

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



DLN: 93493219002115

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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal		ing 01-01-2014 , and ending 12-31-	2014			
		applicable	C Name of organization Disabled American Veterans			D Empl	oyer ide	ntification number
		change				31-0	26315	3
∏ Na	me ch	ange	Doing business as					
In	tial reti	urn	Number and street (or D.O. hourst	mail is not delivered to street address) Roor	m /auuta	E Teleph	none num	ber
Fir		rminated	3725 Alexandria Pike	mail is not delivered to street address) Roof	n/ suite	(859)441-7	300
An	ended	d return	City or town, state or province, co	ountry, and ZIP or foreign postal code			,	
_		on pending	Cold Spring, KY 41076	validity, and Elit of foleigh postar code		G Gross	receipts	226,360,942
			F Name and address of p	rincipal officer	W(2) I.			£
			Barry A Jesinoski	e.pa. e.mee.		this a grou bordinates?		⊤Yes ▽ No
			3725 Alexandrıa Pıke Cold Sprıng, KY 41076		11/15			F., F.,
			5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			e all subord cluded?	linates	Γ Y es Γ No
I Ta	x-exe	mpt status	「 501(c)(3)	¶ (insert no)	If	"No," attac	h a lıst	(see instructions)
J W	ebsit	t e: ► ww	w dav org		H(c) G	roup exemp	tion nur	mber ⊳ 0557
K For	m of o	organization	Corporation Trust Associa	tion ✓ Other ►	L Year o	f formation 1	932 M	State of legal domicile
	rt I		mary					
	1	Briefly de	escribe the organization's miss	sion or most significant activities				
			-	ead high quality lives with respect an	d dignity			
ည် မ								
Ē								
Governance	2	Check th	nis box দ if the organization	discontinued its operations or dispos	ed of more tha	n 25% of ıt	s net as	sets
ទឹ							1	
2 6				rning body (Part VI, line 1a)			3	7
Activities &				s of the governing body (Part VI, line			4	6
Ę				n calendar year 2014 (Part V , line 2a			5	750
ĕ				necessary)			6	11,000
	1			Part VIII, column (C), line 12 from Form 990-T, line 34			7a 7b	0
	"	i Net unie	lated business taxable income	: noni i oni i 990-1, inie 34		rior Year	<u> </u>	Current Year
	8	Contri	butions and grants (Part VIII,	line 1 h)		113,633	364	114,661,280
≗	9		- '	line 2g)	·	5,327		6,083,245
Revenue	10			t income (Part VIII, column (A), lines 3, 4, and 7d)			,770	21,127,995
걆	11		•), lines 5, 6d, 8c, 9c, 10c, and 11e)		•	,304	570,990
	12			1 (must equal Part VIII, column (A),	, line			
						146,188		142,443,510
	13			rt IX, column (A), lines 1-3)		5,644	,366	5,551,516
	14			t IX, column (A), line 4)				0
83	15	5-10)		yee benefits (Part 1x, Column (A), iii	es	57,397	,984	53,930,075
*	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)		496	,495	1,317,509
Expenses	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) • 37,002,630	_			
ш	17	Other	expenses (Part IX. column (A), lines 11a-11d, 11f-24e)	_	79,885	.602	78,968,555
	18			nust equal Part IX, column (A), line 2		143,424		139,767,655
	19			e 18 from line 12	•	2,764		2,675,855
ያ ያ						ing of Curre		End of Year
Net Assets or Fund Balances						Year		
88.0	20				-	468,759		478,150,098
# E	21					177,556		188,905,392
	22			ct line 21 from line 20	•	291,202	,695	289,244,706
	rt III		ature Block	xamined this return, including accom	nanung cahad	lulas and st	stomon	to and to the best of
my k	nowle		belief, it is true, correct, and c	omplete Declaration of preparer (other				
		Th.				1 2015		
Sigr	,	Signa	ature of officer			2015-08-07 Date		
Her		'	A Jesinoski Executive Director					
			or print name and title					
			Print/Type preparer's name Rebecca Lyons	Preparer's signature Rebecca Lyons		Check I if	PTIN P01487	7105
Pai	d	_	Firm's name	Resecta Lyons		self-employed Firm's EIN ► :		
Pre	par	er						
Use	On	าly ็	Firm's address ► 250 East Fifth Street			Phone no (51	3) /84-7 :	100
			Cincinnati, OH 4520	2				

✓ Yes ☐ No

Form	n 990 (2014)	Page 2
Par	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 a deta inter	are dedicated to one single purpose empowering veterans to lead high-quality lives with respect and dignity. See Sclus We accomplish this by making sure veterans and their families can access the full range of benefits available to trests of America's injured heroes on Capitol Hill, and educating the public about the great sacrifices and needs of vex to civilian life.	hem, fighting for the
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
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 me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 51,287,538 including grants of \$ 5,541,516) (Revenue \$)
	NATIONAL SERVICE PROGRAM DAVs largest operation offers services through its National Employment program, Voluntary Service program, and State Services and Dissater Relet (170) gram See Schedule O for fur SERVICE PROGRAM In 100 offices throughout the United States and in Puerto Rico, we employ a corps of approximately 270 National Service Offices (TSOs) who counsed and represent veterans and their families of the health of the part of	rther details NATIONAL ice Officers (NSOs) and for Veterans Affairs, the wided free of charge tion for over 340,000 for truly is an organization for over 340,000
4b	(Code) (Expenses \$ 10,261,614 including grants of \$ 10,000) (Revenue \$ PUBLICATIONS & COMMUNICATIONS The National Communications Department oversees internal and external communications programs, relations, publications, contacts with other organizations and a variety of public outreach initiatives to tell DAV's story. Our communications magazine, news releases, speeches, op-eds, brochures, print messages, public service announcements, videos and other materials that pro DAV and the full range of free services that empower veterans to live high-quality lives with respect and dignity. In addition to these traditions such as Facebook, Twitter and YouTube also enable DAV and its members to build an even stronger community to carry out our mission, not service to the properties of the properties	staff produces a full-color ovide information about onal tools, social media
4 c	(Code) (Expenses \$ 6,480,743 including grants of \$) (Revenue \$ MEMBERSHIP PROGRAM. The pulse of DAV lies within its members. When a veteran joins DAV, he or she joins a vibrant community that stour nation keeps its promises. This steadfast dedication to our cause has made DAV what it is today. DAV was founded after World War I be structure to support veterans wounded in the trenches did not exist. America was not prepared for their return, and something needed to be continued service, of veterans serving veterans, is part of a legacy that is more than 90 years old. DAV has evolved to meet the needs of it changes that naturally progress with time. Our armed forces have changed along with our society, and DAV has evolved to embrace those years. This enables us to ensure all veterans are able to lead high-quality lives with respect and dignity. Today, social diversity and technology members to continue to play a role as positive advocates for the unique requirements of veterans and their loved ones. We continue to effect needs of past and present generations of veterans, providing unwavering dedication to those who have sacrificed for our way of life, often illness or injury. DAV has nearly 5,000 members dedicated to recruiting new ones so that our base remains strong and vibrant well into the level Departments and 1,351 active Chapters nationwide, we closed the 2013/2014 membership year with 1,279,391 veterans in DAV.	ecause a centralized e done The concept of ts members amid the changes through the logy have allowed DAV ectively respond to the with a life-changing

4d Other program services (Describe in Schedule O $\,)\,$ 26,915,150 including grants of \$) (Revenue \$ (Expenses \$

Total program service expenses ► 4e

See Additional Data

94,945,045

Form **990** (2014)

Part IV	Checklist o	f Red	uired	Sche	dules

			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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</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^{\square}	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			
а	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
С	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		

Par	t 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 domestic 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 or for domestic individuals 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		
С	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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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)			
а	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	
С	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	20	Yes	

	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 166		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	34	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N o
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		
4 a	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
h	If "Yes," enter the name of the foreign country			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
<i>c</i> .		5c		<u>, , , , , , , , , , , , , , , , , , , </u>
oa	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		N
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).			
	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	
	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		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
	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		L
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			
c	Enter the amount of reserves on hand			
ła	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		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

	terent Bit energy (Time election B requeete innermation about ponere necrequired B) the Internal in		<u></u>	
			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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	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
- 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)

- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►Barry A Jesinoski

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	offic ustee	ess er	(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
(1) Larry Polzın 114-814	5 00	х						4,218	0	0
Chairman of the Board	0 00 25 00									
(2) Joseph W Johnston 814-1214 Chairman of the Board	0 00	x						121,365	0	0
(3) Moses A McIntosh Jr	5 00									
Vice Chairman (8/14-12/14)	0 00	Х						19,276	0	0
(4) Ron F Hope 	25 00	x						96,435	0	0
(5) Chad Richmond	5 00									
Treasurer (1/14-8/14)	0 00	х						0	0	0
(6) Gary Lucus Dır (1/14-8/14) Treas (8/14-12/14)	5 00	х						10,424	0	0
(7) Marlowe Benner Director (1/14-8/14)	5 00	х						5,211	0	0
(8) Rolly D Lee Sr Director (8/14-12/14)	5 00	х						5,442	0	0
(9) Danny Oliver	5 00	х						5,090	0	0
Director (1/14-12/14)	0 00							ŕ		
(10) Johnny N Stewart	5 00	×						0	0	0
(11) J Marc Burgess	60 00	х		х				213,737	0	135,503
Natl Adjutant/CEO/Sec	0 00							ŕ		·
(12) Barry A Jesinoski Exec Dir Natl HQ	55 00				х			166,926	0	147,011
(13) Garry Augustine	50 00				х			162,277	0	152,149
Exec Dır Natl LHQ	0 00				Ĺ			102,277	0	132,149
(14) Susan Loth Sr Chief Dev Officer	40 00					х		164,727	0	90,361
Si Chief Dev Officer	1 000	l .	l .			l				Form 990 (2014)
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, unle	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) Brian Cowart	50 00					х		195,934	0	22,842
Chief Dev Officer	0 00									
(16) Anita Blum Comptroller	50 00					x		179,622	0	66,292
(17) Christopher Clay General Counsel	40 00					х		213,583	0	104,195
(18) James Walding Asst Fundraising Director	45 00 0 00					х		150,621	0	44,130
(19) Delphine Metcalf-Foster Former Treasurer (1/12-8/12)	5 00						х	11,667	0	0
(20) Arthur Wilson 113-613 Former Natl Adjutant/CEO/Sec	15 00 0 00						х	139,148	0	0

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	1,865,703	0	762,483

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►28

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes		
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		1		
	ındıvıdual	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
Crosby Marketing Communications 705 Melvin Ave Ste 200 Annapolis, MD 21401	Creative/Professional	1,575,207
Creative Direct Response 16900 Science Drive Bowie, MD 20715	Creative/Professional	698,682
Kelly Services Inc PO Box 530437 Atlanta, GA 303530437	Temporary Services	695,005
Cincinnati Bell Technology Solutions 1507 Solution Center Chicago, IL 606771005	Temporary/Professional	452,766
Cohesion Business Technology PO Box 636960 Cincinnati, OH 452636960	Temporary/Professional	312,670
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

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 ►20

		СІ
<u>~</u>	1a	F M
Contributions, Gifts, Grants and Other Similar Amounts	ь	Μ
ts, G	c	FI R G
, Giff nilar	d	K G
ions. r Sir	e f	
ibuti Xthe	g	Al SII No 1a
ontr nd C	h	1a T e
Program Service Revenue	2a	М
e E	b	_
ervic	d	_
ଥ ଅ	b c d e f	
iDo≱	f	
	g 3	Ir ar In R
		a i In
	4 5	R
	6a	G
	ь	Le
	С	Re or
	d	N
	7a	Gı fre
		as th
	Ь	Le ot sa
	С	G
	d 8a	N G
ıne		e \$
ever		01 S
e T	_	
đ.	b c	L. N
	9a	G S
	b c	L.
	10a	G re
		10
	b c	N
	11a	
	b	_
	d	_ A
	e	T
	12	T

Form 99		•						Page 9
Part V	/##1	Statement o	of Revenue ule O contains a respon	se or note to any lir	ne 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
~ <u>~</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Gifts, Grants ilar Amounts	С	Fundraising eve	ents 1c	152,097				
iffs ar 4	d	Related organiz	zations 1d					
s, G mi	e	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	114,509,183				
ontrib nd Otl	g h	Noncash contribute 1a-1f \$ Total. Add lines	ons included in lines	71,293	114,661,280			
<u>ة ت</u>		Total: Add filles		Puramana Coda				
	2a	Membership Dues	-	Business Code 900099	6,083,245	6,083,245		
Program Serwce Revenue	Ь	- Transcromp Bucs		300033	0,003,243	0,003,243		
e H	С							
er M	d		_					
න =	e							
<u>≅</u>	f	All other progra	am service revenue					
š	g	Total. Add lines	L s 2a – 2f		6,083,245			
	3		ome (including dividend		14,156,377			14,156,377
	4		ar amounts) strength on post of tax-exempt bond p		, ,			, ,
	5	Royalties		🔸	1,039,817			1,039,817
			(ı) Real	(11) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	c	or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	► (II) O ther				
	7a	Gross amount from sales of assets other	90,309,881	16,196				
	ь	than inventory Less cost or						
	ן "	other basis and sales expenses	83,352,533	1,926				
	С	Gain or (loss)	6,957,348	14,270				
	d		ss)		6,971,618			6,971,618
Other Revenue	8a	Ψ	luding ,097 s reported on line 1c)					
4) 1			a	77,419				
Ě	b		penses b	562,973	-485,554			-485,554
•	9a		(loss) from fundraising e rom gaming activities ie 19	vents p-	103,331			103,331
	_		а					
	b c		penses b (loss) from gaming activ	ıtıec F				
		Gross sales of		1000 1 1 1				
		returns and allo	owances . a					
	Ь	less costofa	oods sold b					
		_	(loss) from sales of inve	ntory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C	All other raws			16,727			16,727
	d e		ue s 11a-11d	▶	10,727			10,727
	12			.	16,727			
	**	iocai revenue.	See Instructions	· · · •	142,443,510	6,083,245	0	21,698,985

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,392,316	5,392,316		
2	Grants and other assistance to domestic individuals See Part IV, line 22	159,200	159,200		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	103,100	====		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,245,064	931,127	313,937	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	107,583		107,583	
7	Other salaries and wages	33,010,441	29,218,072	1,649,569	2,142,800
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,970,429	2,226,312	409,808	334,309
9	Other employee benefits	13,919,313	12,255,557	701,911	961,845
10	Payroll taxes	2,677,245	2,360,496	137,140	179,609
11	Fees for services (non-employees)				
а	Management				
b	Legal	142,429	7,221	130,441	4,767
c	Accounting	222,916		222,916	
d	Lobbying	385,243	385,243		
e	Professional fundraising services See Part IV, line 17	1,317,509			1,317,509
f	Investment management fees	185,459		185,459	· · · · · · · · · · · · · · · · · · ·
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,576,022	2,972,908	2,337,252	265,862
12	Advertising and promotion	4,730,519	3,933,744	337	796,438
13	Office expenses	55,408,532	25,817,845	491,361	29,099,326
14	Information technology	591,469	527,705	43,770	19,994
15	Royalties	3,055,259	1,323,721	56	1,731,482
16	Occupancy	522,262	392,147	130,115	
17	Travel	1,635,022	1,553,128	42,395	39,499
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,504,262	1,504,262		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,420,562	988,565	355,312	76,685
23	Insurance	254,036	204,070	49,463	503
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)				
а	Relocation	1,123,673	1,109,143	14,530	0
b	Project Expenses	752,435	752,435	0	0
c	Training	111,029	80,723	21,771	8,535
d	Settlement Fees	38,472	0	38,472	0
e	All other expenses	1,308,954	849,105	436,382	23,467
25	Total functional expenses. Add lines 1 through 24e	139,767,655	94,945,045	7,819,980	37,002,630
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	n this F	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			8,205,381	2	9,880,991
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,371,620	4	1,917,877
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L	Part II			-	
4ssets	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions) Complete Part II)(B), a) volun	nd contributing tary employees'		6	
Š.	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			1,793,638	8	1,160,900
	9	Prepaid expenses and deferred charges			3,951,276	9	4,822,414
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	38,010,257			
	ь	Less accumulated depreciation	10b	30,137,454	7,162,306	10c	7,872,803
	11	Investments—publicly traded securities			445,720,753	11	452,181,213
	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			554,346	15	313,900
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			468,759,320	16	478,150,098
	17	Accounts payable and accrued expenses			24,715,186	17	25,408,972
	18	Grants payable				18	_
	19	Deferred revenue			5,955,043	19	6,319,279
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sc	hedule	D		21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	ctors, t				
Liabili		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third part	ıes .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete P					
		D			146,886,396	25	157,177,141
	26	Total liabilities. Add lines 17 through 25			177,556,625	26	188,905,392
s Ф		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	√ an	d complete			
Ē a	27	Unrestricted net assets			291,202,695	27	289,244,706
е Ш	28	Temporarily restricted net assets				28	0
Z	29	Permanently restricted net assets				29	0
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	- ┌─ and			
9 9	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	r funds			32	
₹	33	Total net assets or fund balances			291,202,695	33	289,244,706
_	34	Total liabilities and net assets/fund balances			468,759,320	34	478, 150, 098

Par	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)				
•	Total revenue (must equal rait viii, column (A), me 12)	1		142,4	43,510
2	Total expenses (must equal Part IX, column (A), line 25)	2		139,7	67,655
3	Revenue less expenses Subtract line 2 from line 1	3			575,855
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		291,2	202,695
5	Net unrealized gains (losses) on investments	5		6,2	295,909
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		-10,9	929,753
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		289,2	244,706
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
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 review a separate basis, consolidated basis, or both	ved or	۱ 📗		
	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 separasis, consolidated basis, or both	rate			
	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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	į	3a	<u> </u>	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Additional Data

Software ID: Software Version:

EIN: 31-0263158

Name: Disabled American Veterans

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

(Code) (Expenses \$ 26,915,150 including grants of \$) (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 quiding 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. These principles guide our advocacy for disabled veterans in conformance with the collective will of our members We accomplish our objectives through our efforts in Washington, D C , and by drawing upon the support of our DAV members across the country During 2014, even though the investment in our legislative program (both non-lobbying and lobbying combined) was quite small, constituting less than one percent of DAV's total expenditures, DAV's efforts in this arena achieved important results for the men and women who served Expenses \$1,866,829 including grants of \$0 Revenue \$0 PUBLIC AWARENESS OUTREACH When injured and ill veterans 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 they can begin to rebuild the lives they once knew Many face the search for employment and housing, all while learning how to relate to their families after having been away for long periods of time. Navigating basic health, education and other benefits can be daunting. That's why DAV is here to help them every step of the way Too many of our nation's veterans have yet to access the benefits and services they've earned Many are simply unaware of what is available to them, so our National Service Program provides veterans free assistance in working through the claims process at the VA and other government agencies DAV wants to ensure that veterans are fully aware of the wide range of other programs we offer for ill and injured veterans and their families. Our outreach program supplements the efforts already built into our other program services to raise awareness. It offers the American public a greater opportunity to become personally involved in identifying with and assisting the men and women who served our nation. In 2014, \$32,355,645 was spent on this large-scale outreach effort, an investment that's making a real difference in the lives of veterans and their families. About \$7.3 million is from the value of donated media, primarily for airing of public service announcements about DAV services available to assist ill and injured veterans Additionally, DAV 5K events galvanize local communities across the country to support their heroes and raise awareness about the issues veterans face every day This past year, we held our second annual DAV 5K in Cincinnati and launched our inaugural DAV 5K event in San Diego In total, almost 4,000 individuals came out to honor and say thank you to friends and family members who served or are currently serving our country We look forward to even greater participation in our events in Cincinnati, San Diego and Atlanta in November 2015 and will continue to explore opportunities to expand the 5K events to other cities across the country. The value of the contributed media 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 quidelines Expenses \$25,048,321 including grants of \$0 Revenue \$0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493219002115

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Open to Public

Nan	ne of the organization bled American Veterans	· · · · · · · · · · · · · · · · · · ·		oloyer identifica	tion number	er
Pai	rt I Organizations Maintaining Donor Adv			0263158 or Accounts	. Comple	te ıf the
	organization answered Tes to Form 990,	(a) Donor advised funds	T	(b) Funds and	other accou	unts
	Total number at end of year			(-,		
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year		+			
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization's		or adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi	onor advisors in writing that grant funds			┌ Yes	┌ No
	t II Conservation Easements. Complete if	the organization answered "Ves" to	o For	m 000 Dart IV		, 110
Ц			0 1 011	ii 990, Fait IV	, iiie /.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation	<u> </u>	histor	ically important	· land area	
	Protection of natural habitat	Preservation of a c				
	Preservation of open space	,				
			h = =		.	
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	he fori	m of a conserva	tion	
		[Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	ric structure included in (a)	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register	` '	2d			
	Number of conservation easements modified, transferre	ى ed. released. extinguished. or terminate	d by t	he organization	durina	
	the tax year ►	,,	, -	9	9	
	· ———					
	Number of states where property subject to conservation	on easement is located 🛌				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling o	f violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation easen	nents	during the year		
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	durın	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	i) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial				
1	Organizations Maintaining Collections Complete if the organization answered "Ye		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or res	earch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,				lıc
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS:		r finar			
	Revenue included in Form 990, Part VIII, line 1			► \$		
	Accets included in Form 990 Part V			b - ¢		

Part	Organizations Maintaining Collections of Art	t, His	stori	cal	Treasu	ıres, or Otl	<u>her</u>	Similar Ass	ets (c	ontinued)
3	Using the organization's acquisition, accession, and other reconcollection items (check all that apply)	rds, cl	heck	any	of the fol	lowing that ar	e a	significant use o	of its	
а	Public exhibition	d	Г	Lo	an or exc	hange progra	ms			
b	Scholarly research	e	Г	Οt	her					
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIII	ain ho	w the	y fur	ther the	organızatıon's	ex	empt purpose ın		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as								Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Compl Part IV, line 9, or reported an amount on Form 99	ete ıf	the	org	anızatıo			<u>.</u>		
1a	Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X?					or other asse	ts n	ot Γ	Yes	
b	If "Yes," explain the arrangement in Part XIII and complete the	e follo	wing	table	!					
						_	_	Amo	unt	
С	Beginning balance					1	.c			
d	Additions during the year					1	d			
е	Distributions during the year					<u> </u>	e			
f	Ending balance					_1	f			
2a	Did the organization include an amount on Form 990, Part X, lin	ne 21,	for e	scro	worcust	odial account	: lıa	bility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the	e expl	anatı	on h	as been ¡	provided in Pa	rt X	III		Γ
Pai	rt V Endowment Funds. Complete if the organization									
_	(a)Current year	(b)Prior	year	b (c) ⊺	wo years back	(d) ⊺	hree years back (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balan	ce (lır	ne 1g	, col	umn (a))	held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ►									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possession of the organiz	zatıon	that	are h	neld and a	administered i	for t	:he		
	organization by							D- (1)	Yes	No
	(i) unrelated organizations	•	• •	•			•	3a(i)	_	_
ь	(ii) related organizations	· · ed on S	Sche	· · dule	R?		. '	3b	<u>' </u>	
4	Describe in Part XIII the intended uses of the organization's er									<u> </u>
Par	t VI Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10.	the o	rgar	nızat	ion ans	wered 'Yes'	to I	Form 990, Par	t IV, lı	ne
	Description of property				t or other vestment)	(b)Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
1a	and					467,4	164			467,464
	Buildings					7,005,9	\dashv	5,570,496		1,435,499
	_easehold improvements					4,618,9	\dashv	3,300,838	_	1,318,147
	Equipment					23,303,3	_	21,266,120	 	2,037,255
	Other					2,614,4				2,614,438
	. Add lines 1a through 1e (Column (d) must equal Form 990, Part		umn (B), Iı	ne 10(c).	<u> </u>				7,872,803
								Schedule D (Form 9	90) 2014

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of v	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>▶</u>		
Part VIII Investments—Program Related. (See Form 990, Part X, line 13.	Complete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of v	aluation
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ		
Part IX Other Assets. Complete if the organization		0, Part IV, line 11d See	
(a) Desc	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization.		to Form 990 Part IV	
Form 990, Part X, line 25.	ganization answered Yes' 1	to roini 990, Part IV,	inie 11e of 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Reserve for Life Membership Dues	61,009,609		
Post Retirement Benefit Obligation	94,998,980		
Other Liabilities	1,168,552		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 157,177,141		
2 Liability for uncortain tay positions. In Part VIII. prov	•		

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		nts With Revenue _I	per R	leturn Complete If
1		r support per audited financial statements			1	196,945,782
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of fa	acilities	2b	42,112,064		
c	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII)		2d	12,575,667		
e	Add lines 2a through 2d .				2e	54,687,731
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	142,258,051
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	185,459		
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	185,459
5	Total revenue Add lines 3 and	l 4c. (This must equal Form 990, Part I, line	12)		5	142,443,510
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line		nts With Expense:	s per	Return. Complete
1		raudited financial statements			1	194,269,927
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a	42,112,064		
b	Prior year adjustments		2b		1	
c	Otherlosses		2c]	
d	Other (Describe in Part XIII)		2d	12,575,667		
e	Add lines 2a through 2d				2e	54,687,731
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	139,582,196
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	185,459		
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	185,459
5	Total expenses Add lines 3 ai	nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	139,767,655
Par	XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
	I, Line 2d - Other tments	Special Events Expense included on Line Media and Materials 12,086,429	1 but n	ot included on Function	al Exp	489,238 Contributed
	II, Line 2d - Other tments	Special Events Expense Included on Line Media and Materials 12,086,429	1 but n	ot Included on Functior	ial Exp	0 489,238 Contributed
		İ				

Jenedale 2 (1 31111 33 3) 23 13		r age S			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

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

DLN: 93493219002115 OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization Disabled American Veterans

(Form 990 or 990-EZ)

SCHEDULE G

Department of the Treasury

Employer identification number

31-0263158

art I	Fundraising Activities.	Complete if the organization ans	wered "Yes"	to Form 990,	Part IV, line 1	./. Form 9	390-EZ
	filers are not required to	complete this part.					

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- ☐ Solicitation of government grants
- Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is a superior of the fundraiser of the fundraiseto be compensated at least \$5,000 by the organization

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 Creative Direct Response 16900 Science Drive	Consults Direct Mail and Organizes Electronic Fundraising	Yes No	4,446,514	451,717	3,994,797
Bowie, MD 20715 Meyer Partners 1701 E Woodfield Rd Ste 425	Consults Major Gifts and Planned Giving	No	2,644,775	219,171	2,425,604
Schaumburg, IL 60173 Mindset 1700 N Jefferson St Ste 200 Arlington, VA 22205	Direct Mail and Telemarketing	No	249,439	122,615	126,824
4 Public Interest Communication 7700 Leesburg Pike Ste 301 North Falls Church, VA	Telemarketing - Recurring Gifts	No	117,097	204,937	-87,840
22043 5 Infocision PO Box 32441	Telemarketing - Recurring Gifts	No	47,482	39,770	7,712
Cleveland, OH 44193 6 Event 360 Inc 820 W Jackson Blvd Ste 800	Strategic Advisor of Special Events - New 2014	No	43,665	69,217	-25,552
Chicago, IL 60607 Fleventy 453 S High St Ste 101 Akron, OH 44311	Telemarketing - Recurring Gifts	No	2,764	0	2,764
Social Capital 980 N Michigan Avenue Ste 1610 Chicago, IL 60611	Strategic Advisor on Corp Partner Planning - New 2014	No	0	112,423	-112,423
9					
		▶	7,551,736	1,219,850	6,331,886

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

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
			(a) Event #1 Cincinnati 5K (event type)	(b) Event #2 San Diego 5K (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	173,236	56,280		229,516
Revenue	2	Less Contributions	113,972			152,097
<u>*</u>	3	Gross income (line 1 minus line 2)	59,264			77,419
	4	Cash prizes				
(0	5	Noncash prizes				
nse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Dreat -	8	Entertainment				
ā	9	Other direct expenses .	265,530	297,443		562,973
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(562,973)
	11	Net income summary Subtract lii	ne 10 from line 3, columr	(d)		-485,554
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses		Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г Nо	Г Yes% Г No		-
		Direct expense summary Add lines Net gaming income summary Subt			.	
9 a b	Ent Is t	er the state(s) in which the organizathe organization licensed to conduct	ition conducts gaming ac gaming activities in eac	tivitiesh of these states?		
10a b		re any of the organization's gaming Yes," explain	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014			Page 3
11	Does the organization conduct gamin	g activities with nonm	nembers?	Yes No
12	Is the organization a grantor, benefici	ary or trustee of a tru	st or a member of a partnership or other entity	
	formed to administer charitable gamir	ıg [?]		Yes T No
13	Indicate the percentage of gaming ac	tivities conducted in		
а	The organization's facility		13a	%
b	An outside facility			%
L4	Enter the name and address of the pe	rson who prepares the	e organization's gaming/special events books and records	
	Name 🟲			
	Address ►			
L5a	Does the organization have a contrac	t with a third party fro	m whom the organization receives gaming	
	_	• •		Yes T No
b			he organization 🕨 \$ and the	
	amount of gaming revenue retained by	•		
c	If "Yes," enter name and address of the	ne third party		
	Name 🟲			
	Address 🟲			
L6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer	┌ Employee	Independent contractor	
.7	Mandatory distributions	, ,	·	
а	Is the organization required under sta	te law to make charit	able distributions from the gaming proceeds to	
	retain the state gaming license? $oldsymbol{.}$			res Γ_{No}
b	Enter the amount of distributions requ	ııred under state law o	distributed to other exempt organizations or spent	
	in the organization's own exempt activ	vities during the tax y	rear 🕨 \$	
Par			oplanations required by Part I, line 2b, columns (iii) and 7b, as applicable. Also provide any additional informatic	
	Return Reference		Explanation	
	edule G, Part I, Line 2b, List of Ten est Paid Fundraisers	vendor are invoiced	ser Public Interest Communication (ii) Activity Postage and M separate from professional fees in the amount \$7,147 (i) Name ity Postage and Materials paid to vendor are invoiced separate \$2,630	e of Fundraiser

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

General Information on Grants and Assistance

DLN: 93493219002115

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

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

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Disabled American Veterans

Employer identification number 31-0263158

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

√ Yes

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 Domestic Organizations and Domestic Governments. 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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

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

Cat No 50055P

Schedule I (Form 990) 2014

54

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	32	68,750			
(2) Disaster Relief	187	90,450			

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 granted 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	80,919				Veteran Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Arizona 38 West Dunlap Avenue Phoenix, AZ 85021	86-0191627	501(c)(4)	91,958				Veteran Services	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ArkansasPO Box 1620 North Little Rock, AR 72115	38-6143144	501(c)(4)	52,222				Veteran Services	

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 California13733 East Rosecrans Avenue Santa Fe Springs, CA 90670	95-0684372	501(c)(4)	443,582				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Colorado 1485 Holland Street Lakewood, CO 802154735	84-0388439	501(c)(4)	109,428				Veteran Services	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Connecticut35 Cold Spring Road Suite 315 Rocky Hill, CT 06067	06-6050968	501(c)(4)	39,627				Veteran Services	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Delaware PO Box 407 Camden, DE 19934	23-7169083	501(c)(4)	10,339				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 DCPO Box 70737 Washington, DC 20024	31-1017322	501(c)(4)	9,120				Veteran Services		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Florida 2015 SW 75th Street Gainesville,FL 32607	59-0915376	501(c)(4)	270,710				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Georgia 4462 Houston Avenue Macon, GA 31206	58-6043522	501(c)(4)	91,172				Veteran Services		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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)	22,791				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Illinois 809 South Grand Avenue West Springfield, IL 62704	36-2026733	501(c)(4)	81,730				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Indiana 2439 West 16th Street Indianapolis, IN 46222	35-0269110	501(c)(4)	76,068				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Iowa 4332 West 30th Street Davenport,IA 528045084	42-0218615	501(c)(4)	30,606				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas 805 Minnesota Avenue Kansas City, KS 66101	48-0669371	501(c)(4)	30,451				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Kentucky PO Box 129 Shepherdsville, KY 40165	61-0574614	501(c)(4)	86,220				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 LouisianaPO Box 1271 Baton Rouge,LA 70821	72-6023897	501(c)(4)	48,129				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 MainePO Box 3415 Augusta, ME 04330	51-0169791	501(c)(4)	33,887				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Maryland 101 North Gay Street B Baltimore, MD 21202	52-6055613	501(c)(4)	68,112				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 MassachusettsRoom 546 State House Boston, MA 02133	04-2170836	501(c)(4)	133,191				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	115,923				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Minnesota20 West 12th Street 3rd Floor St Paul, MN 55155	41-0641627	501(c)(4)	85,454				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 MississippiPO Box 1579 Jackson, MS 39215	64-6034899	501(c)(4)	28,398				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Missouri 413 West Hickory Kirksville, MO 63501	43-1428547	501(c)(4)	80,334				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Montana 8245 Half Moon Court Helena, MT 59602	81-0245122	501(c)(4)	18,239				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Nebraska17308 Edna Street Omaha,NE 68136	47-0462717	501(c)(4)	30,102				Veteran Services		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Nevada 2775 Meadow Park Avenue Henderson, NV 890527023	88-0191079	501(c)(4)	29,005				Van Program		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HampshirePO Box 2051 Dover, NH 03821	02-6018967	501(c)(4)	24,429				Winter Sports Clinic		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Jersey135 West Hanover Street Trenton, NJ 08618	31-1017334	501(c)(4)	86,151				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Mexico2511 Utah Street NE Albuquerque, NM 87110	85-0131116	501(c)(4)	46,992				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	207,482				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 North CarolinaPO Box 28146 Raleigh, NC 27611	56-6061261	501(c)(4)	161,159				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 North Dakota2009 4th Street NE Jamestown, ND 584013926	45-0232777	501(c)(4)	21,521				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 OhioPO Box 15099 Columbus,OH 43215	31-4166963	501(c)(4)	144,145				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Oklahoma2311 North Central Avenue 1000B Oklahoma City,OK 73105	73-6112085	501(c)(4)	83,216				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Oregon 5922 NE 55th Avenue Portland, OR 972182302	93-0155562	501(c)(4)	40,414				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Pennsylvania4219 Trindle Road Camp Hill, PA 17011	23-0520283	501(c)(4)	148,830				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Rhode Island1 Capital Hill Providence, RI 02908	05-6023646	501(c)(4)	22,623				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 South CarolinaPO Box 5317 West Columbia, SC 29171	57-0600471	501(c)(4)	74,381				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 South Dakota1519 West 51st Street Sioux Falls,SD 571056648	46-6016959	501(c)(4)	21,289				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Tennessee5259 Harding Place Nashville,TN 37217	62-6074303	501(c)(4)	80,979				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Texas 1015 Lee Avenue Lufkın,TX 75901	75-6053959	501(c)(4)	289,728				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Utah273 East 800 South Salt Lake City, UT 84111	87-6151236	501(c)(4)	26,047				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Vermont PO Box 828 White River Junction, VT 05001	03-6015639	501(c)(4)	11,148				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Virginia PO Box 7176 Roanoke, VA 24019	54-0697376	501(c)(4)	182,427				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Washington2315 Burwell Street Bremerton,WA 98310	91-0544487	501(c)(4)	104,544				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 West VirginiaPO Box 605 Elkview, WV 25071	55-0521769	501(c)(4)	36,592				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 Wisconsin1253 Scheuring Road Suite A DePere, WI 54115	39-0244255	501(c)(4)	85,483				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DAV Department of Wyoming 219 Ames Avenue Cheyenne, WY 82007	23-7041066	501(c)(4)	8,167				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Puerto RicoPO Box 363604 San Juan, PR 00936	23-7352551	501(c)(4)	37,761				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Hawaıı 2685 North Nımıtz Hıghway Honolulu,HI 96819	99-0105357	501(c)(4)	28,542				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Alaska PO Box 74603 Faırbanks,AK 99707	52-1648345	501(c)(4)	12,744				Veteran Services			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Columbia Trust Service Programs3725 Alexandria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	113,118				Veteran Services		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Department of Veterans Affairs50 Irving Street NW Washington,DC 20422	52-1688621	Gov't Entity	208,407				Van Program			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Department of Veterans Affairs50 Irving Street NW Washington,DC 20422	52-1688621	Gov't Entity	675,244				Winter Sports Clinic		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Bellevue Veterans Club24 Fairfield Avenue Bellevue, KY 41073	61-0507105	501(c)(19)		10,981	FMV	Clothing for homeless veterans	Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
USO World Headquarters 2111 Wilson Boulevard Suite 1200 Arlington,VA 22201	13-1610451	501(c)(3)	15,000				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Women in Military Service for AmericaDepartment 560 Washington, DC 200420560	52-1513535	501(c)(3)	20,000				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 Corral5151 Glenwood Avenue Raleigh, NC 27612	45-3555807	501(c)(3)	104,740				Veteran Services		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Intrepid Museum Foundation One Intrepid Square New York, NY 10036	13-3062419	501(c)(3)	10,000				Veteran Services		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493219002115

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Disabled American Veterans

Employer identification number

31-0263158

Par	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exc			2	Yes	
3	Indicate which, if any, of the following the filing orgonganization's CEO/Executive Director Check all used by a related organization to establish compensation	that apply				
	Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental none	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based cor	npensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organize	ations mu	st complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,	, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described					
	ın Part III			8		Νo
	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	he rebutta	ible presumption procedure described in Regulations	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)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII 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 or the length of the trip. In 2014, one trip met the criteria for first class travel for DAV related business for persons listed on Part I, 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 reimbursed by the DAV traveler. Discretionary Spending Account. During their one-year, nonsuccessive term, DAV pays the National Commander an annual expense allowance prorated from the date of his election to the date of the election of his successor, in an amount approved by the Board of Directors, and reflected in the appropriate minutes. The amount is to cover lodging, meals, and other expenses incurred to serve in this capacity. It is comparable to amounts paid to those in similar positions in like organizations and is reported as taxable income on Form 1099. In 2014, Joseph Johnston, DAV. National Commander (January to August) received \$138,508 and Ronald Hope, DAV. National Commander (September to December) received \$86,492 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.

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 31-0263158

Name: Disabled American Veterans

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
	-	i) Base	(ii) Bonus &	(iii) Other	other deferred	benefits	(B)(ı)-(D)	reported as deferred in	
	Com	npensation	ıncentive	reportable	compensation			prior Form 990	
			compensation	compensation		•			
1 J Marc Burgess, Natl	(I)	192,066	17,267	4,404	132,104	3,399	349,240	0	
Adjutant/CEO/Sec	(II)		0	0	0	0	0	0	
1 Barry A Jesinoski, Exec Dir Natl HQ	(I) (II)	118,223 0	21,630 0	27,073 0	90,503	56,508 0	313,937 0	0	
2 Garry Augustine, Exec	(I)	157,335	0	4,942	146,937	5,212	314,426	0	
Dir Natl LHQ	(II)	0	0	0	0	0	0		
3 Susan Loth, Sr Chief	(I)	146,081	15,012	3,634	82,349	8,012	255,088	0	
Dev Officer	(II)	0	0	0	0	0	0		
4 Brian Cowart, Chief Dev	(I)	172,900	19,260	3,774	15,562	7,280	218,776	0	
Officer	(II)	0	0	0	0	0	0		
5 Anıta Blum, Comptroller	(I)	154,387	21,372	3,863	59,126	7,166	245,914	0	
	(II)	0	0	0	0	0	0	0	
6 Christopher Clay,	(I)	188,171	18,952	6,460	96,867	7,328	317,778	0	
General Counsel	(II)	0	0	0	0	0	0	0	
7 James Waldıng, Asst	(I)	127,400	18,900	4,321	40,269	3,861	194,751	0	
Fundraısıng Director	(II)	0	0	0	0	0	0		
8 Delphine Metcalf-Foster, Former Treasurer (1/12- 8/12)	(I) (II)	0	0	11,667 0	0	0	11,667 0	0	
9 Arthur Wilson 113-613, Former Natl Adjutant/CEO/Sec	(I) (II)	0	0	139,148 0	0	0	139,148 0	0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493219002115

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

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

Open to Public Inspection

Name of the or Disabled American							E	mploy	er ident	ificatio	n numbe	er
Disabled American	Veteraris						3	1-026	53158			
Part I Exc	ess Benefit Tra	nsactions	(section	501(c)(3), se	ction 501(c)(4), and 501				only)		
Com	plete if the organiza	ition answere	ed "Yes" o	n Form 990, F	Part IV, line	25a or 25b, c	r Form	990-	EZ, Part	V, line	40b	
1 (a) Nam	ne of disqualified pe	rson (b) F	, , , , , , , , , , , , , , , , , , ,			(c) Desc	rıptıon	of trai	nsaction	L	(d) Cor	rected?
			person a	and organizati	ion						Yes	No
4958 .	amount of tax incur						he year	undei	section \$ \$	l		
2 Entartha												
Part II	amount of tax, ıf an			<u> </u>	ie organizaci	OII			г у			
Part III Loans to a Complete if th reported an ai	nd/or From Integration answers mount on Form 990 (b) Relationship with organization	terested F	Persons. on Form 99 5, 6, or 22 (d) Loan	90-EZ, Part V 2 to the			oart IV (g) defau	In	(h) Approv	ved d or	anızatıo (i)Wr agreer	tten
Part II Loans to a Complete if th reported an ai (a) Name of interested	nd/or From Integration answers mount on Form 990 (b) Relationship	terested F wered "Yes" , Part X, line (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan or from t	90-EZ, Part V 2 to the	/, line 38a, c (e)Original principal	or Form 990, I	(g)	In	(h)	ved d or	(i)Wr	tten
Part III Loans to a Complete if th reported an ai (a) Name of interested	nd/or From Integration answers mount on Form 990 (b) Relationship	terested F wered "Yes" , Part X, line (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan or from t organizati	90-EZ, Part V 2 to the lon?	/, line 38a, c (e)Original principal	or Form 990, I	(g) defau	In Ilt?	(h) A pprov by boar	ved d or tee?	(i)Wr agreer	tten nent?
Part II Loans to a Complete if th reported an ai (a) Name of interested person	nd/or From Integration answers mount on Form 990 (b) Relationship	terested F wered "Yes" , Part X, line (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan or from t organizati	90-EZ, Part V 2 to the lon?	/, line 38a, c (e)Original principal	or Form 990, I	(g) defau	In Ilt?	(h) A pprov by boar	ved d or tee?	(i)Wr agreer	tten nent?
Part II Loans to a Complete if th reported an ai (a) Name of interested person	nd/or From Interest of the organization answer on Form 990 (b) Relationship with organization	terested F wered "Yes" , Part X, line (c) Purpose of loan	Persons. on Form 99 5, 6, or 22 (d) Loan or from t organizati	90-EZ, Part V to the ton? From	(e)Original principal amount	or Form 990, I	(g) defau	In Ilt?	(h) A pprov by boar	ved d or tee?	(i)Wr agreer	tten nent?
Part III Loans to a Complete if th reported an ai (a) Name of interested person otal art III Gr	nd/or From Indicate organization answer on Form 990 (b) Relationship with organization	terested F wered "Yes" , Part X, line (c) Purpose of loan	Persons. on Form 99 5, 6, or 22 (d) Loan or from t organizati To	90-EZ, Part V to the ton? From	(e)Original principal amount	or Form 990, I	(g) defau	In Ilt?	(h) A pprov by boar	ved d or tee?	(i)Wr agreer	tten nent?
Part III Loans to a Complete if th reported an ai (a) Name of interested person	nd/or From Integration answer mount on Form 990 (b) Relationship with organization ants or Assistation in the rested (b) Relationship with organization in the rested (b) Relationship with organization in the rested (c) Relationship with organization in the rested (c) Relationship with organization in the rested (c) Relationship with rested (d) Relationship with rested (e) Relationship wit	terested F wered "Yes" , Part X, line (c) Purpose of loan	Cersons. on Form 99 5, 6, or 22 (d) Loan or from t organizati To fiting In nswered petween and the	90-EZ, Part V to the ton? From	(e)Original principal amount	or Form 990, I (f)Balance due	(g) defau Yes	In ilt?	(h) Approv by boar commit Yes	ved d or tee? No	(i)Wr agreer	tten nent?

Complete if the organizat (a) Name of interested person	ion answered "Yes" on (b) Relationship	Form 990, Part IV, lin		(e) Sh	arıng
(-)	between interested person and the organization	transaction	(1,233,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	organiz reven	f zation's
				Yes	No
(1) Wilson David	See Sch L Part V	107,583	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	Former Officer's family member

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493219002115

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Disabled American Veterans

Employer identification number

31-0263158

Pa	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	(d Method of de noncash contrib	etermı	_	ts
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	28	71,293	Cost or selling price	<u>:</u>		
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—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organize	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ears from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for exempt purposes for the ent	ire holding p	period?			30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	noncash • • •	32a		No
	If "Yes," describe in Part II If the organization did not repor	t an amount	: in column (c) for a type of	property for which column (a	a) is checked,			_
·	describe in Part II			Cat No. 512271	Schedule M		222	(2014)

the

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,
number of items received or a combination of both. Also complete this part for any additional information

number of items red	ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
Part I, Column (b)	Number of Contributions - 28

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493219002115

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

Name of the organization	Employer identification number
Disabled American Veterans	
	31-0263158

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	
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 quesitons. It is subsequently filled 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 im mediately 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, ide ntify 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 o f DAV National Adjutant and CEO, Executive Directors, key employees, and other top managem ent 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 DA V 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 e upon request.
Form 990, Part XI, line 9	Pension Liability and Other Post-retirement Benefit Obligation Adjustment -10,929,753