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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493206006387 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Inspection

			alendar year, or tax year beginning 01-01-2016 , and ending C Name of organization	12-31-2016	D.Flaus		
	ck if app dress ch		Disabled American Veterans				ication number
	me char	-			31-0263	158	
	tıal retu	ırn	Doing business as				
Fın Detur⊑	al n/termi	ınated			E Telephone	e number	
	ended i		Number and street (or P O box if mail is not delivered to street address) Ro 3725 Alexandria Pike	oom/suite			
□ Ар	plication	n pending	City or town, state or province, country, and ZIP or foreign postal code		(859) 44	11-7300	
			Cold Spring, KY 41076		G Gross red	ainte ¢ 20	n6 204 826
			F Name and address of principal officer	11/2		•	50,204,820
			Barry A Jesinoski		Is this a group ret	urn for	□Yes ☑ No
			3725 Alexandria Pike Cold Spring, KY 41076		subordinates? Are all subordinate	es	
Tay	r-evemi	pt status			included?		☐ Yes ☐No
		,	☐ 501(c)(3) ☐ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐		If "No," attach a lı		•
W	ebsite	:► wwv	w dav org	н(с)	Group exemption	number	▶ 055/
				I Year of	f formation 1932	M State	of legal domicile
Forn	n of org	janization	☐ Corporation ☐ Trust ☐ Association ☑ Other ▶		Torridation 1332	· · State	or regar dormene
Pa	rt I	Sumi	marv				
			cribe the organization's mission or most significant activities				
υ	<u>Sı</u>	nce 1920	D, empowering veterans to lead high-quality lives with respect and di	gnity			
2	_						
Ě	_						
governance	2 0	Check this	s box $\blacktriangleright \square$ if the organization discontinued its operations or dispose	d of more than	25% of its net as	sets	
			of voting members of the governing body (Part VI, line 1a)			3	7
ACTIVITIES &	4 N	Number c	of independent voting members of the governing body (Part VI, line 1	lb)		4	6
<u>ב</u>	5 ⊺	Total num	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	755
Ž	6 ⊺	Total num	nber of volunteers (estimate if necessary)			6	13,957
ŧ	7a ⊺	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	Ь≀	Net unrel	ated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
Q,	8 0	Contribut	ions and grants (Part VIII, line 1h)		117,764,7	31	115,556,772
Ravenue	9 P	rogram :	service revenue (Part VIII, line 2g)		6,862,7	77	6,991,371
۸ċ۱	10 I	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		10,910,5	53	10,817,498
ш	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,294,2	22	1,519,987
	12 ⊺	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)	136,832,2	83	134,885,628
	13 (Grants an	nd similar amounts paid (Part IX, column (A), lines 1–3)		6,350,6	89	6,461,154
	14 E	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	C
φ	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	58,665,3	94	59,065,702
Expenses	16 a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)		1,113,6	40	1,815,153
Đ.	b⊤	otal fundr	aising expenses (Part IX, column (D), line 25) ▶34,301,045				
ă	17 C	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		83,860,6	47	79,371,820
	18 ⊺	Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		149,990,3	70	146,713,829
	19 R	Revenue	less expenses Subtract line 18 from line 12		-13,158,0	87	-11,828,201
5 %					nning of Current Ye	ear	End of Year
Fund Balances							
300	l		ets (Part X, line 16)		460,048,4	17	452,980,926
2 2	l		ılıtıes (Part X, line 26)		184,391,6	_	135,166,890
			s or fund balances Subtract line 21 from line 20		275,656,8	13	317,814,036
	t II		ature Block	1 1 1		1.	
			erjury, I declare that I have examined this return, including accompa f, it is true, correct, and complete Declaration of preparer (other tha				
iny k	nowled	dge		·			
	I	l k			2017-07-24		
ian		Signati	ure of officer		Date		
ign Iere		N Barne A	Jacobacky Evacuitiva Director				
			s Jesinoski Executive Director r print name and title				_
		' Pi	rınt/Type preparer's name Preparer's signature	Date		TIN	
Paid	4		ebecca Lyons Rebecca Lyons			01487105	5
	a parei	r Fi	ırm's name ▶ Deloitte Tax LLP	1	Firm's EIN ► 86-1	1065772	
_	Only	1	rm's address ▶ 250 East Fifth Street Suite 1900		Phone no (513) 7	84-7100	
, o c	OIII)	y	Cincinnati, OH 45202				
			this return with the preparer shown above? (see instructions)				es 🗆 No

Cat No 11282Y

Form **990** (2016)

Page 3

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Form **990** (2016)

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11a

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11c

11d

11e

11f

12a

12b

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14a

14h

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18

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Yes

Yes

Yes

Yes

No

29

33

34

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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37

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Yes

Form 990 (2016)

Yes

Yes

Page 4

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No

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No

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Nο

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

orm	990 (2016)			Page :
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 172 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	If res, to fine sa of sb, and the organization merofill cool is a first a first and the organization merofill cool is a first a first a first a first and the organization merofill cool is a first a	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
ο-		8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
1-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
44	bid the organization receive any payments for indoor taining services during the tax year.			

orm !	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year la	7	Yes	No
	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? .	n 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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	162	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	Yes	
С	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	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?		-100	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	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?			
C	ction C. Disclosure	16b		
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 NH , NJ , NM , NY , OK , OR , PA , RI , SC WV , MD			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, 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

Vice Chairman (8/16-12/16)

(Dir 1/16-8/16, Tres 8/16-12/16)

(5) Rolly D Lee Sr

(6) Richard Tolfa

Treasurer (1/16-8/16)

(7) Alfred C Reynolds

Director (8/16-12/16)

(8) Idalis M Marquez

Director (8/16-12/16)

Director (1/16-12/16)

(10) Jonny N Stewart

Director (1/16-8/16)

(11) J Marc Burgess

Natl Adjutant/CEO/Sec

(12) Barry A Jesinosk

(13) Garry Augustine

Exec Dir Natl LHQ

(14) James T Marzalek

Natl Service Director

(16) Christopher Clay

(15) Anıta Blum

General Counsel

(17) Brian Cowart

Chief Dev Officer

Comptroller

Exec Dir Natl HQ

(9) Frank Maughan

(F) Estimated

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231.105

142,117

94,666

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139,819

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Form 990 (2016)

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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

compensated employees, and rommer sach perso					
Check this box if neither the organization no	or any related o	rganization compensated any c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	ar or
		오늘 그 이 존 [일표] ㅠ	MICC	LATEC)	1

Training and Training										
	hours per	tha	n on	e bo	x, u	nless		compensation	compensation	l
	week (list	pers	on is	both	n an	office	er	from the	from related	l
	any hours	and	a dır	ecto	r/tri	ustee))	organization	organizations	l
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	organizations	* 5	3	≇	é	直直	ું'	MISC)	MISC)	l
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	hours per week (list any hours	pers	on is	both	n an	nless office ustee]	er	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	151	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Moses A McIntosh Jr	25 00	х						133,543	0	0
Chairman (8/16-12/16)	0 00							,		
(2) Ron F Hope	25 00	.,						5.440		

	below dotted line)	vidual trustee director	stitutional Trustee	001	employee	hest compensated dovee	mer			organizations
(1) Moses A McIntosh Jr	25 00									
Chaırman (8/16-12/16)	0 00	Х						133,543	0	0
(2) Ron F Hope	25 00									
Chairman (1/16-8/16)	0.00	Х						5,149	0	0

			ा			£				
1) Moses A McIntosh Jr	25 00	X						133,543	0	0
haırman (8/16-12/16)	0 00							133,313	9	
2) Ron F Hope	25 00	×						5,149	0	0
hairman (1/16-8/16)	0 00							,		
3) David W Riley	25 00	V						102,050	0	0
(4.46.0(46)		^	l	1	1		1	102,030	U	l o

(2) North Hope		×			5,149	n	
Chairman (1/16-8/16)	0 00				3,113	•	
(3) David W Riley	25 00				102.050	0	
Vice Chairman (1-16-8/16)	0 00	^			102,030	9	
(4) Delphine Metcalf-Foster	25 00						

0 00 5.00

.....

0 00 5.00

0.00 60 00

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8,055

4,687

5,129

1,312

4,987

12,408

7,484

296,187

234,321

190,968

164.851

188,113

224,651

218.671

PO Box 864084 Orlando, FL 328864084

compensation from the organization ▶ 20

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

Page 8

Name and Title	Average hours per week (list any hours for related	than o	one b	oox, t an of ctor/t	ot che unle: fficer trust		rson a	from the organization (W-	Reportable compensation from related organization (W- 2/1099	le Estir ion amount ed compe ons fron		of other isation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2,333	MISC)		relat organiza	ted
(18) Susan Loth Sr Chief Dev Officer	40 00 0 00					х		181,399		0		137,326
(19) Arthur Wilson 113-613 Former Natl Adj/CEO/Sec	15 00 0 00						×	82,994		0		0
				\perp	\perp							
			 	<u> </u>	 	-	 					
			igg	\vdash	\vdash	<u> </u>	lacksquare					
			+	+	+	+	+	+	 	\rightarrow		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	t not limited to t				ve) 1	who re		2,066,959 ved more than \$100		0		981,729
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key	emp	oloye •	e, or l	hıgh •	est compensated er	mployee on	3	Yes Yes	No
For any individual listed on line 1a, is the organization and related organizations graindividual									he	4		
5 Did any person listed on line 1a receive o services rendered to the organization? If "										5		No No
Section B. Independent Contractors		——	—	—	—	<u> </u>	—					110
Complete this table for your five highest of from the organization. Report compensations	compensated in									npen	nsation	
Name and t	(A) ousiness address		_	_	_		_	Descrip	(B) Ition of services	_	(C) Compen	
Crosby Marketing Communications Inc									ssional Services		1	,382,641
705 Melvin Avenue Suite 200 Annapolis, MD 21401										ļ		
Cincinnati Bell Technology Solutions 1507 Solution Center								Temporary/Pro	fessional			756,615
Chicago, IL 606771005 Kelly Services Inc				—			—	Temporary Ser	nucac		 	715,061
PO Box 530437 Atlanta, GA 303530437								Tomporary 2.	Vices			/13,001
Creative Direct Response								Creative/Profes	ssional Services			683,840
16900 Science Dr Suite 210 Bowie, MD 20715												
Holland and Knight LLP Legal Services									678,343			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(B)

		(2016)	B								Page 9
Part '	VЦ										
		Check if Schedul	e O contains :	a respo	onse or note to an	(,	A) revenue	(E Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaign	ns	1a				reve	enue		512-514
nts nts		b Membership dues		1b	<u> </u>						
rat		·		<u> </u>	<u> </u> 						
S. G Am		c Fundraising events		1c	<u> </u> 						
iii ji		 d Related organizatio e Government grants (co 		1d	<u> </u> 						
s, (•	1e	1						
<u>is</u> is		f All other contributions, and similar amounts no		1f	115,556,772						
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contribution in lines 1a-1f \$	ons included		40,99 <u>1</u>						
So and	١,	n Total. Add lines 1a-1	.f		•	115	5,556,772				
	_				Busines		,,330,772				
Program Service Revenue	2 a	Membership Dues				900099	6,8	90,059	6,890,0	059	
F.	b	Registration Income				900099	1	01,312	101,	312	
e Ce	c										
Ker vi				_							
5	e			_							
gra	f	All other program se	rvice revenue								
δĞ	g	Total.Add lines 2a-2f	·		▶	.991,371					
	3	Investment income (ii	ncluding divid	ends,	interest, and other						0.050.640
	:	sımılar amounts) .			f	▶	9,952,618	3			9,952,618
		Income from investme		-		<u> </u>	1,347,791		-		1,347,791
	5	Royalties	(ı) Rea		(II) Personal	<u> </u>	1,547,791				1,547,791
	62	Gross rents	(I) Rea	1	(II) Personal						
				34,000							
	ŀ	Less rental expenses		0							
	(Rental income or		34,000		\dashv					
		(loss)									
	(d Net rental income o			· · · •		34,000)			34,000
	7-	Gross amount	(ı) Securit	ies	(II) Other						
	, ,	from sales of assets other	72,1	.00,862	83,2:	16					
		than inventory									
	ŀ	Less cost or									
		other basis and sales expenses		42,717	·						
		Gain or (loss)		358,145	6,73	35					
		d Net gain or (loss) .			<u> </u>	_	864,880)			864,880
a	88	Gross income from for form for the control of the c		ents of							
n K		contributions reporte	ed on line 1c)		ļ						
eve		See Part IV, line 18		. a							
r R		Less direct expense. Net income or (loss)		b sing ev	L						
Other Revenue		Gross income from g		-	ents						+
Ö		See Part IV, line 19			J						
				a							
		Less direct expense Net income or (loss)		b							
		aGross sales of invent		activit	ies >				+		
		returns and allowand			J						
				a							
		Less cost of goods s		Ь							
	_	Net income or (loss) Miscellaneous		invent	Business Code						
	11		Revenue		Busiliess Code						
	-										
	ı										
		-									
	•	L.									
		J All -4'				_	120 101				100 100
		d All other revenue .					138,196	' <u> </u>			138,196
		Total. Add lines 11a			•		138,196	;			
	12	2 Total revenue. See	Instructions		· · · •		134,885,628	<u></u>	6,991,371		0 12,337,485
						_					Form 990 (2016)

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses	- All alls an annual			
Sect	tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	•	•	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		(6)	<u>, ⊔</u> '
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,943,154	5,943,154		
2	Grants and other assistance to domestic individuals See Part IV, line 22	518,000	518,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,347,568	1,012,029	335,539	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	111,655		111,655	
7	Other salaries and wages	34,713,041	30,563,945	2,235,132	1,913,964
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,789,621	3,570,448	959,506	1,259,667
9	Other employee benefits	14,286,275	12,430,923	951,961	903,391
10	Payroll taxes	2,817,542	2,465,152	196,032	156,358
11	Fees for services (non-employees)				
a	Management				
ŀ	Legal	195,707	61,528	124,004	10,175
c	: Accounting	165,673		165,673	
d	l Lobbying	461,198	461,198		
€	Professional fundraising services See Part IV, line 17	1,815,153		-	1,815,153
f	Investment management fees	210,132		210,132	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,038,793	4,495,512	1,626,505	916,776
12	Advertising and promotion	5,597,561	4,530,041	1,069	1,066,451
13	Office expenses	53,962,185	28,070,525	1,036,535	24,855,125
14	Information technology	1,026,535	693,252	316,694	16,589
15	Royalties	2,406,682	1,167,306		1,239,376
16	Occupancy	462,750	323,661	139,089	
	Travel	1,686,429	1,587,854	32,627	65,948
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,286,757	1,286,757		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,419,308	992,606	365,790	60,912
23	Insurance	371,801	259,608	110,661	1,532
	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)				
į ,	a Relocation	910,188	908,649	1,539	
	b Project Costs	620,000	620,000		

155,429

142,946

1,251,746

146,713,829

56,441,392

155,429

105,021

726,909

102,949,507

28,202,955

22,760

520,374

9,463,277

15,165

4,463

34,301,045

28,238,437

Form **990** (2016)

c Settlement Fees

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☑ If following SOP 98-2 (ASC 958-720)

d Training

13

14

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

13

14

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22 23

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31 32

33

34

460,048,417

34,132,267

5,209,780

145.049.557

184,391,604

275.656.813

275,656,813

460.048.417

Page **11**

249.000

452,980,926

26,687,631

5,305,483

103.173.776

135,166,890

317.814.036

317,814,036

452.980.926

Form **990** (2016)

Check if Schedule O contains a response or note to any line in this Part IX			•	•	•	•	•	•	•		•
		Ве	eginr	(A) ning d	of ye	ar				Enc	(B) d of ye
Cash-non-interest-bearing								1			
	. —										

2	Savings and temporary cash investments	14,363,867	2	12,160,672
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,573,758	4	2,381,834
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			

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations.	n 4958(ations of	c)(3)(B), and section 501(c)(9)		6	
ets	7	voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(see ms	tructions) Complete		7	
Ass	8	Inventories for sale or use			1,667,241	8	1,196,586
⋖	9	Prepaid expenses and deferred charges			3,142,969	9	4,215,856
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	41,160,834			
	ь	Less accumulated depreciation	10b	30,719,469	9,556,283	10c	10,441,365
	11	Investments—publicly traded securities .			429,744,299	11	422,335,613
	12	Investments—other securities See Part IV, line	11 .			12	

☐ Both consolidated and separate basis

Yes

Nο

Form 990 (2016)

2c

3a

3b

Consolidated basis

Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 31-0263158

Name: Disabled American Veterans

Form 990 (2016)

Form 990, Part III, Line 4a:

for veterans and their families before the VA, obtaining for them more than \$4 billion in new and retroactive benefits -TSO's conducted 1,065 presentations to help prepare 35.682 transitioning service members for civilian life TSO's filed 24.692 claims for VA benefits and connected veterans with free resources available through DAV -MSO's traveled 96.342 miles to 845 cities where NSO's interviewed 15.070 veterans and potential claimants See Schedule O for continuationSERVICE PROGRAM (cont.) In more than 100 offices throughout the United States and in Puerto Rico, we employ a corps of about 265 National Service Officers (NSOs) and 32 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 Veterans need not be members to take advantage of our assistance, which is provided at no cost or obligation to them NSOs function as attorneys-in-fact, assisting veterans, their families and survivors 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 in order to educate and inform veterans on the benefits they have earned through service 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 specialize in representing veterans' issues at the court. In fiscal year 2016, the BVA took action on more than 14,630 cases involving DAV clients. These were cases reviewed to identify those in which a veteran's claim was improperly denied. The relationship between DAV and these private law firms has resulted in 1,338 cases previously denied by the BVA being appealed to the court at no cost to the veterans The MSO Program continues to bring DAV services to veterans, their families and survivors in their own communities. The program extends DAV's benefits assistance to veterans who might not be able to access it otherwise due to distance, transportation, health or other various reasons. By putting our service offices on the road and assisting veterans where they live, DAV is increasing veterans' access to benefits In 2016, the MSO Program continued to focus on conducting site visits at colleges and universities throughout the nation. The University of South Florida, The Ohio State University. Western Nevada College and the University of Montana were just a few of the colleges and universities DAV MSOs visited last year. 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 DAV national service offices DISABLED AMERICAN VETERANSRecapitulation of Service Activities January 1, 2016 through December 31, 2016National Totals1 NEW SERVICES CONNECTIONS 71,8612 COMPENSATION INCREASED 52,0363 COMPENATION MAINTAINED 84,7254 PENSION 1,7765 PENSION MAINTAINED 1,372 6 SOCIAL SECURITY 07 EDUCATION BENEFITS 77,660 8 MISCELLANEOUS 4,0869 DEATH COMPENSATION 1,98210 SPECIAL ENTITLEMENTS 10611 SPECIAL ENTITLEMENTS MAINTAINED 1112 DEATH PENSION 55713 INSURANCE 1,31914 BURIAL ALLOWANCES 1,18615 PHYSICAL EVALUATION BOARDS 016 TOTAL AWARDS 298.676 17 TOTAL MONTHLY INCREASES 311.902.612 18 TOTAL RETROACTIVE PAYMENTS 4.052.090.45819 FULL AMOUNT 4.363,993,07020 VA FILES REVIEWED 318,96921 POWER OF ATTORNEYS PAPER 110,129 ELECTRONIC 14,32022 INTERVIEWS 152,16923 RATING BOARD APPEARANCES 253,00824 MILITARY AFFAIRS 71,56625 SOCIAL SECURITY ACTIVITIES 1826 NEW CLAIMS PAPER 158,341 ELECTRONIC 38,69027 MEMBERSHIP 2,70828 BRIEFINGS 1,06529 PARTICIPANTS 35,682Expenses \$ 44,945,036 including grants of \$ 57,398 Revenue \$0 STATE SERVICES AND DISASTER RELIEF DAV operates a program that provides direct grants to help veterans and their families in time of need, as well as plan to fund state level services In 2016, these efforts resulted in roughly 825 supply kits and 1.244 payments totaling more than \$463,000 to be provided to service-injured or ill veterans, service members and their families in need of relief. 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. Support was provided at Ground Zero following the attacks on the World Trade Center, around the Gulf Coast following Hurricanes Katrina and Rita Most recently, DAV supported veterans and their families impacted by the Flint, Michigan water crisis, hurricane Matthew in Florida, Georgia, and the Carolinas', tornadoes and flooding in Louisiana and wildfires in California and Tennessee 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. Each 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 \$10.2 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. Grants to departments under this program totaled \$4 million in 2016 Expenses \$5,245,535 including grants of \$5,244,134 Revenue \$0

SERVICE PROGRAM Services are offered at no cost or obligation to veterans, their families and survivors -NSO's provided representation for nearly 300,000 pending claims

Form 990, Part III, Line 4b:

supporting efforts to honor the sacrifices of disabled veterans, DAV enhances the quality of life of veterans, their families and survivors -In 2016, volunteers traveled 22,991,700 miles, providing 673,269 rides to veterans and donating 1,595,505 hours of their time -The value of volunteer hours and services amounted to more than \$37.6 million -To incentivize youth volunteers, DAV awarded \$75,000 through its scholarship program. See Schedule O for continuationVOLUNTARY SERVICES PROGRAM (cont.) Volunteerism forms the bedrock of DAV's mission of empowering veterans to lead high-quality and fulfilled lives. Our thousands of devoted volunteers across the country help us provide the best possible care, morale and assistance to our nation's heroes DAV truly appreciates and recognizes those who volunteer their time and talents

VOLUNTARY SERVICES PROGRAM By providing veterans with transportation to medical appointments, coordinating in-hospital volunteer opportunities and encouraging and

Through their dedicated efforts, the organization devoted \$46.4 million to voluntary service initiatives through a vast network of programs in 2016. Volunteers are the key to the success of our mission and positively impact the lives of the veterans we serve 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 hospital service coordinators located at 197 VA medical centers and outpatient clinics and is operated by committed DAV volunteer drivers. Since the program's inception in 1987, DAV departments and chapters, along with Ford Motor Co., have donated 3,286 vehicles to the VA at a cost of over \$73.1 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 661,549,304 miles since the program's inception. The value of these contributed services is reported as revenue on DAV's financial statements prepared in accordance with Generally Accepted Accounting Principles, but is not recorded as revenue on this Form 990 in accordance with Internal Revenue Service quidelines Other 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 \$ 2,671,299 including grants of \$ 1,119,623 Revenue \$ 0

Form 990, Part III, Line 4c:

including grants of \$ 0 Revenue \$ 0

virtual career fairs annually with more than 42,000 active-duty, Guard and Reserve members, veterans and their spouses engage in our environment -DAV connects veterans with employment resources and opportunities through its website www jobs day org. See Schedule O for further details 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-operated, full-service, military-to-civilian recruiting firm. Working alongside RecruitMilitary, DAV uses online and offline products to connect employers, franchisers and educational institutions with veterans who are

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 61 All Veterans Career Fairs in 40 cities across the country, creating employment opportunities for nearly 22,000 -DAV provides 12

transitioning from active duty to civilian life, veterans who already have civilian work experience, members of the Guard and Reserve components, and 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 service-related disability. These challenges led DAV to explore the veteran virtual career fair arena. In partnership with Veteran Recruiting, the leader in producing virtual career fairs for the militarry and veterans, DAV co-hosted 12 virtual career fairs for active duty, Guard and Reserve members, and spouses in 2016, with more than 42,000 engaging in our virtual environment, which is available 24 hours a day, 365 days a year. In addition to

and Reserve members, and spouses in 2016, with more than 42,000 engaging in our virtual environment, which is available 24 hours a day, 365 days a year. 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 is also incorporated into our virtual fairs. DAV's National Employment Department also works directly with major employers who are interested in recruiting skilled veterans. On our employment resources website (jobs dav org), we provide a multitude of resources that veterans can access, including a job-search board boasting in excess of 200,000 current employment opportunities around the world along with direct links to company website job boards. We are pleased to note that last year our employment resources website continued to exceed nearly 12,000 visitors monthly. We anticipate continued growth in veterans' use of this resource in 2017 as a result of our newly launched virtual career fairs Expenses \$1.343.664

SCHEDULE D

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.

2016

DLN: 93493206006387 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public

Name of the organization Disabled American Veterans	Employer identification number
	31-0263158
Part I Organizations Maintaining Donor Advised Funds or Otl Complete if the organization answered "Yes" on Form 990, P	
(a) Donor advised f	funds (b)Funds and other accounts
. Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusive	
Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donoronferring impermissible private benefit?	
Part II Conservation Easements. Complete if the organization an	swered "Yes" on Form 990, Part IV, line 7.
. Purpose(s) of conservation easements held by the organization (check all th	at apply)
\square 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	
Complete lines 2a through 2d if the organization held a qualified conservation	
easement on the last day of the tax year Total number of conservation easements	Held at the End of the Year
 a lotal number of conservation easements b Total acreage restricted by conservation easements 	2b
c Number of conservation easements on a certified historic structure included	
d Number of conservation easements included in (c) acquired after 8/17/06, ai	· ·
structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguitax year	ished, or terminated by the organization during the
Number of states where property subject to conservation easement is locate	ed ▶
Does the organization have a written policy regarding the periodic monitorin and enforcement of the conservation easements it holds?	ng, inspection, handling of violations,
Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	lations, and enforcing conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violation ▶ \$	ns, and enforcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the re	equirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
In Part XIII, describe how the organization reports conservation easements balance sheet, and include, if applicable, the text of the footnote to the orgathe organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historica Complete if the organization answered "Yes" on Form 990, P	
.a If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, ed provide, in Part XIII, the text of the footnote to its financial statements that	lucation, or research in furtherance of public service,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, educated following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	> \$
If the organization received or held works of art, historical treasures, or other	er similar assets for financial gain, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relation	ng to these items
a Revenue included on Form 990, Part VIII, line 1	ng to these items • \$

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

 ${f d}$ Equipment . . .

 ${f e}$ Other .

Par	t III	Organizations Ma	aintaining Colle	ctions of Art,	, Histor	ical T	reasu	res, or Other	Similar A	lssets (continued,)
3		g the organization's acq s (check all that apply)	uisition, accession,	and other record	ds, check	any of	the fol	lowing that are a	significant	use of its	s collection	1
а		Public exhibition			d		Loan	or exchange pro	grams			
b		Scholarly research			e		Other					
С		Preservation for future	generations									
4	Prov Part	ide a description of the o	organization's collec	tions and expla	ın how th	ey furtl	ner the	organization's e	xempt purp	ose in		
5		ng the year, did the orga ts to be sold to raise fur							nılar	☐ Ye	es 🗆	No
Pai	rt IV	Escrow and Cust	odial Arrangem	ents.								
		Complete if the org X, line 21.			orm 990), Part	IV, lır	ne 9, or reporte	ed an amo	unt on F	Form 990), Part
1a		e organization an agent ded on Form 990, Part)		or other interm	ediary for	contri	butions	or other assets	not	☐ Ye	es 🗆	No
ь	If "Y	es," explain the arrange	ment in Part XIII ar	nd complete the	following	table				Amount		
С		nning balance						1c				
d	_	tions during the year						1d				
е	Dıstr	ributions during the year						1e				
f	Endı	ng balance						1f				
2 a	Did t	the organization include	an amount on Form	n 990, Part X, lır	ne 21, for	escrov	or cus	stodial account li	ability?	☐ Ye	es 🗆	No
b	If "Y	es," explain the arrange	ment in Part XIII C	heck here if the	explanat	ion has	been	provided in Part	XIII		🗆	
Pa	rt V	Endowment Fund	ds. Complete if th	ne organizatioi	n answei	ed "Y	es" on	Form 990, Pa	rt IV, line	10.		
	_	6 1 1	<u> </u>	(a)Current year	(b)₽	rior yea	r ((c)Two years back	(d)Three ye	ears back	(e)Four ye	ears back
	-	ning of year balance .	· · · ·									
		butions										
		vestment earnings, gair	· —									
		s or scholarships	<u> </u>							\longrightarrow		
	and pr	expenditures for facilities rograms	es 									
		istrative expenses .										
g		f year balance										
2		ide the estimated percei		: year end balan	ce (line 1	g, colu	mn (a)) held as				
а	Boar	d designated or quasi-e	ndowment 🟲									
b	Perm	nanent endowment 🕨										
c	Tem	porarily restricted endov	vment 🟲									
		percentages on lines 2a,	•	·								
3а		here endowment funds nization by	not in the possession	on of the organiz	zation tha	t are h	eld and	d administered fo	or the	_	Yes	No
	(i) u	nrelated organizations				•					a(i)	
L		related organizations .			 	ه . اکاران				<u> </u>	a(ii)	
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	-	•			•				3b	
	rt VI			-	1044HIGHT	iulius						
		Complete if the ord								 		
	Descr	ription of property	(a) Cost or other (investment)		st or other	basis (d	other)	(c)Accumulated of	depreciation	,	(d)Book va	lue
1a	Land					41	57,464			+		467,464
	Buildir					7,0	05,995		5,845,222	†		1,160,773

1,084,733

2,507,391

5,221,004

10,441,365

3,184,330

21,193,023

496,894

4,269,063

23,700,414

5,717,898

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security))Book alue		hod of valuation -of-year market value
(1)Financial(2)Closely-h(3)Other	derivatives	<u>:</u>			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the o See Form 990, Part X, line 13.	organizatio	on ans	wered 'Yes' on Form	990, Part IV, line 11c.
	(a) Description of investment	(b) Book	value		thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 9	990, Pa	rt IV, line 11d See Forr	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) ————					
(8)					
(9) 					
Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	· · · ered 'Yes'	on Fo	rm 990, Part IV, line	. ▶ 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	1		ook value	
(1) Federal II					
Reserve for I	Life Membership Dues			52,088,768	
	nt Benefit Obligation			49,917,581	
Other Liabilit	cies			1,167,427	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
· ·	n (b) must equal Form 990, Part X, col (B) line 25)	•		103,173,776	
	or uncertain tax positions In Part XIII, provide the text of the f 's liability for uncertain tax positions under FIN 48 (ASC 740) (

Part XI

2

c

d

e

b

Part XII

3

4

5

1

2

b

d

e 3

а

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Page 4

120,770,779

134,675,497

210,131

134,885,628

267,274,477

120,770,779

146.503.698

210,131

146,713,829

Schedule D (Form 990) 2015

Recoveries of prior year grants	•		
Other (Describe in Part XIII) .			
Add lines 2a through 2d			

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments .		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII)		
Add lines 2a through 2d		

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

4a

4b

2a

2b 2c

2d

4a 4b

Explanation

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

2a

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

75,133,716 2e 210,131

45,637,063

45,637,063

75,133,716

210.131

3

4c

2e

3

4c

5

Page 5	Schedule D (Form 990) 2015						
	tal Information <i>(continued)</i>	Part XIII Supplemental Info					
xplanation		Return Reference					

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 31-0263158

Name: Disabled American Veterans

Explanation

Supplemental Information

Return Reference

Contributed Media and Materials 75,133,716

upplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Contributed Media and Materials 75,133,716

Su

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As Filed Data -

DLN: 93493206006387

2016

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Name of the organization Disabled American Veterans 31-0263158

Employer identification number

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. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations Special fundraising events d ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No 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 (iii) Dıd (i) Name and address of (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have ındıvıdual from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? Yes No

		162	110			
Combined Gross Receipts 3725 Alexandria Pike	See Part IV		No	52,075,659	0	52,075,659
Cold Spring, KY 41076						
Public Interest Communication 7700 Leesburg Pike Ste 301 North Falls Church, VA 22043	Telemarketing- Recurring Gifts		No	242,873	241,255	1,618
SD & A Teleservices Inc 5757 West Century Blvd Ste 300 Los Angeles, CA 90045	Telemarketing- Recurring Gifts		No	90,608	162,762	-72,154
Infocision PO Box 32441	Telemarketing- Recurring Gifts		No	59,631	88,262	-28,631
Cleveland, OH 44193	Committee Down at March					
Creative Direct Response 16900 Science Drive Bowie, MD 20715	Consults Direct Mail and Organizes Electronic Fundraising		No	0	504,033	0
Meyer Partners 1701 E Woodfield Rd Ste 425 Schaumburg, IL 60173	Consults Major gifts and Planned Giving		No	0	124,068	0
Mindset 170 N Jefferson St Ste 200 Arlington, VA 22205	Direct Mail and Telemarketing		No	0	536,145	0
Social Capital 980 N Michigan Avenue Ste 1610 Chicago, IL 60611	Strategic Adviser on Corp Partner Planning		No	0	142,500	0
Global Advancement LLC 333 West Vine Street Ste 300 Lexington, KY 40507	Consults Major gifts and Planned Giving		No	0	16,128	0
	1		l			I

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 licensina

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

52,468,771

Cat No 50083H

Total

1,815,153

51,976,492

	gross receipts greater than \$5	·			
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col (a) through col (c))
1	1 Gross receipts				
	2 Less Contributions				
4	1 Cash prizes				
ပ္ 5	Noncash prizes				
esuse 6	Rent/facility costs				
Direct Expenses	7 Food and beverages				
ਰੂ 8					
_	Other direct expenses				
	LO Direct expense summary Add lines 4 t			•	
Part	11 Net income summary Subtract line 10III Gaming. Complete if the organization				more than \$15,000
	on Form 990-EZ, line 6a.	anization answered Te		I	T THO TO CHAIT \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
ses	Cash prizes				
Expenses	3 Noncash prizes				
	Rent/facility costs				
<u>ة</u> إ	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
6	5 Volunteer labor	☐ No	□ No	□ No	
7	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)		•	
<u></u>	Net gaming income summary Subtract	line 7 from line 1, colum	n (d)		
	Enter the state(s) in which the organization				
	Is the organization licensed to conduct ga If "No," explain		these states?		☐ Yes ☐ No
	Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during the		Yes No

Sche	dule G (Form 990 or 990-EZ) 2016				Р	age 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin	ary or trustee of a trust or a member of a partnership or other entity g^2		□Yes		
13	Indicate the percentage of gaming act	ıvıty conducted ın				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the per	rson who prepares the organization's gaming/special events books an	d records	•		
	Name •					
	Address •					,
	revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		revenue received by the organization ▶ \$ and and a street and a	d the			
С	If "Yes," enter name and address of th	e third party				
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ► Gaming manager compensation ► \$					
	Description of services provided ▶					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	te law to make charitable distributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requ	ired under state law distributed to other exempt organizations or spe	nt			
	ın the organization's own exempt activ	<u> </u>				
Pai		on. Provide the explanations required by Part I, line 2b, coluitions 5c, 16, and 17b, as applicable. Also complete this part to pross).				
	Return Reference	Explanation				
	dule G, Part I, Line 2b, List of Ten est Paid Fundraisers	(i) Name of Fundraiser Combined Gross Receipts (i) Address of Fun Springs, KY 41076 (ii) Activity DAV has identified gross receipts and providing professional fundraising services in executing a campaign total gross receipts for agencies chosen to provide advice on various and strategy where it is too complex to provide an accurate assessm	d expenses DAV is als aspects of	for organizes for providing	zations the comb	bined
		I Sc	hedule G (F	Form 990 or	990-EZ) 2	2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493206006387 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Disabled American Veterans 31-0263158 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes □ No 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 **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)

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

(8)

(9)

(10)

The procedure for monitoring the use of grants varies depending on the type of grant. For grants to DAV Departments, every department is required to submit an annual financial report to DAV for approval Review of annual financial reports allows DAV to monitor the proper use of funds granted by DAV and to ensure good standing for continued eligibility. Expenses for the National Veterans Winter Sports Clinic and Van Program are sent directly to and are paid by DAV (directly to the billing party) when determined that the expense is an acceptable and qualifying cost of the designated program Scholarship payments towards tuition on behalf of an eligible award recipient are paid directly to the academic institution. The remainder of the grants are made on a good faith basis to reputable organizations with a

Schedule I (Form 990) 2016

(6) (7)

Return Reference

Part I, Line 2

Explanation

history of service to disabled veterans

Additional Data

7538 Misty Lane Pinson, AL 351262463

PO Box 74603 Fairbanks, AK 99707

DAV Dept of Alaska

DAV Dept of Arizona

38 W Dunlap Avenue Phoenix, AZ 85021

		Software ID):				
		Software Version) :				
		EIN	l: 31-0263158				
		Name	: Disabled American	Veterans			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic 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	63-0421186	501(c)(4)	83,903	0			Veterans Services

12,484

95,393

Veterans Services

Veterans Services

501(c)(4)

501(c)(4)

52-1648345

86-0191627

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Arkansas 38-6143144 501(c)(4) 50.807 Veterans Services PO Box 1620 N Little Rock, AR 72115 DAV Dept of California 95-0684372 501(c)(4) 419,107 Veterans Services

113,554

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

501(c)(4)

13733 E Rosecrans Ave Santa Fe Springs, CA 90670 DAV Dept of Colorado

1485 Holland Street Lakewood, CO 80215 84-0388439

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Connecticut 06-6050968 501(c)(4) 38.879 Veterans Services 35 Cold Spring Road Suite 315

Rocky Hill, CT 06067						
DAV Dept of DC PO Box 70737 Washington, DC 20024	31-1017322	501(c)(4)	9,014	0		Veterans Services

10,832

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

501(c)(4)

DAV Dept of Delaware 23-7169083

PO Box 407 Camden, DE 19934

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Florida 59-0915376 501(c)(4) 273,650 Veterans Services 2015 SW 75th Street Gainesville, FL 32607 DAV Dept of Georgia 58-6043522 501(c)(4) 94,791 Veterans Services 4462 Houston Avenue

26,783

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

501(c)(4)

Macon, GA 31206

DAV Dept of Hawaii

2685 N Nimitz Hwy Honolulu, HI 96819 99-0105357

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DAV Dept of Idaho 82-6013538 501(c)(4) 22.809 Veterans Services 55 Rose Circle s Services

Meridian, ID 836422936						
DAV Dept of Illinois 809 S Grand Avenue West Springfield, IL 62704	36-2026733	501(c)(4)	80,926	0		Veterans S

78,548

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

501(c)(4)

DAV Dept of Indiana 35-0269110

PO Box 508

Greenwood, IN 46142

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Iowa 42-0218615 501(c)(4) 29,403 Veterans Services 2245 Kerper Blvd STE 1

Dubuque, IA 52001						
DAV Dept of Kansas 805 Minnesota Avenue Kansas City, KS 66101	48-0669371	501(c)(4)	30,806	0		Veterans Serv

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

PO Box 129

Shepherdsville, KY 401650129

ervices DAV Dept of Kentucky 61-0574614 501(c)(4) 86,232 Veterans Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DAV Dept of Louisiana 72-6023897 501(c)(4) 50.693 Veterans Services PO Box 1271

Baton Rouge, LA 70821						
DAV Dept of Maine PO Box 3415	51-0169791	501(c)(4)	32,596	0		Veterans Services
Augusta, ME 04330						

71,153

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

501(c)(4)

DAV Dept of Maryland

101 N Gay Street B Baltimore, MD 21202 52-6055613

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Massachusetts 04-2170836 501(c)(4) 129.587 Veterans Services 24 Beacon St STE 546

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

Veterans Services

Boston, MA 02133						
DAV Dept of Michigan 17779 E Fourteen Mile Road	38-0489155	501(c)(4)	130,969	o		Veterans Services
Fraser, MI 48026						

92,490

(d) Amount of cash

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

501(c)(4)

(c) IRC section

(a) Name and address of

DAV Dept of Minnesota

St Paul, MN 55155

20 West 12th Street 3rd Floor

(b) EIN

41-0641627

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Mississippi 64-6034899 501(c)(4) 28,493 Veterans Services PO Box 1579 Services

Veterans Services

Jackson, MS 39215						
DAV Dept of Missouri 413 West Hickory Kirksville MO 63501	43-1428547	501(c)(4)	87,109	0		Veterans Se

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

DAV Dept of Montana 81-0245122 501(c)(4) 22,777

8245 Half Moon Court Helena. MT 596029769

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Nebraska 47-0462717 501(c)(4) 30.249 Veterans Services 3107 25th Street

Columbus, NE 68601						
DAV Dept of Nevada 2775 Meadow Park Avenue	88-0191079	501(c)(4)	30,321	0		Veterans :

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

s Services Henderson, NV 89052/023

DAV Dept of New Hampshire 02-6018967 28,073

501(c)(4) Veterans Services

PO Box 2051 Dover, NH 03820

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of New Jersey 31-1017334 501(c)(4) 86.572 Veterans Services 171 Jersey St Bldg 5 Trenton, NJ 08611

Veterans Services

Veterans Services

46,868

205,409

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

501(c)(4)

501(c)(4)

DAV Dept of New Mexico

2511 Utah Street NE Albuquerque, NM 87110 DAV Dept of New York

162 Atlantic Avenue Lynbrook, NY 11563 85-0131116

11-2248726

(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of North Carolina 56-6061261 501(c)(4) 161.372 Veterans Services PO Box 28146

(e) Amount of non-

Raleigh, NC 27611						
DAV Dept of North Dakota 2009 4th Street NE	45-0232777	501(c)(4)	21,082	O		Veterans Services

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

Columbus, OH 43215

(b) EIN

DAV Dept of Ohio 31-4166963 501(c)(4) 145,140 Veterans Services PO Box 15099

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Oklahoma 73-6112085 501(c)(4) 86.406 Veterans Services 2311 N Central Avenue 1000B Oklahoma City, OK 73105 DAV Dept of Oregon 93-0155562 501(c)(4) 39,806 Veterans Services

Veterans Services

167,319

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

501(c)(4)

5922 NE 55th Avenue Portland, OR 972182302 DAV Dept of Pennsylvania

4219 Trindle Road Camp Hill, PA 17011 23-0520283

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Puerto Rico 23-7352551 501(c)(4) 37,897 Veterans Services PO Box 363604

San Juan, PR 00936						
DAV Dept of Rhode Island 1 Capital Hill Level G	05-6023646	501(c)(4)	21,387	0		Veterans S

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

Services Providence, KI UZ9U8

57-0600471 501(c)(4) 80,218 Veterans Services

DAV Dept of South Carolina PO Box 5317

West Columbia, SC 29171

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of South Dakota 46-6016959 501(c)(4) 20.926 Veterans Services 1519 West 51st Street

Sloux Falls, SD 5/105						
DAV Dept of Tennessee PO Box 296	62-6074303	501(c)(4)	78,435	0		Veterans :
Lawrencehurg TN 38464						

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

Lufkin, TX 75901

s Services

DAV Dept of Texas 75-6053959 501(c)(4) 323,727 Veterans Services

1015 Lee Avenue

(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DAV Dept of Utah 87-6151236 501(c)(4) 23,776 Veterans Services 273 E 800 South

(e) Amount of non-

Veterans Services

Salt Lake City, UT 84111						
DAV Dept of Vermont PO Box 828	03-6015639	501(c)(4)	12,452	0		Veterans Services
White River Jct, VT 05001					1	

183,194

(d) Amount of cash

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

501(c)(4)

(c) IRC section

DAV Dept of Virginia 54-0697376

PO Box 7176 Roanoke, VA 24019

(a) Name and address of

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance DAV Dept of Washington 91-0544487 501(c)(4) 104.873 Veterans Services 2315 Burwell Street

Bremerton, WA 98312						
DAV Dept of West Virginia PO Box 605	55-0521769	501(c)(4)	35,367	0		Veterans
Ellowers MAY DEO71					1	I

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

s Services

Elkview, WV 250/1 DAV Dept of Wisconsin 39-0244255 501(c)(4) 68,408

Veterans Services 1253 Scheuring Rd Ste A DePere. WI 54115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DAV Dept of Wyoming 23-7041066 501(c)(4) 7.841 Veterans Services 219 Ames Avenue

Network

Cheyenne, WY 820072218						
Department of Veterans Affairs 50 Irving Street NW Washington, DC 20422	52-1688621	Gov't Entity	728,291	0		Winter Sports Clinic

Department of Veterans Affairs 52-1688621 Gov't Entity 210,966 VA Transportation

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

51 Irving Street NW

Washington, DC 20423

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Camp Corral 45-3555807 501(c)(3) 508,469 Children of Veterans 5151 Glenwood Avenue Raleigh, NC 27612 terans Services

Veterans TEE

Tournament

USO World Headquarters	13-1610451	501(c)(3)	15,000	0		Veter
2111 Wilson Boulevard Suite 1200						
Arlington, VA 22201						l

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

601 HWY 6 West

Iowa City, IA 52246

Iowa City VA Health Care 47-0376487 Gov't Entity 50.000 National Disabled

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Ottosen & Co 46-2206021 10.000 Veterans Services 845 E Goothill Blvd

Veterans Services

Glendora, CA 91/41						
Independence Corps 2801 Network Boulevard STE	36-4605639	501(c)(3)	25,000	0		Veterans Services
600						
Frisco, TX 75034						

25.000

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

501(c)(19)

Hillvets Foundation

625 N Washington St 425 Alexandria, VA 22314 47-3616097

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 90-0738335 501(c)(3) 15.000 Center for Conscious Creativity Veterans Services 1866 W 14th Street Los Angeles, CA 90006

Veteran Services

72.866

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

501(c)(4)

Columbia Trust Service

3752 Alexandria Pike Cold Spring, KY 41076

Programs

52-1516071

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493206006387 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 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 Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization Disabled American Veterans 31-0263158 Questions Regarding Compensation Yes No 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 First-class or charter travel Housing allowance or residence for personal use **✓** Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments **✓** Discretionary spending account Personal services (e g , maid, chauffeur, chef) 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 **1**b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study $\overline{\mathbf{v}}$ Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a No 4b No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c Participate in, or receive payment from, an equity-based compensation arrangement? 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 No The organization? 5a 5b No Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a No Any related organization? 6b 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

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Schedule J (Form 990) 2016

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

82,994

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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 (D) Nontaxable (E) Total of columns (F) Compensation in column(B) reported as other deferred benefits (B)(i)-(D)(iii) (ii) (i) compensation deferred on prior Form Bonus & incentive Other reportable Base compensation 990 compensation compensation 1 J Marc Burgess 248,840 (i) 41,282 6,065 225.450 5,655 527.292 40,782 Natl Adjutant/CEO/Sec 0 0 0 0 0 0 Ω (ii) 2 Barry A Jesinoski 198,936 (i) 31,105 4,280 136,566 5,551 376,438 30,605 Exec Dir Natl HQ 0 0 0 0 0 0 0 (ii) 3 Garry Augustine 178,269 (i) 6,736 5,963 90,988 3,678 285,634 6,236 Exec Dir Natl LHQ 0 0 0 0 0 0 0 (ii) 4 James T Marzalek 134,438 (i) 27,680 2,733 58,070 5,162 228,083 26,210 Natl Service Director 0 0 0 0 0 0 0 (ii) 5 Anıta BlumComptroller 163,958 (i) 20,125 4,030 102,112 6,528 296,753 18,107 0 0 0 0 0 0 0 (ii) 6 Christopher Clay 199,830 (i) 15,988 8,833 133,341 6,478 364,470 13,637 General Counsel 0 0 0 0 0 0 0 (ii) 7 Brian Cowart 187,715 (i) 26,680 4,276 57,856 6,968 283,495 26,180 Chief Dev Officer 0 0 0 0 0 0 0 (ii) 8 Susan Loth 157,953 (i) 19,554 3,892 130,798 6,528 318,725 19,054 Sr Chief Dev Officer 0 0 0 0 0 0 0

0

0

0

0

82,994

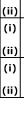
0

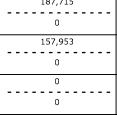
9 Arthur Wilson 113-613 Former Natl Adj/CEO/Sec

Table

See Additional Data







0

0

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Part I, Line 1a First Class or Charter Travel DAV-paid airfare is typically for coach-class travel First-class airfare may be approved considering such factors as the degree to which the traveler is disabled and the length of the trip DAV does not pay for charter travel. In 2016, three trips 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

Page 3

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Included in taxable income. In 2016, DAV did have 3 companion travels for persons listed on Schedule J. Part II Discretionary spending account. During their oneyear, 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 2016, Moses A McIntosh Jr , DAV National Commander (January to August) received \$133,065 and David W Riley, DAV National Commander (September to

December) received \$91,935 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 8 goals, one related to

Additional Data

(II)

(1)

(11)

(1)

(II)

6Brian Cowart Chief Dev Officer

7Susan Loth Sr Chief Dev Officer

8Arthur Wilson 113-613 Former Natl Adj/CEO/Sec

187,715

157,953

26,680

19,554

Auditional Dat	La							
			Software ID:					
			Software Version:					
			EIN:	31-0263158				
			Name:	Disabled American Ve	eterans			
Form 990, Schedul	e J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and H	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) I		(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1) Marc Burgess Natl Adjutant/CEO/Sec	(1)	248,840	41,282	6,065	225,450	5,655	527,292	40,782
	(11)	0	0	0	0	0	0	0
1Barry A Jesinoski Exec Dir Natl HQ	(1)	198,936	31,105	4,280	136,566	5,551	376,438	30,605
·	(11)	0	0	0	0	0	0	0
2 Garry Augustine Exec Dir Natl LHQ	(1)	178,269	6,736	5,963	90,988	3,678	285,634	6,236
,	(11)	0	0	0	0	0	0	0
3James T Marzalek Natl Service Director	(1)	134,438	27,680	2,733	58,070	5,162	228,083	26,210
	(11)	0	0	0	0	0	0	0
4 Anıta Blum Comptroller	(1)	163,958	20,125	4,030	102,112	6,528	296,753	18,107
,	(11)	0	0	0	0	0	0	0
5Christopher Clay General Counsel	(1)	199,830	15,988	8,833	133,341	6,478	364,470	13,637

4,276

3,892

82,994

57,856

130,798

6,968

6,528

283,495

318,725

82,994

26,180

19,054

Complete if the organization answered Complete if the organization answered Complete if the organization Complete if	efile GRAPHI	C print - DO NC	T PROCESS	As Fi	led Data -					DL	.N: 93	4932	060	06387
Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection	Schedule L (Form 990 or 990	' I		► Comple m 990, Pa	ete if the orga irt IV, lines 2!	anization and 5a, 25b, 26, 3	swered 27, 28a, 28b,		ic,					
Sample of the organization Sample of the	•	asurv	ormation abo		ıle L (Form 99	00 or 990-EZ		ructio	ns is	at)pen i	to Pı	ıblic
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between organization organization (c) Description of transaction (d) Corrected? Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of line organization organization organization organization? To From (d) Corrected? Yes No (d) Corrected? Yes No (d) Corrected? Yes No (d) Form 1nterested Persons. Complete if the organization organization organization? Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of assistance interested person line organization answered "Yes" on Form 990, Part IV, line 27.	Name of the org	anızatıon							•	-	entifica			
(d) Corrected? Yes No To From To Fro								rganız	ation	s only)	ne 40b			
### Aproved by a principal amount of tax, if any, on line 2, above, reimbursed by the organization. ### Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 ### (a) Name of Interested person with organization of Ioan Copenity Copenity	1 (a) Name of disquali	fied person	(b)			lified person a	nd				<u> </u>		
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested person with organization of loan or from the Organization? To From Organization or From Organization or Growth or Growth organization? To From Organization organization organization organization? Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between Interested person and the organization. (b) Relationship between Interested person and the organization. Double organization or Interested person organization or Form 990, Part IV, line 27. (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
### Aproved by a principal amount of tax, if any, on line 2, above, reimbursed by the organization. ### Aproved by a principal amount of tax, if any, on line 2, above, reimbursed by the organization. ### Aproved By a principal amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 ### Aproved by a principal amount or form the organization? ### Aproved by board or committee? ### To From To From Yes No Yes No Yes No Yes No ### To Ital ### Aproved By Aproved By Aproved By	2 Enter the a	mount of tax incurs	red by organiz	ation mana	gers or disqual	ified nersons	during the yea	ur unde	ır sac	tion				
(a) Name of interested person (b) Relationship (c) Purpose of loan (d) Loan to or from the organization? (e)Original amount (f)Balance due agreement? (f)Balance due agreement for a	Part II Loa	ans to and/or i	From Intere	ested Per ed "Yes" or	sons. n Form 990-EZ,					line 26	\$ \$ 5, or if	the org	anıza	tion
To From Yes No Yes No Yes No To From Yes No	(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to or from the	m the (e) Original (f) Balance principal due				Appro boa	ved by rd or			
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of as				То	From			Yes	No		1	Yes		No
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person Interested person and the contact of the organization answered (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of as														
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the complete interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance complete if the organization answered "Yes" on Form 990, Part IV, line 27.														
	Con	nplete if the orga rested person (b)	nization ans) Relationship erested persor	between and the	es" on Form 9	990, Part IV,		of assı	stand	ce	(e) Pu	rpose c	ıf assı	stance

Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 28a	a, 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	111,655	Employment		No

		,	' '		
Part V Supplemental Information Provide additional information for responses to questions on Schedule I. (see instructions)					

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

Return Reference Explanation

Sch L, Part IV, Business Transactions (a) Name of Person David Wilson(b) Relationship Between Interested Person and Organization Former

DLN: 93493206006387 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ 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 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Disabled American Veterans 31-0263158 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . 8 Intellectual property Χ 1,040,991 Cost or selling price Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (_____ **26** Other ▶ (___ Other ► (_____ 27 28 Other ▶ (___ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes 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? 32a Νo **b** If "Yes," describe in Part II 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 Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2
Provide the informa	ormation. tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
I, column (b), the n	number of contributions, the number of items received, or a combination of both. Also complete ditional information.
Return Reference	Explanation
Part I, Column (b)	For Securities - Publicly Traded the number of contributions is reported
	Schedule M (Form 990) (2016)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493206006387
(Form 990 or EZ) Department of the T	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		OMB No 1545-0047 2016 Open to Public Inspection
Name of the org Disabled American		31-0263158	tification number
Return Reference	Expla	anation	
Form 990, Part VI, Section A, Iine 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.		

Return
Reference

Explanation

Explanation

Form 990, Please see Form 990, Part VI, Section A, Line 6
Part VI, Section A, Inne 7a

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b

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 filled with the IRS

Return Reference

Form 990, All members of the Board of Directors receive a copy of the Conflict of Interest Policy im

Part VI, mediately upon assuming office, or at a minimum, annually. The same process applies to key employees and department directors. Recipients acknowledge they have read the policy, ide ntify any areas of conflict and return the signed disclosure form to the DAV Executive Dir ector. Responses are reviewed and identified. Conflicts are referred to the Board of Directors for discussion and approval as appropriate.

Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990,	Every four or five years DAV hires an independent consulting firm to review compensation o
Part VI,	f DAV National Adjutant and CEO, Executive Directors, key employees, and other top managem
Section B,	ent officials This involves review of position responsibilities, accumulation of comparab
line 15	le data from other organizations and determination of appropriate compensation ranges for
	each. The ranges are reviewed and approved by independent members of the Peard of Director.

nts This is primarily to cover meals and lodging

le 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 Director s (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 eve.

Return Explanation

Form 990,
Part VI,
Section C,
Inne 19

Governing documents and the Conflict of Interest Policy are available upon request. The DA
V Annual Report and most recent Form 990 are available on DAV's website (www dav org) and
also upon request or public inspection at DAV National Headquarters. Form 1024 is available
e upon request.

Return Explanation
Reference

Form 990, Pension Liability and Other Post-Retirement Benefit Obligation Adjustment 45,818,612
Part XI, line