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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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(Expenses \$ 49,011,373 including grants of \$ 5,358,611 ) (Revenue \$ 0 ) |
| SERVICE PROGRAM Services are offered at no cost or obligation to veterans, their families and survivors -NSO's represented more than 300,000 claims for veterans and their families before the VA, obtaining for them more than \$4 billion in new and retroactive benefits -TSO's conducted 1,006 presentations to help prepare 33,561 transitioning service members for civilian life TSO's filed 18,088 claims for VA benefits and connected veterans with other services -MSO's traveled 104,662 miles to 879 cities to interview 17,769 veterans and potential claimants -DAV represents more than 1 million veterans before the VA See schedule O for continuation SERVICE PROGRAM (cont ) In more than 100 offices throughout the United States and in Puerto Rico, we employ a corps of about 277 National Service Officers (NSOs) and 33 Transition Service Officers (TSOs) who counsel and represent veterans and their families with claims for benefits from the Department of Veterans Affairs, Department of Defense and other government agencies DAV's National Service Program represents more than 1 million veterans before the VA Veterans need not be members to take advantage of our assistance, which is provided at no cost or obligation to them DAV truly is an organization of veterans helping veterans, as all our service officers incurred injury or illness related to their wartime service NSOs function as attorneys-in-fact, assisting veterans and their families in filing claims for VA disability compensation, rehabilitation and education programs, pensions, death benefits, and employment and training programs They provide free services such as information seminars and counseling, and community outreach activities through the Mobile Service Office (MSO) Program and other opportunities to educate and inform veterans on the benefits they've earned NSOs also represent veterans and active-duty military personnel before Discharge Review Boards, Boards for Correction of Military Records, Physical Evaluation Boards, the Disability Transition Assistance Program, the Transition Assistance Program and other official panels For service members making the all-important transition to civilian life, DAV participates in Transition Assistance and Disabled Transition Assistance Programs Our TSOs provide benefits counseling and assistance to service members filing initial claims for VA benefits at nearly 100 military installations throughout the country DAV continues its pro bono representation program for veterans seeking review in the United States Court of Appeals for Veterans Claims DAV currently works with two law firms that are highly accomplished in dealing with veterans' issues at the court In fiscal year 2015, the BVA took action on more than 15,600 cases involving DAV clients These were cases reviewed to identify those in which a veteran's claim was improperly denied Thanks to DAV and our relationship with private law firms, 1,660 of these cases previously denied by the BVA were appealed to the court, at no cost to the veterans The MSO Program continues to seek new venues to bring DAV service to veterans and dependents in their own communities The MSO extends our assistance to veterans who might not be able to visit a Service Office due to distance, transportation, health or other reasons By putting our Service Offices on the road and assisting veterans where they live, DAV is increasing veterans' accessibility to benefits In 2015, the DAV MSO program continued to focus on conducting site visits at colleges and universities throughout the nation Some colleges and universities visited include the University of South Florida, The Ohio State University, Western Nevada College and the University of Montana With 10 specially equipped mobile offices visiting communities across the country, this outreach effort generates a considerable amount of claims work from veterans who may not otherwise have the opportunity to seek assistance at our National Service Offices DISABLED AMERICAN VETERANSRecapitulation of Service ActivitiesJanuary 1, 2015 through December 31, 2015National Totals1 NEW SERVICE CONNECTIONS 71,2252 COMPENSATION INCREASED 52,7633 COMPENSATION MAINTAINED 83,7384 PENSION 2,8505 PENSION MAINTAINED 4,3936 SOCIAL SECURITY 27 EDUCATION BENEFITS 54,5998 MISCELLANEOUS 4,2409 DEATH COMPENSATION 2,34110 SPECIAL ENTITLEMENTS 12911 SPECIAL ENTITLEMENTS MAINTAINED 612 DEATH PENSION 1,04513 INSURANCE 2,47714 BURIAL ALLOWANCES 99415 PHYSICAL EVALUATION BOARDS 016 TOTAL AWARDS 280,80217 TOTAL MONTHLY INCREASES \$ 279,136,46918 TOTAL RETROACTIVE PAYMENTS \$4,045,863,19219 FULL AMOUNT \$4,324,999,66120 VA FILES REVIEWED 302,16121 POWER OF ATTORNEYS 122,673 PAPER 113,150 ELECTRONIC 9,52322 INTERVIEWS 165,64723 RATING BOARD APPEARANCES 247,70124 MILITARY AFFAIRS 74,83125 SOCIAL SECURITY ACTIVITIES 4426 NEW CLAIMS 195,827 PAPER 165,908 ELECTRONIC 29,91927 MEMBERSHIP 5,06628 BRIEFINGS 1,04429 PARTICIPANTS 35,289Expenses \$43,705,563 including grants of \$53,993 Revenue \$0 STATE SERVICES AND DISASTER RELIEF In 2015, these efforts resulted in roughly 390 supply kits and 394 payments totaling more than \$330,000 to be provided to service-injured or ill veterans, service members and their families in need of relief Grants to Departments under the State Services program totaled \$4,189,824 in 2015 When disaster strikes, DAV Service Officers and members deploy into devastated areas, enabling DAV to provide much-needed monetary assistance, conduct benefits counseling and offer referral services for veterans, service members and their families in need Our disaster relief program provides grants in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities They have been used at Ground Zero following the attacks on the World Trade Center, around the Gulf Coast following Hurricanes Katrina and Rita, and most recently in Alaska, Illinois, South Carolina, Georgia, Nebraska, Kentucky, Alabama, Oklahoma, California, Pennsylvania, South Dakota, Texas and Kansas following fires, tornadoes and flooding Supply kits-which include backpacks, blankets and hygiene kits-are provided as an additional resource for safety, comfort and self-sufficiency in an extended emergency, disaster or evacuation The hygiene kit includes basic necessities like a toothbrush and toothpaste, razors and shaving cream, hand sanitizer, deodorant, shampoo and soap Since the program's inception in 1968, more than \$9.7 million has been disbursed to victims DAV also helps fund services that our state-level Departments provide to veterans and their families In some cases, these Department programs extend, supplement or dovetail services we provide through our nationwide programs In other cases, Departments have created entirely new programs to meet the unique needs of veterans in their states Expenses \$5,305,810 including grants of \$5,304,618 Revenue \$ 0 |                                                                                    |

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| 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Code ) (Expenses \$ 2,372,439 including grants of \$ 982,077 ) (Revenue \$ 0 ) |
| VOLUNTARY SERVICES PROGRAM By providing veterans with transportation to medical appointments, coordinating in-hospital volunteer opportunities and encouraging and supporting efforts to honor the sacrifices of disabled veterans, DAV enhances the quality of life of veterans, their families and survivors -In 2015, volunteers traveled 24,727,577 miles, providing 711,688 rides to veterans and donating 1,648,947 hours of their time -The value of volunteer hours and services amounted to more than \$42 million -To incentivize youth volunteers, DAV awarded \$75,000 through its scholarship program See schedule O for continuation VOLUNTARY SERVICES PROGRAM (cont ) Volunteerism is the cornerstone of DAV's mission of empowering veterans to lead high-quality and fulfilled lives Our thousands of dedicated volunteers across the country help us to provide the best possible care, morale and assistance to our nation's heroes DAV's Transportation Network is one of the country's largest voluntary transportation programs This unique program provides vehicles and volunteers throughout the country to transport veterans to and from their VA medical appointments The program is managed by 190 Hospital Service Coordinators located at 197 VA medical centers and is operated by dedicated DAV volunteer drivers Since inception of the program in 1987, DAV Departments and Chapters have donated 2,967 vehicles to the VA at a cost to DAV of over \$65.1 million The amount of hours DAV volunteers dedicate, the miles they drive and the number of rides they provide to veterans reflect promises we've ensured were kept To put this into perspective, DAV volunteer drivers have driven 642,609,837 miles since the program's inception The value of the contributed service hours of \$38.0 million is reported in 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 guidelinesOther DAV voluntary service program initiatives include the Winter Sports Clinic, the Jesse Brown Memorial Youth Scholarship Program, the celebrity program, the Local Veterans Assistance Program and the VA Voluntary Service Program Expenses \$2,372,439 including grants of \$982,077 Revenue \$0 |                                                                                 |

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| 4c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Code ) (Expenses \$ 1,225,382 including grants of \$ 0 ) (Revenue \$ 0 ) |
| EMPLOYMENT PROGRAM DAV is committed to ensuring transitioning military members and their families secure the tools, resources and opportunities they need to advance their employment goals -DAV facilitated 71 All Veterans Career Fairs in 40 cities across the country, creating employment opportunities for nearly 26,000 -DAV provides 10 to 12 virtual career fairs annually for active-duty, Guard and Reserve members, veterans and their spouses -DAV connects veterans with employment resources and opportunities through its website www.jobs.dav.org See Schedule O for continuation EMPLOYMENT PROGRAM (cont ) Realizing the challenges that many veterans, especially our service-disabled veterans, continue to face in the employment marketplace, DAV established a new National Employment Department in 2014 One primary component of this mission is a partnership DAV formed with RecruitMilitary, a veteran-owned and operated full-service military-to-civilian recruiting firm Working alongside RecruitMilitary, DAV uses online and offline products to connect employers, franchisors and educational institutions with veterans who are transitioning from active duty to civilian life, veterans who already have civilian work experience, members of the National Guard and Reserve components and military spouses All DAV services are available at no cost to the veteran By co-hosting and sponsoring All Veterans Career Fairs, DAV is helping to address one of the greatest needs facing our nation's unemployed and underemployed veterans DAV recognizes that traditional or "brick and mortar" career fairs reach only a fraction of those seeking new or better employment In fact, many active-duty, Guard and Reserve members, veterans and spouses are unable to attend our traditional career fairs for a variety of reasons including geographical challenges-especially for those serving abroad-or because of a service-related disability These challenges led DAV to expand our employment services by adding a virtual career fair component to our rapidly growing presence in the veteran's career fair arena In partnership with Veteran Recruiting, the leader in producing virtual career fairs for the military and veterans, DAV will provide 10 to 12 virtual career fairs annually for active-duty, Guard and Reserve members, veterans and their spouses In addition to employment assistance, DAV has incorporated our VA benefits and claims representation resources into our career fairs, including having a Mobile Service Office onsite at many of our traditional career fairs At these events, DAV's veteran advocates have aided thousands of job-seeking veterans, dependents and survivors with claims assistance to understand and secure their earned VA, Department of Defense and state benefits This service will also be extended to virtual fairs DAV's National Employment Department also works directly with major employers who are interested in recruiting skilled veterans On our employment resources Web page (jobs.dav.org), we provide a multitude of resources that veterans can access, including a job-search board boasting hundreds of thousands of current employment opportunities around the world and direct links to company website job boards We are pleased to note that visits to our employment resources website have tripled in the past year, currently averaging more than 15,000 visits monthly Expenses \$1,225,382 including grants of \$0 Revenue \$0 |                                                                           |

See Additional Data

|    |                                                                                 |
|----|---------------------------------------------------------------------------------|
| 4d | Other program services (Describe in Schedule O )                                |
|    | (Expenses \$ 49,110,067 including grants of \$ 10,000 ) (Revenue \$ 6,862,777 ) |

|    |                                |             |
|----|--------------------------------|-------------|
| 4e | Total program service expenses | 101,719,261 |
|----|--------------------------------|-------------|

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                                                                                     | 1   | No  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                            | 2   | Yes |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                                                                                                                                  | 3   | No  |
| 4 <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                                                                | 4   |     |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                           | 5   | No  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                         | 6   | No  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7   | No  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8   | No  |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   | No  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10  | No  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                 |     |     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                           | 11a | Yes |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                       | 11b | No  |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                       | 11c | No  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                         | 11d | No  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                         | 11e | Yes |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                               | 11f | No  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 12a | Yes |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | 12b | No  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | 13  | No  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                                                         | 14a | No  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .                                                             | 14b | No  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                                                                                                       | 15  | No  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                                                                                                 | 16  | No  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                   | 17  | Yes |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                  | 18  | No  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                            | 19  | No  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                                                                                         | 20a | No  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b |     |

Part IV Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

|     |                                                                                                                                                                                                                                            |     |     |  |    |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--|----|--|
|     |                                                                                                                                                                                                                                            | Yes | No  |  |    |  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1a  | 160 |  |    |  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 1b  | 0   |  |    |  |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  | Yes |  |    |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | 2a  | 780 |  |    |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | 2b  | Yes |  |    |  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  |     |  | No |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | 3b  |     |  |    |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |     |  | No |  |
| b   | If "Yes," enter the name of the foreign country: _____<br>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?                                                                                                                                      | 5a  |     |  | No |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  |     |  | No |  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |     |  |    |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  |     |  | No |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |     |  |    |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                              |     |     |  |    |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | 7a  | Yes |  |    |  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  | Yes |  |    |  |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  |     |  | No |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |  |    |  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  |     |  | No |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  |     |  | No |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |     |  | No |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |     |  | No |  |
| 8   | Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 | 8   |     |  | No |  |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |     |  |    |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |     |  |    |  |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |     |     |  |    |  |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |  |    |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |  |    |  |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |     |     |  |    |  |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |  |    |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |  |    |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                 | 12a |     |  |    |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |  |    |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |     |     |  |    |  |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |     |  |    |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |     |  |    |  |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |  |    |  |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a |     |  | No |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | 14b |     |  |    |  |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                | AK, AR, CA, CT, GA, HI, KS, KY, LA, MD, MN, MO, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WV |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |                                                                                                            |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                          |                                                                                                            |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records                                                                                                                                                                                                                                                                                                            | Barry A Jesinoski 3725 Alexandria Pike Cold Spring, KY 41076 (859) 441-7300                                |

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) Joseph W Johnston<br>Chairman (1/15-8/15)            | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 11,269                                                                | 0                                                                          | 0                                                                                             |
| (2) Ron F Hope<br>Chairman (8/15-12/15)                  | 25 00<br>0 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 136,894                                                               | 0                                                                          | 0                                                                                             |
| (3) Moses McIntosh Jr<br>Vice-Chairman (1/15-8/15)       | 25 00<br>0 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 104,085                                                               | 0                                                                          | 0                                                                                             |
| (4) David W Riley<br>Vice-Chairman (8/15-12/15)          | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 18,487                                                                | 0                                                                          | 0                                                                                             |
| (5) Gary Lucas<br>Treasurer (1/15-8/15)                  | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) Rolly D Lee Sr<br>Dir (1/15-8/15)/Treas (8/15-12/15) | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 7,213                                                                 | 0                                                                          | 0                                                                                             |
| (7) Frank Maughan<br>Director (8/15-12/15)               | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) Danny Oliver<br>Director (1/15-8/15)                 | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 5,037                                                                 | 0                                                                          | 0                                                                                             |
| (9) Jonny N Stewart<br>Director (1/15-12/15)             | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 9,334                                                                 | 0                                                                          | 0                                                                                             |
| (10) Richard L Tolfa<br>Director (8/15-12/15)            | 5 00<br>0 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 1,643                                                                 | 0                                                                          | 0                                                                                             |
| (11) J Marc Burgess<br>Natl Adjutant/CEO/Sec             | 60 00<br>0 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 258,898                                                               | 0                                                                          | 227,099                                                                                       |
| (12) Barry A Jesinoski<br>Exec Dir Natl HQ               | 55 00<br>0 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 214,236                                                               | 0                                                                          | 136,272                                                                                       |
| (13) Garry Augustine<br>Exec Dir Natl LHQ                | 50 00<br>0 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 178,263                                                               | 0                                                                          | 221,167                                                                                       |
| (14) Anita Blum<br>Comptroller                           | 50 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 164,564                                                               | 0                                                                          | 99,225                                                                                        |



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

[illegible]

|           |                                                                        |           |   |           |
|-----------|------------------------------------------------------------------------|-----------|---|-----------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |           |   |           |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |           |   |           |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 2,001,845 | 0 | 1,080,412 |

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

|          |                                                                                                                                                                                                                                               | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        |     |    |
|          | <b>3</b>                                                                                                                                                                                                                                      | Yes |    |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
|          | <b>4</b>                                                                                                                                                                                                                                      | Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     |    |
|          | <b>5</b>                                                                                                                                                                                                                                      |     | 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)<br>Name and business address                                                        | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Crosby Marketing Communications Inc<br>705 Melvin Avenue STE 200<br>Annapolis, MD 21401 | Creative/Professional          | 1,881,023           |
| Cincinnati Bell Technology Solutions<br>1507 Solution Center<br>Chicago, IL 606771005   | Temporary/Professional         | 875,625             |
| Kelly Services Inc<br>PO Box 530437<br>Atlanta, GA 303530437                            | Temporary Services             | 859,434             |
| Holland and Knight LLP<br>PO Box 864084<br>Orlando, FL 328864084                        | Legal Services                 | 710,272             |
| Creative Direct Response<br>16900 Science Dr Suite 210<br>Bowie, MD 20715               | Creative/Professional          | 667,366             |

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 ► 50

Part VIII

Statement of Revenue

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

|                                                           |                                                  |                                                                                                                                            | (A)           | (B)                                         | (C)                              | (D)                                                          |
|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------|----------------------------------|--------------------------------------------------------------|
|                                                           |                                                  |                                                                                                                                            | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                               | Federated campaigns . . . . .                                                                                                              | 1a            |                                             |                                  |                                                              |
|                                                           | b                                                | Membership dues . . . . .                                                                                                                  | 1b            |                                             |                                  |                                                              |
|                                                           | c                                                | Fundraising events . . . . .                                                                                                               | 1c            |                                             |                                  |                                                              |
|                                                           | d                                                | Related organizations . . . . .                                                                                                            | 1d            |                                             |                                  |                                                              |
|                                                           | e                                                | Government grants (contributions)                                                                                                          | 1e            |                                             |                                  |                                                              |
|                                                           | f                                                | All other contributions, gifts, grants, and<br>similar amounts not included above                                                          | 1f            | 117,764,731                                 |                                  |                                                              |
|                                                           | g                                                | Noncash contributions included in lines<br>1a-1f \$                                                                                        |               | 258,865                                     |                                  |                                                              |
|                                                           | h                                                | Total. Add lines 1a-1f . . . . .                                                                                                           |               | 117,764,731                                 |                                  |                                                              |
| Program Service Revenue                                   |                                                  |                                                                                                                                            | Business Code |                                             |                                  |                                                              |
|                                                           | 2a                                               | Membership Dues                                                                                                                            | 900099        | 6,797,671                                   | 6,797,671                        |                                                              |
|                                                           | b                                                | Registration Income                                                                                                                        | 900099        | 65,106                                      | 65,106                           |                                                              |
|                                                           | c                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | d                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | e                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | f                                                | All other program service revenue                                                                                                          |               |                                             |                                  |                                                              |
|                                                           | g                                                | Total. Add lines 2a-2f . . . . .                                                                                                           |               | 6,862,777                                   |                                  |                                                              |
| Other Revenue                                             | 3                                                | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                  |               | 12,029,459                                  |                                  | 12,029,459                                                   |
|                                                           | 4                                                | Income from investment of tax-exempt bond proceeds . .                                                                                     |               |                                             |                                  |                                                              |
|                                                           | 5                                                | Royalties . . . . .                                                                                                                        |               | 1,251,963                                   |                                  | 1,251,963                                                    |
|                                                           | 6a                                               | (i) Real                                                                                                                                   |               |                                             |                                  |                                                              |
|                                                           |                                                  | (ii) Personal                                                                                                                              |               |                                             |                                  |                                                              |
|                                                           |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | b                                                | Less rental expenses                                                                                                                       |               |                                             |                                  |                                                              |
|                                                           | c                                                | Rental income or (loss)                                                                                                                    |               |                                             |                                  |                                                              |
|                                                           | d                                                | Net rental income or (loss) . . . . .                                                                                                      |               |                                             |                                  |                                                              |
|                                                           | 7a                                               | (i) Securities                                                                                                                             |               |                                             |                                  |                                                              |
|                                                           |                                                  | (ii) Other                                                                                                                                 |               |                                             |                                  |                                                              |
|                                                           |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | b                                                | Less cost or other basis and sales expenses                                                                                                |               |                                             |                                  |                                                              |
|                                                           | c                                                | Gain or (loss)                                                                                                                             |               |                                             |                                  |                                                              |
|                                                           | d                                                | Net gain or (loss) . . . . .                                                                                                               |               | -1,118,906                                  |                                  | -1,118,906                                                   |
|                                                           | 8a                                               | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               |                                             |                                  |                                                              |
|                                                           | a                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | b                                                | Less direct expenses . . . . .                                                                                                             |               |                                             |                                  |                                                              |
|                                                           | c                                                | Net income or (loss) from fundraising events . .                                                                                           |               |                                             |                                  |                                                              |
|                                                           | 9a                                               | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |               |                                             |                                  |                                                              |
|                                                           | a                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | b                                                | Less direct expenses . . . . .                                                                                                             |               |                                             |                                  |                                                              |
|                                                           | c                                                | Net income or (loss) from gaming activities . .                                                                                            |               |                                             |                                  |                                                              |
|                                                           | 10a                                              | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                         |               |                                             |                                  |                                                              |
|                                                           | a                                                |                                                                                                                                            |               |                                             |                                  |                                                              |
|                                                           | b                                                | Less cost of goods sold . . . . .                                                                                                          |               |                                             |                                  |                                                              |
| c                                                         | Net income or (loss) from sales of inventory . . |                                                                                                                                            |               |                                             |                                  |                                                              |
| Miscellaneous Revenue                                     |                                                  | Business Code                                                                                                                              |               |                                             |                                  |                                                              |
| 11a                                                       |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
| b                                                         |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
| c                                                         |                                                  |                                                                                                                                            |               |                                             |                                  |                                                              |
| d                                                         | All other revenue . . . . .                      |                                                                                                                                            | 42,259        |                                             | 42,259                           |                                                              |
| e                                                         | Total. Add lines 11a-11d . . . . .               |                                                                                                                                            | 42,259        |                                             |                                  |                                                              |
| 12                                                        | Total revenue. See Instructions . . . . .        |                                                                                                                                            | 136,832,283   | 6,862,777                                   | 0                                | 12,204,775                                                   |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                      | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21                                                                                                                                               | 5,968,445             | 5,968,445                       |                                        |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22                                                                                                                                                                          | 382,244               | 382,244                         |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16                                                                                                                   |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                          | 1,407,198             | 1,095,989                       | 311,209                                |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                     | 108,314               |                                 | 108,314                                |                             |
| 7 Other salaries and wages                                                                                                                                                                                                                          | 33,399,213            | 29,193,537                      | 1,999,621                              | 2,206,055                   |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                                | 5,583,704             | 3,959,123                       | 852,101                                | 772,480                     |
| 9 Other employee benefits                                                                                                                                                                                                                           | 15,396,033            | 13,240,757                      | 977,300                                | 1,177,976                   |
| 10 Payroll taxes                                                                                                                                                                                                                                    | 2,770,932             | 2,402,244                       | 184,201                                | 184,487                     |
| 11 Fees for services (non-employees)                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                             | 290,535               | 188,007                         | 102,528                                |                             |
| c Accounting                                                                                                                                                                                                                                        | 177,187               |                                 | 177,187                                |                             |
| d Lobbying                                                                                                                                                                                                                                          | 525,795               | 525,795                         |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                                                                            | 1,113,640             |                                 |                                        | 1,113,640                   |
| f Investment management fees                                                                                                                                                                                                                        | 185,051               |                                 | 185,051                                |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                        | 6,488,621             | 3,466,185                       | 2,459,894                              | 562,542                     |
| 12 Advertising and promotion                                                                                                                                                                                                                        | 5,133,408             | 4,107,973                       | 1,042                                  | 1,024,393                   |
| 13 Office expenses                                                                                                                                                                                                                                  | 59,431,138            | 28,188,399                      | 861,949                                | 30,380,790                  |
| 14 Information technology                                                                                                                                                                                                                           | 147,588               | 135,680                         | 8,424                                  | 3,484                       |
| 15 Royalties                                                                                                                                                                                                                                        | 2,232,529             | 947,851                         |                                        | 1,284,678                   |
| 16 Occupancy                                                                                                                                                                                                                                        | 451,823               | 329,271                         | 122,552                                |                             |
| 17 Travel                                                                                                                                                                                                                                           | 1,786,557             | 1,692,575                       | 35,770                                 | 58,212                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                   |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                           | 1,407,279             | 1,407,279                       |                                        |                             |
| 20 Interest                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                                        | 1,458,712             | 1,000,142                       | 377,380                                | 81,190                      |
| 23 Insurance                                                                                                                                                                                                                                        | 274,444               | 209,855                         | 62,722                                 | 1,867                       |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                                                   |                       |                                 |                                        |                             |
| a Project Costs                                                                                                                                                                                                                                     | 1,475,211             | 1,475,211                       |                                        |                             |
| b Relocation                                                                                                                                                                                                                                        | 932,546               | 923,860                         | 8,686                                  |                             |
| c Training                                                                                                                                                                                                                                          | 109,912               | 81,371                          | 20,204                                 | 8,337                       |
| d Settlement Fees                                                                                                                                                                                                                                   | 50,162                |                                 | 50,162                                 |                             |
| e All other expenses                                                                                                                                                                                                                                | 1,302,149             | 797,468                         | 486,617                                | 18,064                      |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                               | 149,990,370           | 101,719,261                     | 9,392,914                              | 38,878,195                  |
| 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 55,026,145            | 27,527,683                      | 0                                      | 27,498,462                  |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             | (A)               |             | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-------------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             | Beginning of year |             | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |     |             |                   | 1           |             |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |     |             | 9,880,991         | 2           | 14,363,867  |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |     |             |                   | 3           |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |     |             | 1,917,877         | 4           | 1,573,758   |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |             |                   |             |             |
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             |                   | 5           |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |     |             |                   |             |             |
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             |                   | 6           |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |     |             |                   | 7           |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |     |             | 1,160,900         | 8           | 1,667,241   |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |     |             | 4,822,414         | 9           | 3,142,969   |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a | 38,856,064  |                   |             |             |
|                             | b                                                                                                                                                   | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b | 29,299,781  | 7,872,803         | 10c         | 9,556,283   |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |     |             | 452,181,213       | 11          | 429,744,299 |
|                             | 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 . . . . .                                                                                                        |                                                                                                                                                                                                                                                                                                                                         |     | 313,900     | 15                | 0           |             |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                         |     | 478,150,098 | 16                | 460,048,417 |             |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |     |             | 25,408,972        | 17          | 34,132,267  |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |     |             |                   | 18          |             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |     |             | 6,319,279         | 19          | 5,209,780   |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |     |             |                   | 20          |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |             |                   | 21          |             |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                          |     |             |                   | 22          |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |     |             |                   | 23          |             |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                  |     |             |                   | 24          |             |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .                                                                                                                                                         |     |             | 157,177,141       | 25          | 145,049,557 |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |     |             | 188,905,392       | 26          | 184,391,604 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                         |     |             |                   |             |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |     |             | 289,244,706       | 27          | 275,656,813 |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |             |                   | 28          |             |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |             |                   | 29          |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                                         |     |             |                   |             |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                            |     |             |                   | 30          |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                               |     |             |                   | 31          |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                              |     |             |                   | 32          |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                             |     |             | 289,244,706       | 33          | 275,656,813 |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                                |     |             | 478,150,098       | 34          | 460,048,417 |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 136,832,283 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 149,990,370 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | -13,158,087 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 289,244,706 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | -12,914,655 |
| 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  | 12,484,849  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 275,656,813 |

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                 |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|-------------------------|
| (Code )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Expenses \$ 10,985,197 | including grants of \$ 10,000 ) | (Revenue \$ 0 )         |
| COMMUNICATIONS PROGRAM The National Communications Department oversees internal and external communications programs including media relations, publications and a variety of public outreach initiatives to tell DAV's story A bimonthly magazine keeps our members informed about important issues and our government's policies affecting the federal benefits and services veterans have earned This publication also showcases the many successful service programs and accomplishments of our state-level Departments and local DAV Chapters nationwide Our communications staff produces news releases, speeches, op-eds, brochures, print messages, public service announcements, videos and other materials that provide information about DAV and the full range of free services that empower veterans to live high-quality lives with respect and dignity In addition to these traditional tools, social media such as Facebook, Twitter, Instagram and YouTube also enable DAV and its members to build an even stronger community to carry out our mission now and into the future Through this unique outreach program, DAV has been able to reach millions of Americans with our message of service and volunteerism in support of injured and ill veterans With such a vast array of programs, our Communications Department is able to provide in-depth research and resources to best explain issues with facts, relevant examples and meaningful context                                                                                                                                                                                                          |                         |                                 |                         |
| (Code )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Expenses \$ 6,979,747  | including grants of \$ 0 )      | (Revenue \$ 6,797,671 ) |
| MEMBERSHIP PROGRAM DAV has more than 3,200 veterans dedicated to recruiting new members so that our base remains strong and vibrant into the future DAV has 52 state-level Departments and 1,280 active Chapters nationwide In 2015, DAV closed the year achieving a new landmark with 1,301,539 members Membership is the lifeblood of DAV, and DAV's community of heroes stands together to ensure our nation keeps its promises to the men and women who served This steadfast dedication to our cause has made DAV what it is today-a premier organization made up of veterans serving veterans DAV was founded after World War I because a centralized structure to support veterans wounded or made ill in the trenches did not exist America was not prepared for their return, and something needed to be done The concept of continued service and sacrifice is part of a legacy that is more than 95 years old DAV has evolved to meet the needs of its members amid the changes that naturally progress with time Our armed forces have changed along with our society, and DAV has evolved to embrace those changes through the years This enables us to ensure all veterans are able to lead high-quality lives with respect and dignity Today, social networking and technology are being leveraged by DAV members to continue to play vital roles as spokesmen and women for the unique requirements of veterans and their loved ones We continue to effectively respond to the needs of both past and present generations of veterans, providing unwavering dedication to those who have sacrificed for our way of life, often with a life-changing illness or injury |                         |                                 |                         |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |            |                        |                 |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------------------|-----------------|----------|
| (Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ) (Expenses \$ | 2,796,962  | including grants of \$ | 0 ) (Revenue \$ | 0 )      |
| LEGISLATIVE PROGRAM DAV accomplishes many of its key objectives through its National Legislative Department's efforts with Congress, the Department of Veterans Affairs (VA ) and other federal agencies in Washington, D C During 2015, even though the \$2.8 million (both non-lobbying and lobbying combined) investment in our legislative program constituted less than 1 percent of DAV's total expenditures, our efforts in this arena achieved important results for the men and women who served, and we are building for an even more successful year in 2016 DAV's National Legislative Department is responsible for influencing, developing, strengthening and expanding federal law, policies, programs, benefits and services to empower injured and ill veterans to lead high-quality lives with respect and dignity The guiding principles of our advocacy efforts emanate directly from our legislative agenda as set forth by the resolutions adopted by delegates to our annual National Conventions and are strengthened by DAV's constitution and bylaws These serve as guideposts for our advocacy on behalf of injured and ill veterans in conformance with the collective will of DAV members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |            |                        |                 |          |
| (Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ) (Expenses \$ | 28,348,161 | including grants of \$ | 0 ) (Revenue \$ | 65,106 ) |
| PUBLIC AWARENESS OUTREACH Injured and ill veterans returning from military service face odds most civilians cannot begin to fathom Meanwhile, the all-volunteer military is undergoing multiple combat tours and limiting the military experience to less than a half percent of the population While these intrepid few have fought in multiple combat zones, their fellow citizens have been relatively unaffected-without a draft, rationing or any of the other requirements that were commonplace when our country was mobilizing for the World Wars This inevitable disconnect increases the need to build relationships between the public and its veterans, whose needs have only grown with the constant drumbeat of war According to DAV's landmark Veterans Pulse Survey, just 38 percent of veterans say that when they left the military and re-entered civilian life, they felt they had the support they needed Less than half of veterans believe they are receiving the benefits they've earned, and less than one in five believe disabled veterans have received their benefits Only one-third say, upon leaving the military, benefits were explained to them The report, released in conjunction with Veterans Day in 2015, highlighted the importance of making veterans aware of the resources that are available to them DAV has worked diligently to educate the public effectively and efficiently about its mission and the service and sacrifices of our heroes DAV wants to ensure veterans and their families are fully aware of the wide range of other programs we offer Our outreach platforms enhance the efforts already built into our other program services to raise awareness This effort provides the American public and private sector an opportunity to become involved in relating with and helping the men and women who served our nation and preserved our way of life we hold so dear DAV 5Ks continue to garner widespread support in local communities across the nation These inspiring events showcase support for our heroes and raise awareness about issues facing veterans daily This past year, we held our third annual DAV 5K in Cincinnati, our second DAV 5K in San Diego and our inaugural event in Atlanta In total, about 6,400 people personally honored and thanked friends and family members who served or are currently serving our country We look forward to even greater participation in our events in Cincinnati and Atlanta, as well as our inaugural 5Ks in Boston, Tulsa, Oklahoma , and Newport News, Virginia , in November 2016, and we will continue to explore opportunities to expand the 5K events to other cities across our nation |                |            |                        |                 |          |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Disabled American Veterans

Employer identification number  
31-0263158

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   | Held at the End of the Year                                                                                                              |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_



Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property                                                                          | (a)<br>Cost or other basis<br>(investment) | (b)<br>Cost or other basis<br>(other) | Accumulated<br>(c)depreciation | (d)Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--------------------------------|---------------|
| 1a Land . . . . .                                                                                |                                            | 467,464                               |                                | 467,464       |
| b Buildings . . . . .                                                                            |                                            | 7,005,995                             | 5,707,859                      | 1,298,136     |
| c Leasehold improvements . . . . .                                                               |                                            | 4,635,593                             | 3,486,625                      | 1,148,968     |
| d Equipment . . . . .                                                                            |                                            | 23,110,101                            | 20,105,297                     | 3,004,804     |
| e Other . . . . .                                                                                |                                            | 3,636,911                             |                                | 3,636,911     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                            |                                       |                                | 9,556,283     |



|                                                                                                                                                                                      |                                                                                          |    |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|-------------|--|
| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b><br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.     |                                                                                          |    |             |  |
| 1                                                                                                                                                                                    | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 202,662,901 |  |
| 2                                                                                                                                                                                    | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |             |  |
| a                                                                                                                                                                                    | Net unrealized gains (losses) on investments . . . . .                                   | 2a |             |  |
| b                                                                                                                                                                                    | Donated services and use of facilities . . . . .                                         | 2b | 44,029,369  |  |
| c                                                                                                                                                                                    | Recoveries of prior year grants . . . . .                                                | 2c |             |  |
| d                                                                                                                                                                                    | Other (Describe in Part XIII ) . . . . .                                                 | 2d | 21,986,300  |  |
| e                                                                                                                                                                                    | Add lines 2a through 2d . . . . .                                                        | 2e | 66,015,669  |  |
| 3                                                                                                                                                                                    | Subtract line 2e from line 1 . . . . .                                                   | 3  | 136,647,232 |  |
| 4                                                                                                                                                                                    | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |             |  |
| a                                                                                                                                                                                    | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 185,051     |  |
| b                                                                                                                                                                                    | Other (Describe in Part XIII ) . . . . .                                                 | 4b |             |  |
| c                                                                                                                                                                                    | Add lines 4a and 4b . . . . .                                                            | 4c | 185,051     |  |
| 5                                                                                                                                                                                    | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .  | 5  | 136,832,283 |  |
| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b><br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. |                                                                                          |    |             |  |
| 1                                                                                                                                                                                    | Total expenses and losses per audited financial statements . . . . .                     | 1  | 215,820,988 |  |
| 2                                                                                                                                                                                    | Amounts included on line 1 but not on Form 990, Part IX, line 25                         |    |             |  |
| a                                                                                                                                                                                    | Donated services and use of facilities . . . . .                                         | 2a | 44,029,369  |  |
| b                                                                                                                                                                                    | Prior year adjustments . . . . .                                                         | 2b |             |  |
| c                                                                                                                                                                                    | Other losses . . . . .                                                                   | 2c |             |  |
| d                                                                                                                                                                                    | Other (Describe in Part XIII ) . . . . .                                                 | 2d | 21,986,300  |  |
| e                                                                                                                                                                                    | Add lines 2a through 2d . . . . .                                                        | 2e | 66,015,669  |  |
| 3                                                                                                                                                                                    | Subtract line 2e from line 1 . . . . .                                                   | 3  | 149,805,319 |  |
| 4                                                                                                                                                                                    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                       |    |             |  |
| a                                                                                                                                                                                    | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 185,051     |  |
| b                                                                                                                                                                                    | Other (Describe in Part XIII ) . . . . .                                                 | 4b |             |  |
| c                                                                                                                                                                                    | Add lines 4a and 4b . . . . .                                                            | 4c | 185,051     |  |
| 5                                                                                                                                                                                    | Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 149,990,370 |  |

| Part XIII Supplemental Information                                                                                                                                                                                                                                            |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. |                                            |
| Return Reference                                                                                                                                                                                                                                                              | Explanation                                |
| Part XI, Line 2d - Other Adjustments                                                                                                                                                                                                                                          | Contributed Media and Materials 21,986,300 |
| Part XII, Line 2d - Other Adjustments                                                                                                                                                                                                                                         | Contributed Media and Materials 21,986,300 |
|                                                                                                                                                                                                                                                                               |                                            |
|                                                                                                                                                                                                                                                                               |                                            |
|                                                                                                                                                                                                                                                                               |                                            |
|                                                                                                                                                                                                                                                                               |                                            |
|                                                                                                                                                                                                                                                                               |                                            |

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Disabled American Veterans

Employer identification number  
31-0263158

Part I Fundraising Activities

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

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

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

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                                            | (ii) Activity                                             | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                      |                                                           | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1<br>Combined Gross Receipts<br>3725 Alexandria Pike<br><br>Cold Springs, KY 41076                   | See Part IV                                               |                                                                | No | 8,832,474                         | 0                                                                | 8,832,474                                         |
| 2<br>Public Interest Communication<br>7700 Leesburg Pike Ste 301<br><br>North Falls Church, VA 22043 | Telemarketing-Recurring Gifts                             |                                                                | No | 188,794                           | 112,634                                                          | 76,160                                            |
| 3<br>Infocision<br>PO Box 32441<br><br>Cleveland, OH 44193                                           | Telemarketing-Recurring Gifts                             |                                                                | No | 133,969                           | 110,555                                                          | 23,414                                            |
| 4<br>Creative Direct Response<br>16900 Science Drive<br><br>Bowie, MD 20715                          | Consults Direct Mail and Organizes Electronic Fundraising |                                                                | No | 0                                 | 393,343                                                          | 0                                                 |
| 5<br>Meyer Partners<br>1701 E Woodfield Rd Ste 425<br><br>Schaumburg, IL 60173                       | Consults Major Gifts and Planned Giving                   |                                                                | No | 0                                 | 190,145                                                          | 0                                                 |
| 6<br>Mindset<br>1700 N Jefferson St Ste 200<br><br>Arlington, VA 22205                               | Direct Mail and Telemarketing                             |                                                                | No | 0                                 | 171,461                                                          | 0                                                 |
| 7<br>Eleventy<br>453 S High St Ste 101<br><br>Akron, OH 44311                                        | Telemarketing-Recurring Gifts                             |                                                                | No | 0                                 | 14,417                                                           | 0                                                 |
| 8<br>Social Capital<br>980 N Michigan Avenue Ste 1610<br><br>Chicago, IL 60611                       | Strategic Advisor on Corp Partner Planning                |                                                                | No | 0                                 | 121,085                                                          | 0                                                 |
| 9                                                                                                    |                                                           |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                                                                   |                                                           |                                                                |    |                                   |                                                                  |                                                   |
| Total ▶                                                                                              |                                                           |                                                                |    | 9,155,237                         | 1,113,640                                                        | 8,932,048                                         |

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

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

Part II Fundraising Events.

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

| Revenue         |    | (a)Event #1                                                              | (b)Event #2  | (c)Other events | (d)                           |
|-----------------|----|--------------------------------------------------------------------------|--------------|-----------------|-------------------------------|
|                 |    | Event 1                                                                  | Event 2      |                 | Total events                  |
|                 |    | (event type)                                                             | (event type) | (total number)  | (add col (a) through col (c)) |
|                 |    |                                                                          |              |                 |                               |
|                 |    |                                                                          |              |                 |                               |
| Direct Expenses | 1  | Gross receipts . . . . .                                                 |              |                 |                               |
|                 | 2  | Less: Contributions . . . . .                                            |              |                 |                               |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                             |              |                 |                               |
|                 | 4  | Cash prizes . . . . .                                                    |              |                 |                               |
|                 | 5  | Noncash prizes . . . . .                                                 |              |                 |                               |
|                 | 6  | Rent/facility costs . . . . .                                            |              |                 |                               |
|                 | 7  | Food and beverages . . . . .                                             |              |                 |                               |
|                 | 8  | Entertainment . . . . .                                                  |              |                 |                               |
|                 | 9  | Other direct expenses . . . . .                                          |              |                 |                               |
|                 | 10 | Direct expense summary: Add lines 4 through 9 in column (d) . . . . . ▶  |              |                 |                               |
|                 | 11 | Net income summary: Subtract line 10 from line 3, column (d) . . . . . ▶ |              |                 |                               |

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                                                                                | (a)Bingo                                                                        | (b)Pull tabs/Instant<br>bingo/progressive bingo                                 | (c)Other gaming                                                                 | (d)<br>Total gaming (add col<br>(a) through col (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
|                 | 1 Gross revenue . . . . .                                                      |                                                                                 |                                                                                 |                                                                                 |                                                      |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 5 Other direct expenses . . . . .                                              |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 6 Volunteer labor . . . . .                                                    | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> |                                                      |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶       |                                                                                 |                                                                                 |                                                                                 |                                                      |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶ |                                                                                 |                                                                                 |                                                                                 |                                                      |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a

Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b

If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b

If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

|   |                             |  |   |
|---|-----------------------------|--|---|
| a | The organization's facility |  | % |
| b | An outside facility         |  | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  \_\_\_\_\_

Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

c

If "Yes," enter name and address of the third party

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

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

| Return Reference                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers | (i) Name of Fundraiser Combined Gross Receipts (i) Address of Fundraiser 3725 Alexandria Pike, Cold Springs, KY 41076 (ii) Activity DAV has identified gross receipts and expenses for organizations providing professional fundraising services in executing a campaign DAV is also providing the combined total gross receipts for agencies chosen to provide advice on various aspects of fundraising activities and strategy where it is too complex to provide an accurate assessment |

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization  
Disabled American Veterans

Employer identification number  
31-0263158

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |



Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) Scholarships               | 23                      | 59,488                  |                                  |                                                      |                                       |
| (2) Disaster Relief            | 361                     | 313,450                 |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

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 grants by DAV and to ensure good standing for continued eligibility. Expenses for the National Veterans Winter Sports Clinic and Van Program are sent directly to and are paid by DAV (directly to the billing party) when determined that the expense is an acceptable and qualifying cost of the designated program. Scholarship payments towards tuition on behalf of an eligible award recipient are paid directly to the academic institution. The remainder of the grants are made on a good faith basis to reputable organizations with a history of service to disabled veterans. |

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Alabama<br>7538 Misty Lane<br>Pinson,AL 351262463 | 63-0421186 | 501(c)4                       | 83,234                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Arizona<br>38 W Dunlap Avenue<br>Phoenix,AZ 85021 | 86-0191627 | 501(c)4                       | 93,972                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Arkansas<br>PO Box 1620<br>N Little Rock,AR 72115 | 38-6143144 | 501(c)4                       | 51,969                   |                                   |                                                        |                                        | Veterans Services                  |

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|---------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of California<br>13733 E Rosecrans Ave<br>Santa Fe Springs,CA 90670    | 95-0684372 | 501(c)4                       | 894,847                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Colorado<br>1485 Holland Street<br>Lakewood,CO 80215                | 84-0388439 | 501(c)4                       | 111,587                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Connecticut<br>35 Cold Spring Road Suite 315<br>Rocky Hill,CT 06067 | 06-6050968 | 501(c)4                       | 39,146                   |                                   |                                                        |                                        | Veterans Services                  |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Delaware<br>PO Box 407<br>Camden,DE 19934              | 23-7169083 | 501(c)4                       | 10,356                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of DC<br>PO Box 70737<br>Washington,DC 20024              | 31-1017322 | 501(c)4                       | 9,197                    |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Florida<br>2015 SW 75th Street<br>Gainesville,FL 32607 | 59-0915376 | 501(c)4                       | 275,364                  |                                   |                                                        |                                        | Veterans Services                  |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DAV Dept of Georgia<br>4462 Houston Avenue<br>Macon,GA 31206             | 58-6043522     | 501(c)4                              | 93,678                          |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of Idaho<br>55 Rose Circle<br>Meridian, ID 836422936            | 82-6013538     | 501(c)4                              | 23,030                          |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of Illinois<br>809 S Grand Avenue West<br>Springfield, IL 62704 | 36-2026733     | 501(c)4                              | 80,715                          |                                          |                                                              |                                               | Veterans Services                         |

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|--------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Indiana<br>PO Box 508<br>Greenwood,IN 46142            | 35-0269110 | 501(c)4                       | 78,330                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Iowa<br>2245 Kerper Blvd STE 1<br>Dubuque,IA 52001     | 42-0218615 | 501(c)4                       | 30,296                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Kansas<br>805 Minnesota Avenue<br>Kansas City,KS 66101 | 48-0669371 | 501(c)4                       | 30,410                   |                                   |                                                        |                                        | Veterans Services                  |

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|----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Kentucky<br>PO Box 129<br>Shepherdsville,KY<br>401650129 | 61-0574614 | 501(c)4                       | 86,460                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Louisiana<br>PO Box 1271<br>Baton Rouge,LA 70821         | 72-6023897 | 501(c)4                       | 50,120                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Maine<br>PO Box 3415<br>Augusta,ME 04330                 | 51-0169791 | 501(c)4                       | 33,618                   |                                   |                                                        |                                        | Veterans Services                  |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|-----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Maryland<br>101 N Gay Street B<br>Baltimore,MD 21202      | 52-6055613 | 501(c)4                       | 68,903                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Massachusetts<br>24 Beacon St STE 546<br>Boston,MA 02133  | 04-2170836 | 501(c)4                       | 131,622                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Michigan<br>17779 E Fourteen Mile Road<br>Fraser,MI 48026 | 38-0489155 | 501(c)4                       | 117,639                  |                                   |                                                        |                                        | Veterans Services                  |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DAV Dept of Minnesota<br>20 West 12th Street 3rd Floor<br>St Paul, MN 55155 | 41-0641627     | 501(c)4                              | 87,062                          |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of Mississippi<br>PO Box 1579<br>Jackson, MS 39215                 | 64-6034899     | 501(c)4                              | 28,838                          |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of Missouri<br>413 West Hickory<br>Kirksville, MO 63501            | 43-1428547     | 501(c)4                              | 82,643                          |                                          |                                                              |                                               | Veterans Services                         |

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|-------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Montana<br>8245 Half Moon Court<br>Helena,MT 596029769      | 81-0245122 | 501(c)4                       | 18,255                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Nebraska<br>17308 Edna Street<br>Omaha,NE 681363161         | 47-0462717 | 501(c)4                       | 30,720                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Nevada<br>2775 Meadow Park Avenue<br>Henderson,NV 890527023 | 88-0191079 | 501(c)4                       | 29,931                   |                                   |                                                        |                                        | Veterans Services                  |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV , appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DAV Dept of New Hampshire<br>PO Box 2051<br>Dover,NH 03821            | 02-6018967     | 501(c)4                              | 24,522                          |                                          |                                                               |                                               | Veterans Services                         |
| DAV Dept of New Jersey<br>135 West Hanover St<br>Trenton,NJ 08618     | 31-1017334     | 501(c)4                              | 86,759                          |                                          |                                                               |                                               | Veterans Services                         |
| DAV Dept of New Mexico<br>2511 Utah Street NE<br>Albuquerque,NM 87110 | 85-0131116     | 501(c)4                              | 47,543                          |                                          |                                                               |                                               | Veterans Services                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of New York<br>162 Atlantic Avenue<br>Lynbrook, NY 11563        | 11-2248726 | 501(c)4                       | 204,504                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of North Carolina<br>PO Box 28146<br>Raleigh, NC 27611          | 56-6061261 | 501(c)4                       | 162,707                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of North Dakota<br>2009 4th Street NE<br>Jamestown,ND 584013926 | 45-0232777 | 501(c)4                       | 21,602                   |                                   |                                                        |                                        | Veterans Services                  |

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|----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Ohio<br>PO Box 15099<br>Columbus,OH 44199                            | 31-4166963 | 501(c)4                       | 144,948                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Oklahoma<br>2311 N Central Avenue<br>1000B<br>Oklahoma City,OK 73105 | 73-6112085 | 501(c)4                       | 85,433                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Oregon<br>5922 NE 55th Avenue<br>Portland,OR 972182302               | 93-0155562 | 501(c)4                       | 40,464                   |                                   |                                                        |                                        | Veterans Services                  |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DAV Dept of Pennsylvania<br>4219 Trindle Road<br>Camp Hill, PA 17011 | 23-0520283     | 501(c)4                              | 146,063                         |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of Rhode Island<br>1 Capital Hill<br>Providence, RI 02908   | 05-6023646     | 501(c)4                              | 22,238                          |                                          |                                                              |                                               | Veterans Services                         |
| DAV Dept of South Carolina<br>PO Box 5317<br>West Columbia, SC 29171 | 57-0600471     | 501(c)4                              | 77,841                          |                                          |                                                              |                                               | Veterans Services                         |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DAV Dept of South Dakota<br>1519 West 51st Street<br>Sioux Falls,SD 57105 | 46-6016959     | 501(c)4                              | 21,389                          |                                          |                                                               |                                               | Veterans Services                         |
| DAV Dept of Tennessee<br>PO Box 296<br>Lawrenceburg,TN 38464              | 62-6074303     | 501(c)4                              | 80,069                          |                                          |                                                               |                                               | Veterans Services                         |
| DAV Dept of Texas<br>1015 Lee Avenue<br>Lufkin,TX 75901                   | 75-6053959     | 501(c)4                              | 327,851                         |                                          |                                                               |                                               | Veterans Services                         |

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|----------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Utah<br>273 E 800 South<br>Salt Lake City,UT 84111 | 87-6151236 | 501(c)4                       | 25,013                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Vermont<br>PO Box 828<br>White River Jct,VT 05001  | 03-6015639 | 501(c)4                       | 10,953                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Virginia<br>PO Box 7176<br>Roanoke,VA 24019        | 54-0697376 | 501(c)4                       | 183,746                  |                                   |                                                        |                                        | Veterans Services                  |



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|----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Washington<br>2315 Burwell Street<br>Bremerton, WA 98312 | 91-0544487 | 501(c)4                       | 103,409                  |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of West Virginia<br>PO Box 605<br>Elkview, WV 25071         | 55-0521769 | 501(c)4                       | 36,324                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Wisconsin<br>1253 Scheuring Rd Ste A<br>DePere, WI 54115 | 39-0244255 | 501(c)4                       | 69,800                   |                                   |                                                        |                                        | Veterans Services                  |

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|-----------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Wyoming<br>219 Ames Avenue<br>Cheyenne,WY 820072218 | 23-7041066 | 501(c)4                       | 8,084                    |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Puerto Rico<br>PO Box 363604<br>San Juan,PR 00936   | 23-7352551 | 501(c)4                       | 38,274                   |                                   |                                                        |                                        | Veterans Services                  |
| DAV Dept of Hawaii<br>2685 N Nimitz Hwy<br>Honolulu,HI 96819    | 99-0105357 | 501(c)4                       | 27,879                   |                                   |                                                        |                                        | Veterans Services                  |

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|---------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DAV Dept of Alaska<br>PO Box 74603<br>Fairbanks,AK 99707                        | 52-1648345 | 501(c)4                       | 12,674                   |                                   |                                                        |                                        | Veterans Services                  |
| Columbia Trust Service Programs<br>3725 Alexandria Pike<br>Cold Spring,KY 41076 | 52-1516071 | 501(c)4                       | 68,727                   |                                   |                                                        |                                        | Veterans Services                  |
| Department of Veterans Affairs<br>50 Irving Street NW<br>Washington,DC 20422    | 52-1688621 | Gov't Entity                  | 836,262                  |                                   |                                                        |                                        | Winter Sports Clinic               |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Bellevue Veterans Club<br>24 Fairfield Avenue<br>Bellevue, KY 41073                                           | 61-0507105 | 501(c)19                      |                          | 21,106                            |                                                       |                                        | Veterans Services                  |
| Iraq and Afghanistan Veterans of America<br>292 Madison Avenue 10th Floor<br>New York, NY 10017               | 20-1664531 | 501(c)3                       | 15,000                   |                                   |                                                       |                                        | Veterans Services                  |
| Marine Corps Cummmunity Services<br>SemerFit Room 30 Little Hall 2034<br>Barnett Avenue<br>Quantico, VA 22134 | 54-1468675 | 501(c)3                       | 10,000                   |                                   |                                                       |                                        | Veterans Services                  |

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|-------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Veterans Healing Farm<br>19 Mahshie Lane<br>Hendersonville, NC 28739                | 46-5689396 | 501(c)3                       | 10,000                   |                                   |                                                        |                                        | Veterans Services                  |
| Women in Military Service for America<br>Department 560<br>Washington, DC 200420560 | 52-1513535 | 501(c)3                       | 5,500                    |                                   |                                                        |                                        | Veterans Services                  |
| Camp Corral<br>5151 Glenwood Avenue<br>Raleigh, NC 27612                            | 45-3555807 | 501(c)3                       | 140,183                  |                                   |                                                        |                                        | Veterans Services                  |

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|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Intrepid Museum Foundation<br>One Intrepid Square west<br>46Th<br>Street and 12th Avenue<br>New York, NY 10036 | 13-3062419 | 501(c)3                       | 10,000                   |                                   |                                                       |                                        | Veterans Services                  |
| National Foundation for Women Legislators<br>1727 King Street Suite 300<br>Alexandria, VA 22314                | 52-1480785 | 501(c)3                       | 5,000                    |                                   |                                                       |                                        | Veterans Services                  |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Disabled American Veterans

Employer identification number  
31-0263158

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                          |        |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
|    |                                                                                                                                                                                                                                                                                                                          | Yes    | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                                                                                          |        |    |
|    | <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>                                                                                                                                               |        |    |
|    | <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>                                                                                                                                                       |        |    |
|    | <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>                                                                                                                                                 |        |    |
|    | <div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>                                                                                                                                              |        |    |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                   | 1b Yes |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                       | 2 Yes  |    |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III |        |    |
|    | <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>                                                                                                                                                                                     |        |    |
|    | <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>                                                                                                                                                 |        |    |
|    | <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                             |        |    |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                                                                                                                       |        |    |
| a  | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                | 4a     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                    | 4b     | No |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                       | 4c     | No |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                             |        |    |
|    | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                         |        |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                                                                                                          |        |    |
| a  | The organization?                                                                                                                                                                                                                                                                                                        | 5a     | No |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                | 5b     | No |
|    | If "Yes," on line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                         |        |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of                                                                                                                                                                      |        |    |
| a  | The organization?                                                                                                                                                                                                                                                                                                        | 6a     | No |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                | 6b     | No |
|    | If "Yes," on line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                         |        |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                         | 7 Yes  |    |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                              | 8      | No |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                 | 9      |    |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | Base (i) compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |



**Part III** Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 1a  | First Class or Charter Travel. DAV-paid airfare is typically for coach-class travel. First-class airfare may be approved considering such factors as the degree to which the traveler is disabled and the length of the trip. DAV does not pay for charter travel. In 2015, one trip met the criteria for first class travel for DAV related business for persons listed on Part II, Section A, Line 1a. It was not considered taxable income. Travel for Companions. DAV pays for companions of those traveling on DAV business, but on a very limited basis. Such authorization is only granted when the companion's presence either confers an actual benefit on DAV or provides needed aid and assistance for a significantly disabled DAV traveler. In the case of the DAV traveler requiring aid and assistance, DAV will bear the full expense of the companion and it is not considered taxable income. In all other situations, companion expenses are either reimbursed by the DAV traveler or included in taxable income. Discretionary Spending Account. During their one-year, nonsuccessive term, DAV pays the National Commander an annual expense allowance prorated from the date of his election to the date of the election of his successor, in an amount approved by the Board of Directors, and reflected in the appropriate minutes. The amount is to cover lodging, meals, and other expenses incurred to serve in this capacity. It is comparable to amounts paid those in similar positions in like organizations and is reported as taxable income on Form 1099. In 2015, Ron Hope, DAV National Commander (January to August) received \$137,903 and Moses A. McIntosh Jr., DAV National Commander (September to December) received \$87,097 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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 other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                          |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1J Marc Burgess<br>Natl Adjutant/CEO/Sec                 | (i)  | 243,822                                            | 9,040                               | 6,036                               | 221,467                                        | 5,632                   | 485,997                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1Barry A Jesinoski<br>Exec Dir Natl HQ                   | (i)  | 191,488                                            | 18,629                              | 4,119                               | 131,325                                        | 4,947                   | 350,508                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2Garry Augustine<br>Exec Dir Natl LHQ                    | (i)  | 170,408                                            | 489                                 | 7,366                               | 216,241                                        | 4,926                   | 399,430                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3Anita BlumComptroller                                   | (i)  | 158,147                                            | 2,537                               | 3,880                               | 92,751                                         | 6,474                   | 263,789                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4Christopher Clay<br>General Counsel                     | (i)  | 192,786                                            | 8,211                               | 6,519                               | 142,768                                        | 6,426                   | 356,710                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5Brian Cowart<br>Chief Dev Officer                       | (i)  | 180,185                                            | 19,292                              | 3,920                               | 53,658                                         | 6,838                   | 263,893                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6Susan Loth<br>Sr Chief Dev Officer                      | (i)  | 151,804                                            | 2,439                               | 2,556                               | 112,191                                        | 7,526                   | 276,516                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7Jim Walding<br>Asst Fundraising Director                | (i)  | 130,650                                            | 24,100                              | 5,102                               | 62,042                                         | 5,200                   | 227,094                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8Delphine Metcalf-Foster<br>Former Treasurer (1/12-8/12) | (i)  | 10,017                                             | 0                                   | 0                                   | 0                                              | 0                       | 10,017                          | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9Arthur Wilson 113-613<br>Former Natl Adj/CEO/Sec        | (i)  | 154,341                                            | 0                                   | 0                                   | 0                                              | 0                       | 154,341                         | 0                                                                     |
|                                                          | (ii) | -                                                  | -                                   | -                                   | -                                              | -                       | -                               | -                                                                     |
|                                                          |      | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |



**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) David Wilson              | See Sch L Part V                                                | 108,314                   | Employment                     |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference                                                   | Explanation                                                                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Sch L, Part IV, Business Transactions Involving Interested Persons | (a) Name of Person David Wilson(b) Relationship Between Interested Person and Organization Former officer's family member |

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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Disabled American Veterans

Employer identification number  
31-0263158

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 54                                                     | 255,865                                                                               | Cost or selling price                                        |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ► ( _____<br>Lithograph )                                         | X                                | 1                                                      | 3,000                                                                                 |                                                              |
| 26 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |
| 27 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ► ( _____ )                                                       |                                  |                                                        |                                                                                       |                                                              |

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

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

YesNo

No

YesNo

No

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

Cat No 51227J

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

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

| Return Reference   | Explanation                                                                                                                               |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Column (b) | For Securities - Publicly Traded the number of contributions is reported For Other - Lithograph the number of items contributed is listed |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Disabled American Veterans

Employer identification number

31-0263158

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 6   | DAV is a not-for-profit organization with members that have the right to participate in the organization's governance They, or their delegates, elect four members of DAV's Board of Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Form 990, Part VI, Section A, line 7a  | Please see Form 990, Part VI, Section A, Line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Form 990, Part VI, Section B, line 11  | Following completion of Form 990 by the DAV's tax preparer, it is reviewed by DAV's Accounting Department staff and Executive Director Once resulting revisions are made, the Form is mailed to the Board of Directors for their review and questions It is subsequently filed with the IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Form 990, Part VI, Section B, line 12c | All members of the Board of Directors receive a copy of the Conflict of Interest Policy immediately upon assuming office, or at a minimum, annually The same process applies to key employees and department directors Recipients acknowledge they have read the policy, identify any areas of conflict and return the signed disclosure form to the DAV Executive Director Responses are reviewed and identified Conflicts are referred to the Board of Directors for discussion and approval as appropriate                                                                                                                                                                                                                                                                                 |
| Form 990, Part VI, Section B, line 15  | Every four or five years DAV hires an independent consulting firm to review compensation of DAV National Adjutant and CEO, Executive Directors, key employees, and other top management officials This involves review of position responsibilities, accumulation of comparable data from other organizations and determination of appropriate compensation ranges for each The ranges are reviewed and approved by independent members of the Board of Directors (Board) Any subsequent changes in compensation, typically annual and within the established ranges, are also approved by the Board Non-employee members of DAV's Board receive a daily per diem of \$250 when attending meetings or representing DAV at various related events This is primarily to cover meals and lodging |
| Form 990, Part VI, Section C, line 19  | Governing documents and the Conflict of Interest Policy are available upon request The DAV Annual Report and most recent Form 990 are available on DAV's website ( <a href="http://www.dav.org">www.dav.org</a> ) and also upon request or public inspection at DAV National Headquarters Form 1024 is available upon request                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Form 990, Part XI, line 9              | Pension Liability and Other Post-Retirement Benefit Obligation Adjustment 12,484,849                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |