice-Chairman (1/13-8/13)	5 00 0 00	X						117,781	0	0
(4) Ron F Hope Vice-Chairman (8/13-12/13)	5 00 0 00	X						14,302	0	0
(5) Joseph Lenhart Treasurer (1/13-8/13)	5 00 0 00	X						6,581	0	0
(6) Chad Richmond Dir(1/13-8/13) Treas(8/13-12/13)	5 00 0 00	X						1,344	0	0
(7) Tim Timmerman Director (1/13-8/13)	5 00 0 00	X						8,896	0	0
(8) Marlowe Benner Director (1/13-12/13)	5 00 0 00	X						5,846	0	0
(9) Gary Lucus Director (8/13-12/13)	5 00 0 00	X						0	0	0
(10) Danny Oliver Director (8/13-12/13)	5 00 0 00	X						0	0	0
(11) Arthur H Wilson 113-613 Natl Adjutant/CEO/Sec	40 00 0 00	X		X				264,709	0	25,052
(12) J Marc Burgess 613-1213 Natl Adjutant/CEO/Sec	40 00 0 00	X		X				185,996	0	133,892
(13) Barry A Jesinoski Exec Dir Natl HQ	40 00 0 00				X			210,428	0	109,627
(14) Anita Blum Comptroller	40 00 0 00					X		173,335	0	99,802
(15) Brian Cowart Chief Dev Officer	40 00 0 00					X		174,143	0	59,969
(16) Susan Loth Sr Chief Dev Officer	40 00 0 00					X		157,886	0	114,625
(17) Joseph Violante National Legislative Dir	40 00 0 00					X		145,021	0	131,553

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) Christopher Clay	40 00					X		208,636	0	145,503
General Counsel	0 00									
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,812,299	0	820,023

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 ▶ 31

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
Communicad 1530 Wilson Blvd Suite 860 Arlington VA 22209	Consulting	1,037,981
Kelly Services PO Box 530437 Atlanta GA 303530437	Temporary Services	529,803
Cincinnati Bell Technology Solutions 1507 Solution Center Chicago IL 606771005	Temporary Services	504,628
Creative Direct Response 16900 Science Drive Bowie MD 20715	Consulting	370,000
Adecco Employment Services Dept CH 14091 Palantine IL 600554091	Temporary Services	282,310

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 ▶ 19

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	108,359			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	113,525,005			
	g	Noncash contributions included in lines 1a-1f $		285,991			
	h	**Total.** Add lines 1a-1f . . . . . ▶		113,633,364			
Program Service Revenue			Business Code				
	2a	Membership Dues	900099	5,327,557	5,327,557		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		5,327,557			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,945,052			10,945,052
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		388,959			388,959
			(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	239,492,488				
	b	Less cost or other basis and sales expenses	223,469,770				
	c	Gain or (loss)	16,022,718				
	d	Net gain or (loss) . . . . . ▶		16,022,718			16,022,718
Other Revenue	8a	Gross income from fundraising events (not including $ 108,359 of contributions reported on line 1c) See Part IV, line 18 . . a	61,345				
	b	Less direct expenses . . . b	241,466				
	c	Net income or (loss) from fundraising events . . ▶		-180,121			-180,121
	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	51,466			51,466
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		51,466			
	12	**Total revenue.** See Instructions . . . . . ▶		146,188,995	5,327,557	0	27,228,074

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)

Check if Schedule O contains a response or note to any line 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	5,248,955	5,248,955		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	395,411	395,411		
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	1,158,049	942,085	215,964	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,115		93,115	
7 Other salaries and wages	31,948,907	27,668,640	2,207,572	2,072,695
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,478,064	4,165,463	713,702	598,899
9 Other employee benefits	16,094,207	13,799,245	1,181,981	1,112,981
10 Payroll taxes	2,625,642	2,269,633	182,482	173,527
11 Fees for services (non-employees)				
a Management				
b Legal	193,613	11,949	167,093	14,571
c Accounting	172,134		172,134	
d Lobbying	284,492	284,492		
e Professional fundraising services See Part IV, line 17	496,495			496,495
f Investment management fees	117,675		117,675	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,589,657	2,643,744	1,441,095	504,818
12 Advertising and promotion	4,270,951	4,095,355	331	175,265
13 Office expenses	59,427,115	28,051,683	1,583,849	29,791,583
14 Information technology	120,489	75,498	39,565	5,426
15 Royalties	2,984,907	1,293,419	33,566	1,657,922
16 Occupancy	570,687	371,439	199,248	
17 Travel	1,570,130	1,486,449	46,170	37,511
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,418,039	1,418,039		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,423,960	903,034	467,141	53,785
23 Insurance	249,601	181,944	65,838	1,819
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Relocation	961,796	873,622	88,174	
b Training	94,160	58,217	26,192	9,751
c Settlement Fees	20,000		20,000	
d				
e All other expenses	1,416,196	767,583	631,607	17,006
25 **Total functional expenses.** Add lines 1 through 24e	143,424,447	97,005,899	9,694,494	36,724,054
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	56,254,629	26,439,676	0	29,814,953

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		11,019,288	2	8,205,381
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,443,781	4	1,371,620
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,173,071	8	1,793,638
	9	Prepaid expenses and deferred charges		3,414,753	9	3,951,276
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 36,183,487			
	b	Less accumulated depreciation	10b 29,021,181	5,915,134	10c	7,162,306
	11	Investments—publicly traded securities		402,685,351	11	445,720,753
	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		103,500	15	554,346
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		425,754,878	16	468,759,320
Liabilities	17	Accounts payable and accrued expenses		29,735,121	17	24,715,186
	18	Grants payable			18	
	19	Deferred revenue		3,650,938	19	5,955,043
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		143,705,894	25	146,886,396
	26	**Total liabilities.** Add lines 17 through 25		177,091,953	26	177,556,625
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		248,662,925	27	291,202,695
	28	Temporarily restricted net assets			28	0
	29	Permanently restricted net assets			29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		248,662,925	33	291,202,695
	34	Total liabilities and net assets/fund balances		425,754,878	34	468,759,320

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,188,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,424,447
3	Revenue less expenses Subtract line 2 from line 1	3	2,764,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	248,662,925
5	Net unrealized gains (losses) on investments	5	19,033,797
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	20,741,425
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	291,202,695

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	5,431,297	1,574,698
c Leasehold improvements		4,274,073	3,103,599	1,170,474
d Equipment		22,580,605	20,486,285	2,094,320
e Other		1,855,350		1,855,350
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,162,306

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Reserve for Life Membership Dues	61,919,951
Post Retirement Benefit Obligation	83,943,581
Other Liabilities	1,022,864
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	146,886,396

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	195,861,225
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	41,611,093		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	8,178,812		
e	Add lines **2a** through **2d**			2e	49,789,905
3	Subtract line **2e** from line **1**			3	146,071,320
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	117,675		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	117,675
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	146,188,995

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	193,096,677
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	41,611,093		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	8,178,812		
e	Add lines **2a** through **2d**			2e	49,789,905
3	Subtract line **2e** from line **1**			3	143,306,772
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	117,675		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	117,675
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	143,424,447

Part XIII Supplemental Information

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

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Contributed Media and Materials 8,178,812
Part XII, Line 2d - Other Adjustments	Contributed Media and Materials 8,178,812

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email 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

(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 Dr Bowie, MD 20715	Consults Direct Mail/ organizes Electronic FR		No	4,545,872	347,570	4,198,302
Meyer Partners 1701 E Woodfield Rd Ste 425 Schaumburg, IL 60173	Consults Major gifts and Planned Giving		No	470,000	128,683	341,317
Infocision PO Box 32441 Cleveland, OH 44193	Telemarketing-recurring gifts began 2013		No	76,087	91,175	-15,088
Public Interest Communication 7700 Leesburg Pike Ste 301 North Falls Church, VA 22043	Telemarketing-recurring gifts began 2013		No	55,826	120,535	-64,709
Mindset 1700 N Jefferson St Ste 200 Arlington, VA 22205	Organized telemarketing campaign-began 2013		No	0	139,529	-139,529
Total . . . . . ▶				5,147,785	827,492	4,320,293

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Inaugural Cincinnati 5K Race (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	169,704			169,704
	2 Less Contributions	108,359			108,359
	3 Gross income (line 1 minus line 2)	61,345			61,345
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	241,466			241,466
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(241,466)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-180,121

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 Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 57

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. Part III can be duplicated 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	36	123,061			
(2) Disaster Relief	477	272,350			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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 Alabama 7538 Misty Lane Pinson, AL 351262463	63-0421186	501(c)(4)	75,496				Veteran Services
DAV Department of Arizona 38 West Dunlap Avenue Phoenix, AZ 85021	86-0191627	501(c)(4)	85,290				Veteran Services
DAV Department of Arkansas PO Box 1620 North Little Rock, AR 72115	38-6143144	501(c)(4)	50,261				Veteran Services
DAV Department of California 13733 East Rosecrans Avenue Santa Fe Springs, CA 90670	95-0684372	501(c)(4)	426,711				Veteran Services
DAV Department of Colorado 1485 Holland Street Lakewood, CO 802154735	84-0388439	501(c)(4)	102,034				Veteran Services
DAV Department of Connecticut 35 Cold Spring Road Suite 315 Rocky Hill, CT 06067	06-6050968	501(c)(4)	38,311				Veteran Services
DAV Department of Delaware PO Box 407 Camden, DE 19934	23-7169083	501(c)(4)	9,839				Veteran Services
DAV Department of DC PO Box 43584 Washington, DC 20010	31-1017322	501(c)(4)	8,613				Veteran Services
DAV Department of Florida 2015 SW 75th Street Gainesville, FL 32607	59-0915376	501(c)(4)	254,867				Veteran Services
DAV Department of Georgia 4462 Houston Avenue Macon, GA 31206	58-6043522	501(c)(4)	85,172				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 Idaho 14593 W Barclay Street Boise,ID 83713	82-6013538	501(c)(4)	21,456				Veteran Services
DAV Department of Illinois 809 South Grand Avenue West Springfield,IL 62704	36-2026733	501(c)(4)	79,494				Veteran Services
DAV Department of Indiana 2439 West 16th Street Indianapolis,IN 46222	35-0269110	501(c)(4)	69,924				Veteran Services
DAV Department of Iowa 4332 West 30th Street Davenport,IA 528045084	42-0218615	501(c)(4)	37,089				Veteran Services
DAV Department of Kansas 2764 Mount Pleasant Road Victoria,KS 67671	48-0669371	501(c)(4)	29,237				Veteran Services
DAV Department of Kentucky PO Box 129 Shepherdsville,KY 40165	61-0574614	501(c)(4)	81,486				Veteran Services
DAV Department of Louisiana PO Box 1271 Baton Rouge,LA 70821	72-6023897	501(c)(4)	44,198				Veteran Services
DAV Department of Maine PO Box 3415 Augusta,ME 04330	51-0169791	501(c)(4)	32,183				Veteran Services
DAV Department of Maryland 101 North Gay Street B Baltimore,MD 21202	52-6055613	501(c)(4)	64,066				Veteran Services
DAV Department of Massachusetts Room 546 State House Boston,MA 02133	04-2170836	501(c)(4)	127,076				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 Michigan 17779 East Fourteen Mile Road Fraser, MI 48026	38-0489155	501(c)(4)	110,235				Veteran Services
DAV Department of Minnesota 20 West 12th Street 3rd Floor St Paul, MN 55155	41-0641627	501(c)(4)	77,994				Veteran Services
DAV Department of Mississippi PO Box 1579 Jackson, MS 39215	64-6034899	501(c)(4)	26,397				Veteran Services
DAV Department of Missouri 413 West Hickory Kirksville, MO 63501	43-1428547	501(c)(4)	74,718				Veteran Services
DAV Department of Montana 8245 Half Moon Court Helena, MT 59602	81-0245122	501(c)(4)	17,245				Veteran Services
DAV Department of Nebraska 17308 Edna Street Omaha, NE 68136	47-0462717	501(c)(4)	27,833				Veteran Services
DAV Department of Nevada 2775 Meadow Park Avenue Henderson, NV 890527023	88-0191079	501(c)(4)	26,788				Veteran Services
DAV Department of New Hampshire PO Box 2051 Dover, NH 03821	02-6018967	501(c)(4)	23,139				Veteran Services
DAV Department of New Jersey 135 West Hanover Street Trenton, NJ 08618	31-1017334	501(c)(4)	81,356				Veteran Services
DAV Department of New Mexico 2511 Utah Street NE Albuquerque, NM 87110	85-0131116	501(c)(4)	43,901				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 New York 162 Atlantic Avenue Lynbrook, NY 11563	11-2248726	501(c)(4)	200,114				Veteran Services
DAV Department of North Carolina PO Box 28146 Raleigh, NC 27611	56-6061261	501(c)(4)	151,747				Veteran Services
DAV Department of North Dakota 2009 4th Street NE Jamestown, ND 584013926	45-0232777	501(c)(4)	20,242				Veteran Services
DAV Department of Ohio PO Box 15099 Columbus, OH 43215	31-4166963	501(c)(4)	138,020				Veteran Services
DAV Department of Oklahoma 2311 North Central Avenue 1000B Oklahoma City, OK 73105	73-6112085	501(c)(4)	77,580				Veteran Services
DAV Department of Oregon 5922 NE 55th Avenue Portland, OR 972182302	93-0155562	501(c)(4)	38,279				Veteran Services
DAV Department of Pennsylvania 4219 Trindle Road Camp Hill, PA 17011	23-0520283	501(c)(4)	143,952				Veteran Services
DAV Department of Rhode Island 1 Capital Hill Providence, RI 02908	05-6023646	501(c)(4)	21,750				Veteran Services
DAV Department of South Carolina PO Box 5317 West Columbia, SC 29171	57-0600471	501(c)(4)	67,764				Veteran Services
DAV Department of South Dakota 1519 West 51st Street Sioux Falls, SD 571056648	46-6016959	501(c)(4)	19,986				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 Tennessee 4807 Humber Drive Nashville, TN 37211	62-6074303	501(c)(4)	76,852				Veteran Services
DAV Department of Texas 1015 Lee Avenue Lufkin, TX 75901	75-6053959	501(c)(4)	271,478				Veteran Services
DAV Department of Utah 273 East 800 South Salt Lake City, UT 84111	87-6151236	501(c)(4)	25,679				Veteran Services
DAV Department of Vermont PO Box 828 White River Junction, VT 05001	03-6015639	501(c)(4)	10,609				Veteran Services
DAV Department of Virginia PO Box 7176 Roanoke, VA 24019	54-0697376	501(c)(4)	171,350				Veteran Services
DAV Department of Washington 2315 Burwell Street Bremerton, WA 98310	91-0544487	501(c)(4)	101,088				Veteran Services
DAV Department of West Virginia 913 Herman Street Ronceverte, WV 24970	55-0521769	501(c)(4)	35,281				Veteran Services
DAV Department of Wisconsin 1253 Scheuring Road Suite A DePere, WI 54115	39-0244255	501(c)(4)	67,553				Veteran Services
DAV Department of Wyoming 219 Ames Avenue Cheyenne, WY 82007	23-7041066	501(c)(4)	7,802				Veteran Services
DAV Department of Puerto Rico PO Box 363604 San Juan Puerto Rico, PR 00936	23-7352551	501(c)(4)	35,114				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 Hawaii 2685 North Nimitz Highway Honolulu, HI 96819	99-0105357	501(c)(4)	27,574				Veteran Services
DAV Department of Alaska 3413 Conifer Drive North Pole, AK 997056435	52-1648345	501(c)(4)	12,112				Veteran Services
Intrepid Museum Foundation One Intrepid Square New York, NY 10036	13-3062419	501(c)(3)	11,000				Veteran Services
USO 2111 North Wilson Boulevard Arlington, VA 22201	13-1610451	501(c)(3)	15,000				Veteran Services
Service Women's Action Network PO Box 1758 New York, NY 101561758	27-1316232	501(c)(3)	5,000				Veteran Services
Columbia Trust Service Programs 3725 Alexandria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	228,102				Veteran Services
Department of Veterans Affairs 50 Irving Street NW Washington, DC 20422		Gov't Entity	188,574				Van Program
Department of Veterans Affairs 50 Irving Street NW Washington, DC 20422		Gov't Entity	542,822				Winter Sports Clinic
Semper Fidelis LLC 3421 Dahlia Lane Middle River, MD 21220	09-1647905	Other	10,000				Veteran Services
Friends of the National World War II Memorial 921 Pennsylvania Avenue SE Suite 304 Washington, DC 20003	13-4358477	501(c)(3)	50,000				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
Camp Corral 5151 Glenwood Avenue Raleigh, NC 27612	45-3555807	501(c)(3)	104,940				Veteran Services
The American Legion 1608 K St NW Washington, DC 20006	37-1531996	501(c)(19)	23,500				Veteran Services
On Command K9 Training LLC 90 Whippoorwill Drive Warner Robins, GA 31088			10,000				Veteran Services
Vietnam Womens Memorial Foundation Inc 1735 Connecticut Avenue NW 3rd Floor Washington, DC 20009	36-3354260	501(c)(3)	6,500				Veteran Services
Bellevue Veterans Club 24 Fairfield Avenue Bellevue, KY 41073	61-0507105	501(c)(19)	41,042				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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Arthur H Wilson 113-613 Natl Adjutant/CEO/Sec	(i) (ii)	128,884 0	24,737 0	111,088 0	23,000 0	2,052 0	289,761 0	0 0
(2) J Marc Burgess 613-1213 Natl Adjutant/CEO/Sec	(i) (ii)	167,282 0	15,132 0	3,582 0	130,527 0	3,365 0	319,888 0	0 0
(3) Barry A Jesinoski Exec Dir Natl HQ	(i) (ii)	147,165 0	37,380 0	25,883 0	103,456 0	6,171 0	320,055 0	0 0
(4) Anita Blum Comptroller	(i) (ii)	152,779 0	16,797 0	3,759 0	93,216 0	6,586 0	273,137 0	0 0
(5) Brian Cowart Chief Dev Officer	(i) (ii)	170,016 0	500 0	3,627 0	56,303 0	3,666 0	234,112 0	0 0
(6) Susan Loth Sr Chief Dev Officer	(i) (ii)	141,170 0	14,072 0	2,644 0	107,159 0	7,466 0	272,511 0	0 0
(7) Joseph Violante National Legislative Dir	(i) (ii)	140,093 0	500 0	4,428 0	124,729 0	6,824 0	276,574 0	0 0
(8) Christopher Clay General Counsel	(i) (ii)	187,327 0	14,985 0	6,324 0	139,721 0	5,782 0	354,139 0	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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 2013, three trips were met the criteria for first class travel for DAV related business for persons listed on Part VII, Section A, Line 1a 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 2013, DAV paid for companion travel for 1 person listed on Part VII, Section A, Line 1a 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 travel, 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 2013, Larry Polzin, DAV National Commander (January to August) received $108,199 and Joseph Johnston, DAV National Commander (September to December) received $84,203 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 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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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	102,555	Employment		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	25	285,991	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 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	Number of Contributions - 25
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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Disabled American Veterans

Employer identification number
31-0263158

990 Schedule O, Supplemental Information

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 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 990 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
Form 990, Part XI, line 9	Pension Liability and Other Post-retirement Benefit Obligation Adjustment 20,741,425