2025 Impact Report



82¢ of every dollar spent goes to DAV program services

DAV®
KEEPING OUR PROMISE TO AMERICA'S VETERANS

Connecting veterans to their earned benefits







Braven Duffie ARMY VETERAN

"I knew I was eligible for something besides going into a nursing home."

Braven (left) with his daughter-in-law Rena and son Winfred. The benefits DAV secured helped to build Braven an addition and ramp to the Duffies' home (right).

ACTIONS AND RESULTS

Over

3 million

actions to advocate for veterans and their families

More than

$33.1 billion

in earned benefits

CLAIMS

Over

4,100

benefits advocates nationwide

Over

567,000

claims filed under DAV representation

Nearly

245,000

claimants counseled by DAV

TRANSITION SERVICES

More than

37,000

transitioning service members assisted

INFORMATION SEMINARS

More than

450 information seminars

Over **20,100** attendees

Creating meaningful career opportunities



Chris Peer ARMY VETERAN

"I'm grateful to the folks at DAV for giving veterans like myself the opportunity to succeed and to thrive. My disabilities were preventing me from enjoying my life. I pushed through to go to the job fair, and I'm glad I did."

DAV EMPLOYMENT PROGRAM

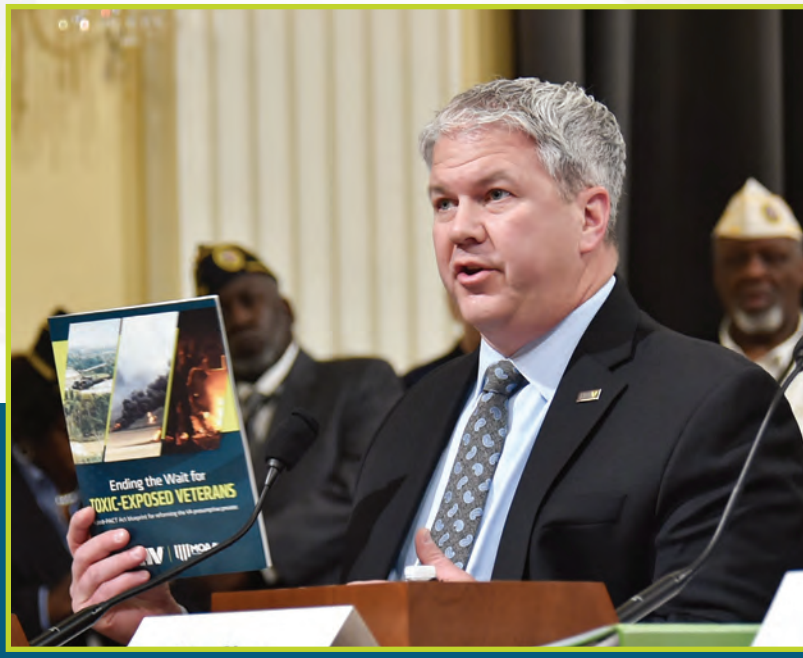
In 2025, DAV hosted

113 events

with

39,373 attendees

Fighting for the rights of veterans



FIRST SESSION OF THE 119TH CONGRESS (2025)

96 resolutions

were included in House or Senate bills

8 resolutions

were enacted into law

DAV CAN

Members sent over

606,000 emails

to their elected officials to support our advocacy efforts

A beacon of hope

More than
3.8 million hours
volunteered in VA facilities and communities



Van Karg ARMY VETERAN
2025 VOLUNTEER OF THE YEAR

"I enjoy what I'm doing. I've met a lot of great veterans. Some of their stories, both good and bad, bring tears to my eyes. I'll be doing this as long as I can."



Nihar Kummetha
2025 SCHOLARSHIP WINNER

"I got started with volunteering because I wanted to give back to my community in a more meaningful way, and I truly found that by helping veterans."

DAV TRANSPORTATION NETWORK

Over
9.6 million miles
driven on behalf of heroes

More than
230,000 rides
helping veterans access the care they earned

DAV SCHOLARSHIPS

15 scholarships
totaling **$140,000**

Top award:
$30,000

For more information on the impact of DAV's mission, please visit our annual report:
dav.org/about-dav/annual-report

KEEPING OUR PROMISE TO AMERICA'S VETERANS

NATIONAL HEADQUARTERS
860 Dolwick Drive
Erlanger, KY 41018
859-441-7300
Toll-Free 877-426-2838

WASHINGTON HEADQUARTERS
1300 I Street, NW, Suite 400 West
Washington, DC 20005
202-554-3501

dav.org

This report is available online at dav.org/about-dav/annual-report.

BBB ACCREDITED CHARITY
give.org

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: DISABLED AMERICAN VETERANS

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 860 DOLWICK DRIVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: ERLANGER, KY 41018

D Employer identification number: 31-0263158

E Telephone number: (859) 441-7300

G Gross receipts $: 300,834,435

F Name and address of principal officer: BRYAN C. VANBOXEL
SAME AS C ABOVE

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.DAV.ORG

H(c) Group exemption number: 0557

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1920

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SINCE 1920, EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	705
6	Total number of volunteers (estimate if necessary)	6	17,026
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	57,525
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,930

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	147,998,298	154,340,359
9	Program service revenue (Part VIII, line 2g)	44,186	98,529
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,459,177	37,213,168
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	949,105	1,417,173
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,450,766	193,069,229

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,181,925	7,379,994
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	55,824,917	58,104,166
16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,303,044	0
b	Total fundraising expenses (Part IX, column (D), line 25) 43,205,653		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,634,341	96,521,929
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	153,944,227	162,006,089
19	Revenue less expenses. Subtract line 18 from line 12	22,506,539	31,063,140

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	654,659,108	725,199,054
21	Total liabilities (Part X, line 26)	123,940,994	128,849,566
22	Net assets or fund balances. Subtract line 21 from line 20	530,718,114	596,349,488

Part II Signature Block

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

Sign Here

Signature of officer — Date: 09/09/2026

BRYAN C VANBOXEL, EXECUTIVE DIRECTOR / CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AARON HERSHBERGER	AARON HERSHBERGER	08/14/2026		P00961884

Firm's name: FORVIS MAZARS, LLP — Firm's EIN: 44-0160260

Firm's address: 312 WALNUT STREET SUITE 3000, CINCINNATI, OH 45202 — Phone no.: (513) 621-8300

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE ARE DEDICATED TO ONE SINGLE PURPOSE: EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY. SEE SCHEDULE O FOR FURTHER DETAILS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 40,806,969 including grants of $ 62,500) (Revenue $ 0)

SERVICE PROGRAM: OUR NATIONAL SERVICE PROGRAM FEATURES MORE THAN 100 OFFICES NATIONWIDE AND INCLUDES A ROBUST CORPS OF NATIONAL AND TRANSITION SERVICE OFFICERS WHO STAND READY TO OFFER ADVICE AND REPRESENT VETERANS IN THEIR CLAIMS FOR THE BENEFITS THEY HAVE EARNED IN SERVICE TO US ALL.

WITH OUR CHAPTER SERVICE OFFICERS, DEPARTMENT SERVICE OFFICERS AND TRANSITION SERVICE OFFICERS, AS WELL AS COUNTY VETERAN SERVICE OFFICERS, DAV HAS OVER 4,200 BENEFITS EXPERTS.

ALL DAV BENEFITS ADVOCATES ARE VETERANS AND ARE AVAILABLE NATIONWIDE TO HELP OTHER VETERANS AND THEIR FAMILIES NAVIGATE THEIR BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 27,088,652 including grants of $ 0) (Revenue $ 98,529)

PUBLIC AWARENESS OUTREACH: WHEN OUR HEROES RETURN HOME FROM MILITARY SERVICE, MANY STRUGGLE TO REGAIN A SENSE OF NORMALCY. THEY MUST START THE LONG AND OFTEN DIFFICULT PROCESS OF HEALING AND REHABILITATION SO THAT THEY CAN BEGIN TO REBUILD THE LIVES THEY ONCE KNEW. THEY MUST FIND JOBS AND OFTEN HOUSING, AS WELL AS RELEARN HOW TO RELATE TO THEIR FAMILIES AFTER HAVING BEEN AWAY FOR LONG PERIODS OF TIME. ACCESSING BASIC HEALTH SERVICES CAN BE DAUNTING. THAT'S WHY DAV IS HERE TO HELP THEM EVERY STEP OF THE WAY.

TOO MANY OF OUR WOUNDED, ILL AND INJURED VETERANS HAVEN'T ACCESSED THE BENEFITS AND SERVICES THEY'VE EARNED. MOST SIMPLY AREN'T AWARE OF THEIR RIGHTS AND BENEFITS OR THE FREE HELP OUR NATIONAL SERVICE PROGRAM CAN PROVIDE WITH FILING FOR BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER GOVERNMENT AGENCIES. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses $ 11,784,098 including grants of $ 2,000) (Revenue $ 0)

COMMUNICATIONS PROGRAM: DAV'S NATIONAL COMMUNICATIONS DEPARTMENT RUNS INTERNAL AND EXTERNAL COMMUNICATIONS PROGRAMS-INCLUDING, BUT NOT LIMITED TO, PUBLICATIONS, MEDIA RELATIONS, DIGITAL MATERIAL AND NUMEROUS OUTREACH EFFORTS-TO TELL DAV'S STORY AND SUPPORT ITS KEY OBJECTIVES. A BIMONTHLY MAGAZINE INFORMS OUR MEMBERS ON CRITICAL ISSUES AND POLICIES IMPACTING THE FEDERAL BENEFITS AND SERVICES VETERANS HAVE EARNED THROUGH THEIR SERVICE. IT ALSO BRINGS ATTENTION TO DAV'S STATE-LEVEL DEPARTMENTS AND OUR LOCAL CHAPTERS BY HIGHLIGHTING THEIR MANY SUCCESSFUL SERVICE PROGRAMS AND, THEREFORE, INSPIRING STRONG AND EFFECTIVE STRATEGIES IN COMMUNITIES FROM COAST TO COAST. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses $ 28,417,828 including grants of $ 7,315,494) (Revenue $ 0)

4e Total program service expenses 108,097,547

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✔	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✔
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		✔
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✔
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	100		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	705		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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		✔
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?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . 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 on Schedule O.	1a	7		
b	Enter the number of voting members included on 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			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
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		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AR, CO, GA, HI, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)*

19 Describe on 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.

BRYAN C. VANBOXEL, 860 DOLWICK DRIVE, ERLANGER, KY 41018, (859) 441-7300

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY A. JESINOSKI	60.0									
NATIONAL ADJUTANT / CEO / SECRETARY	0.0	✔		✔				330,186	0	203,170
(2) THERESA L. BURGOON	50.0									
CHIEF DEVELOPMENT OFFICER	0.0					✔		255,249	0	254,392
(3) BRYAN C. VANBOXEL	55.0									
EXECUTIVE DIRECTOR NATL HQ / CFO	0.0				✔			269,227	0	141,794
(4) EDWARD R. REESE	55.0									
EXECUTIVE DIRECTOR NATL LHQ	0.0				✔			294,689	0	115,771
(5) JAMES T. MARSZALEK	50.0									
NATIONAL SERVICE DIRECTOR	0.0					✔		239,957	0	136,539
(6) MEGAN B. HALL	50.0									
GENERAL COUNSEL	0.0					✔		252,020	0	99,935
(7) EDWARD E. HARTMAN	50.0									
INSPECTOR GENERAL	0.0					✔		235,777	0	67,735
(8) SCOTT P. TRIMARCHI	50.0									
ASSISTANT NATIONAL SERVICE DIRECTOR	0.0					✔		241,645	0	56,352
(9) DANIEL CONTRERAS	5.0									
NATIONAL COMMANDER - TERM ENDED / CHAIRMAN OF THE BOARD	0.0	✔		✔				153,898	0	0
(10) COLEMAN FRANCIS NEE	5.0									
NATIONAL COMMANDER / VICE-CHAIRMAN OF THE BOARD - TERM ENDED	0.0	✔		✔				96,102	0	0
(11) THOMAS AYALA	5.0									
DIRECTOR	0.0	✔						0	0	0
(12) RICKY BARENBRUGGE	5.0									
DIRECTOR	0.0	✔						0	0	0
(13) JOHN F. DONOVAN	5.0									
VICE CHAIRMAN OF THE BOARD	0.0	✔		✔				0	0	0
(14) NANCY ESPINOSA	5.0									
CHAIRMAN OF THE BOARD - TERM ENDED	0.0	✔		✔				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JERRY ESTES	5.0									
TREASURER - TERM ENDED	0.0	✔		✔				0	0	0
(16) DAVID GERKE	5.0									
DIRECTOR - TERM ENDED	0.0	✔						0	0	0
(17) NACHEE MILLER	5.0									
TREASURER	0.0	✔		✔				0	0	0
(18) DANNY OLIVER	5.0									
DIRECTOR	0.0	✔						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								2,368,750	0	1,075,688
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,368,750	0	1,075,688

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 93

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		✔
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASCENTA GROUP INC, 138 SOUTH FIRST STREET, LINDENHURST, NY 11757	PROFESSIONAL	5,730,428
CROSBY MARKETING COMMUNICATIONS INC, 705 MELVIN AVENUE, ANNAPOLIS, MD 21401	PROFESSIONAL	1,806,687
MOORE A SERIES LLC, 4200 PARLIAMENT PLACE, LANHAM, MD 20706	PROFESSIONAL	1,686,018
FUSE FUNDRAISING GROUP LLC, 12355 SUNRISE VALLEY DRIVE, SUITE 240, RESTON, VA 20191	PROFESSIONAL	1,014,190
ORCA LLC, 1283 OAKWOOD AVENUE, COLUMBUS, OH 43206	PROFESSIONAL	1,000,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 12

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	3,905,980				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	150,434,379				
	g	Noncash contributions included in lines 1a–1f	1g	$ 649,405				
	h	**Total.** Add lines 1a–1f			154,340,359			
Program Service Revenue			Business Code					
	2a	REGISTRATION INCOME	900099		98,529	98,529	0	0
	b				0	0	0	0
	c				0	0	0	0
	d				0	0	0	0
	e				0	0	0	0
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			98,529			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			15,126,037	0	0	15,126,037
	4	Income from investment of tax-exempt bond proceeds			0	0	0	0
	5	Royalties			821,270	0	0	821,270
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	0	0				
	b	Less: rental expenses 6b	0	0				
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0	0	0	0
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	129,852,337	0				
	b	Less: cost or other basis and sales expenses 7b	107,765,206	0				
	c	Gain or (loss) 7c	22,087,131	0				
	d	Net gain or (loss)			22,087,131	0	0	22,087,131
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	c	Net income or (loss) from fundraising events			0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0	0	0	0
Miscellaneous Revenue			Business Code					
	11a	OTHER INCOME	900099		538,378	0		538,378
	b	ADVERTISING REVENUE	541800		57,525	0	57,525	0
	c				0	0	0	0
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			595,903			
	12	**Total revenue.** See instructions			193,069,229	98,529	57,525	38,572,816

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,950,244	6,950,244		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	429,750	429,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,494,635	660,459	834,176	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	42,027,564	36,503,980	3,625,235	1,898,349
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,725,261	2,033,332	473,048	218,881
9 Other employee benefits	8,552,371	7,372,140	715,882	464,349
10 Payroll taxes	3,304,335	2,882,948	274,685	146,702
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	194,795	128,367	35,579	30,849
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	455,348	0	455,348	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	14,718,703	8,426,742	1,067,465	5,224,496
12 Advertising and promotion	13,025,400	7,446,160	108,539	5,470,701
13 Office expenses	51,950,203	22,244,491	1,285,871	28,419,841
14 Information technology	268,189	165,188	80,475	22,526
15 Royalties	1,559,445	663,574	1,737	894,134
16 Occupancy	639,303	472,668	164,375	2,260
17 Travel	3,717,086	3,631,929	30,557	54,600
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	2,105,750	2,105,750	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	3,313,621	2,404,219	582,066	327,336
23 Insurance	478,136	290,666	187,470	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RELOCATION	1,191,216	1,191,216	0	0
b SETTLEMENT FEES	172,852	172,852	0	0
c TRAINING	85,263	61,694	4,943	18,626
d	0	0	0	0
e All other expenses	2,646,619	1,859,178	775,438	12,003
25 **Total functional expenses.** Add lines 1 through 24e	162,006,089	108,097,547	10,702,889	43,205,653
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)	53,623,924	26,791,615	0	26,832,309

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		21,423,104	2	28,057,317
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,944,841	4	6,985,498
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		215,306	8	271,090
	9	Prepaid expenses and deferred charges		8,082,475	9	8,023,536
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,854,685			
	b	Less: accumulated depreciation	10b 20,267,386	22,487,986	10c	22,587,299
	11	Investments—publicly traded securities		583,845,657	11	641,390,687
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		1,835,046	14	0
	15	Other assets. See Part IV, line 11		10,824,693	15	17,883,627
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		654,659,108	16	725,199,054
Liabilities	17	Accounts payable and accrued expenses		17,540,396	17	18,874,218
	18	Grants payable		0	18	0
	19	Deferred revenue		249,690	19	421,305
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		4,549,987	24	1,949,983
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		101,600,921	25	107,604,060
	26	**Total liabilities.** Add lines 17 through 25		123,940,994	26	128,849,566
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		505,411,835	27	560,376,691
	28	Net assets with donor restrictions		25,306,279	28	35,972,797
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		530,718,114	32	596,349,488
	33	Total liabilities and net assets/fund balances		654,659,108	33	725,199,054

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	193,069,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	162,006,089
3	Revenue less expenses. Subtract line 2 from line 1	3	31,063,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	530,718,114
5	Net unrealized gains (losses) on investments	5	34,441,222
6	Donated services and use of facilities	6	22,425
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	104,587
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	596,349,488

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(4) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 12,284,769	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	N/A	$ 5,466,980	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	N/A	$ 2,962,736	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	N/A	$ 1,416,784	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	N/A	$ 1,057,033	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	N/A	$ 1,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	$ 892,621	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	N/A	$ 784,524	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	N/A	$ 782,524	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	N/A	$ 665,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	N/A	$ 665,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	N/A	$ 610,275	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	$ 583,949	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	N/A	$ 550,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	N/A	$ 533,126	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	N/A	$ 458,087	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	N/A	$ 456,940	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	N/A	$ 450,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	$ 431,258	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	N/A	$ 430,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	N/A	$ 413,963	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	N/A	$ 409,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23	N/A	$ 378,989	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24	N/A	$ 374,463	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	$ 370,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26	N/A	$ 336,049	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27	N/A	$ 330,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28	N/A	$ 317,876	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29	N/A	$ 312,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30	N/A	$ 303,807	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	$ 300,480	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32	N/A	$ 300,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33	N/A	$ 288,514	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34	N/A	$ 278,995	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35	N/A	$ 276,695	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36	N/A	$ 274,782	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	$ 272,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38	N/A	$ 266,159	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39	N/A	$ 261,824	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40	N/A	$ 257,020	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41	N/A	$ 256,210	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42	N/A	$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44	N/A	$ 247,540	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45	N/A	$ 242,669	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46	N/A	$ 233,333	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47	N/A	$ 225,740	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48	N/A	$ 200,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	$ 200,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50	N/A	$ 194,284	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51	N/A	$ 190,179	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52	N/A	$ 187,171	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53	N/A	$ 186,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54	N/A	$ 174,950	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	$ 174,490	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56	N/A	$ 172,966	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57	N/A	$ 172,226	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58	N/A	$ 169,784	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59	N/A	$ 169,784	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60	N/A	$ 169,503	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	$ 168,752	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62	N/A	$ 162,164	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63	N/A	$ 157,310	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64	N/A	$ 154,754	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65	N/A	$ 154,444	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66	N/A	$ 154,203	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	$ 153,002	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68	N/A	$ 151,626	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69	N/A	$ 150,084	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70	N/A	$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71	N/A	$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72	N/A	$ 149,696	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	$ 145,633	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
74	N/A	$ 143,231	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
75	N/A	$ 134,591	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
76	N/A	$ 132,856	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
77	N/A	$ 130,126	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
78	N/A	$ 130,059	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	$ 129,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80	N/A	$ 127,338	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81	N/A	$ 127,338	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82	N/A	$ 126,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83	N/A	$ 125,233	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84	N/A	$ 125,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	$ 125,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86	N/A	$ 122,683	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87	N/A	$ 121,946	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88	N/A	$ 120,480	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89	N/A	$ 120,098	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90	N/A	$ 120,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	$ 119,343	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92	N/A	$ 117,822	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93	N/A	$ 117,418	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94	N/A	$ 117,221	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
95	N/A	$ 115,462	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
96	N/A	$ 115,045	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	$ 114,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
98	N/A	$ 114,387	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
99	N/A	$ 112,446	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
100	N/A	$ 112,423	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
101	N/A	$ 112,417	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
102	N/A	$ 111,056	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	$ 109,999	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
104	N/A	$ 106,078	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
105	N/A	$ 105,176	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
106	N/A	$ 105,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
107	N/A	$ 104,494	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
108	N/A	$ 104,132	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	$ 101,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
110	N/A	$ 100,005	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
111	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
112	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
113	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
114	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
116	N/A	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
117	N/A	$ 99,799	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
118	N/A	$ 99,782	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
119	N/A	$ 99,169	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
120	N/A	$ 95,509	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	$ 92,534	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
122	N/A	$ 91,089	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
123	N/A	$ 90,703	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
124	N/A	$ 90,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
125	N/A	$ 88,109	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
126	N/A	$ 84,892	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	$ 84,892	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
128	N/A	$ 84,660	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
129	N/A	$ 83,353	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
130	N/A	$ 82,215	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
131	N/A	$ 81,841	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
132	N/A	$ 81,134	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	$ 80,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
134	N/A	$ 79,837	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
135	N/A	$ 77,371	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
136	N/A	$ 77,035	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
137	N/A	$ 75,896	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
138	N/A	$ 75,099	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	$ 75,049	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
140	N/A	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
141	N/A	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
142	N/A	$ 74,478	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
143	N/A	$ 73,756	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
144	N/A	$ 73,189	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	N/A	$ 72,785	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
146	N/A	$ 72,425	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
147	N/A	$ 71,845	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
148	N/A	$ 71,148	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
149	N/A	$ 70,513	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
150	N/A	$ 70,490	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	$ 70,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
152	N/A	$ 69,975	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
153	N/A	$ 69,062	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
154	N/A	$ 66,467	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
155	N/A	$ 65,801	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
156	N/A	$ 65,567	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	$ 65,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
158	N/A	$ 64,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
159	N/A	$ 62,020	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
160	N/A	$ 61,732	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
161	N/A	$ 60,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
162	N/A	$ 60,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	$ 59,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
164	N/A	$ 59,088	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
165	N/A	$ 58,773	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
166	N/A	$ 58,756	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
167	N/A	$ 58,756	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
168	N/A	$ 58,014	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	N/A	$ 58,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
170	N/A	$ 57,888	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
171	N/A	$ 56,724	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
172	N/A	$ 55,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
173	N/A	$ 55,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
174	N/A	$ 54,680	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	N/A	$ 54,645	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
176	N/A	$ 54,242	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
177	N/A	$ 54,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
178	N/A	$ 54,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
179	N/A	$ 53,789	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
180	N/A	$ 52,778	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	N/A	$ 52,088	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
182	N/A	$ 51,838	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
183	N/A	$ 51,340	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
184	N/A	$ 51,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
185	N/A	$ 50,404	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
186	N/A	$ 50,230	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
188	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
189	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
190	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
191	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
192	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
194	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
195	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
196	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
197	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
198	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
200	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
201	N/A	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
202	N/A	$ 49,900	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
203	N/A	$ 49,805	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
204	N/A	$ 48,971	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	N/A	$ 48,915	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
206	N/A	$ 48,693	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
207	N/A	$ 48,437	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
208	N/A	$ 48,080	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
209	N/A	$ 48,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
210	N/A	$ 46,439	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	$ 45,794	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
212	N/A	$ 45,184	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
213	N/A	$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
214	N/A	$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
215	N/A	$ 43,860	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
216	N/A	$ 43,375	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	N/A	$ 43,182	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
218	N/A	$ 42,716	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
219	N/A	$ 42,630	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
220	N/A	$ 42,524	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
221	N/A	$ 42,446	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
222	N/A	$ 42,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	$ 41,990	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
224	N/A	$ 41,981	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
225	N/A	$ 41,917	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
226	N/A	$ 40,787	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
227	N/A	$ 40,567	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
228	N/A	$ 40,567	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	N/A	$ 40,567	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
230	N/A	$ 40,550	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
231	N/A	$ 40,512	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
232	N/A	$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
233	N/A	$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
234	N/A	$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	N/A	$ 39,904	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
236	N/A	$ 38,536	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
237	N/A	$ 37,983	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
238	N/A	$ 37,690	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
239	N/A	$ 37,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
240	N/A	$ 36,972	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	N/A	$ 36,957	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
242	N/A	$ 36,927	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
243	N/A	$ 36,401	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
244	N/A	$ 36,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
245	N/A	$ 35,546	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
246	N/A	$ 35,410	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	N/A	$ 34,849	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
248	N/A	$ 34,847	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
249	N/A	$ 33,531	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
250	N/A	$ 33,188	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
251	N/A	$ 33,182	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
252	N/A	$ 33,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	N/A	$ 33,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
254	N/A	$ 32,995	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
255	N/A	$ 32,844	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
256	N/A	$ 32,708	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
257	N/A	$ 32,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
258	N/A	$ 32,038	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	N/A	$ 31,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
260	N/A	$ 30,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
261	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
262	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
263	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
264	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
266	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
267	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
268	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
269	N/A	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
270	N/A	$ 29,885	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	N/A	$ 29,166	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
272	N/A	$ 28,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
273	N/A	$ 28,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
274	N/A	$ 27,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
275	N/A	$ 26,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
276	N/A	$ 26,415	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	N/A	$ 26,269	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
278	N/A	$ 26,260	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
279	N/A	$ 26,235	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
280	N/A	$ 26,172	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
281	N/A	$ 26,165	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
282	N/A	$ 26,107	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	N/A	$ 26,071	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
284	N/A	$ 25,982	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
285	N/A	$ 25,776	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
286	N/A	$ 25,588	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
287	N/A	$ 25,324	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
288	N/A	$ 25,261	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
290	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
291	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
292	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
293	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
294	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
296	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
297	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
298	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
299	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
300	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
302	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
303	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
304	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
305	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
306	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
308	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
309	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
310	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
311	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
312	N/A	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	N/A	$ 24,994	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
314	N/A	$ 24,518	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
315	N/A	$ 24,456	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
316	N/A	$ 23,833	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
317	N/A	$ 23,593	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
318	N/A	$ 22,907	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	N/A	$ 22,151	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
320	N/A	$ 22,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
321	N/A	$ 21,934	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
322	N/A	$ 21,888	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
323	N/A	$ 21,569	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
324	N/A	$ 21,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	N/A	$ 21,224	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
326	N/A	$ 21,170	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
327	N/A	$ 21,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
328	N/A	$ 21,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
329	N/A	$ 20,943	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
330	N/A	$ 20,874	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	N/A	$ 20,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
332	N/A	$ 20,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
333	N/A	$ 20,184	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
334	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
335	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
336	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
338	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
339	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
340	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
341	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
342	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
344	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
345	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
346	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
347	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
348	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
350	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
351	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
352	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
353	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
354	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
356	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
357	N/A	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
358	N/A	$ 19,642	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
359	N/A	$ 19,426	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
360	N/A	$ 19,176	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	N/A	$ 19,166	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
362	N/A	$ 19,114	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
363	N/A	$ 18,849	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
364	N/A	$ 18,821	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
365	N/A	$ 18,786	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
366	N/A	$ 18,702	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367	N/A	$ 18,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
368	N/A	$ 18,563	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
369	N/A	$ 18,287	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
370	N/A	$ 18,094	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
371	N/A	$ 18,090	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
372	N/A	$ 18,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373	N/A	$ 18,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
374	N/A	$ 17,735	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
375	N/A	$ 17,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
376	N/A	$ 17,408	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
377	N/A	$ 17,311	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
378	N/A	$ 17,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	N/A	$ 16,733	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
380	N/A	$ 16,662	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
381	N/A	$ 16,450	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
382	N/A	$ 16,410	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
383	N/A	$ 16,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
384	N/A	$ 16,129	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385	N/A	$ 16,043	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
386	N/A	$ 16,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
387	N/A	$ 16,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
388	N/A	$ 16,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
389	N/A	$ 15,940	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
390	N/A	$ 15,938	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391	N/A	$ 15,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
392	N/A	$ 15,711	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
393	N/A	$ 15,628	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
394	N/A	$ 15,606	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
395	N/A	$ 15,548	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
396	N/A	$ 15,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397	N/A	$ 15,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
398	N/A	$ 15,497	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
399	N/A	$ 15,450	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
400	N/A	$ 15,229	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
401	N/A	$ 15,179	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
402	N/A	$ 15,106	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
404	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
405	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
406	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
407	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
408	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
410	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
411	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
412	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
413	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
414	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
416	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
417	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
418	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
419	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
420	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
422	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
423	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
424	N/A	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
425	N/A	$ 14,936	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
426	N/A	$ 14,859	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427	N/A	$ 14,754	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
428	N/A	$ 14,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
429	N/A	$ 14,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
430	N/A	$ 14,413	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
431	N/A	$ 14,372	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
432	N/A	$ 14,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433	N/A	$ 14,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
434	N/A	$ 14,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
435	N/A	$ 14,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
436	N/A	$ 13,977	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
437	N/A	$ 13,610	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
438	N/A	$ 13,488	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439	N/A	$ 13,476	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
440	N/A	$ 13,458	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
441	N/A	$ 13,452	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
442	N/A	$ 13,390	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
443	N/A	$ 13,390	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
444	N/A	$ 13,378	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445	N/A	$ 13,352	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
446	N/A	$ 13,282	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
447	N/A	$ 13,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
448	N/A	$ 13,196	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
449	N/A	$ 13,145	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
450	N/A	$ 13,105	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451	N/A	$ 13,027	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
452	N/A	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
453	N/A	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
454	N/A	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
455	N/A	$ 12,873	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
456	N/A	$ 12,850	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457	N/A	$ 12,765	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
458	N/A	$ 12,501	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
459	N/A	$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
460	N/A	$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
461	N/A	$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
462	N/A	$ 12,439	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463	N/A	$ 12,333	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
464	N/A	$ 12,330	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
465	N/A	$ 12,308	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
466	N/A	$ 12,238	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
467	N/A	$ 12,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
468	N/A	$ 12,080	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469	N/A	$ 12,065	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
470	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
471	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
472	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
473	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
474	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
476	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
477	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
478	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
479	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
480	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481	N/A	$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
482	N/A	$ 11,960	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
483	N/A	$ 11,796	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
484	N/A	$ 11,596	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
485	N/A	$ 11,528	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
486	N/A	$ 11,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487	N/A	$ 11,467	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
488	N/A	$ 11,436	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
489	N/A	$ 11,372	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
490	N/A	$ 11,097	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
491	N/A	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
492	N/A	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493	N/A	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
494	N/A	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
495	N/A	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
496	N/A	$ 10,982	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
497	N/A	$ 10,946	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
498	N/A	$ 10,893	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499	N/A	$ 10,823	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
500	N/A	$ 10,806	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
501	N/A	$ 10,702	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
502	N/A	$ 10,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
503	N/A	$ 10,593	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
504	N/A	$ 10,584	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505	N/A	$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
506	N/A	$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
507	N/A	$ 10,495	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
508	N/A	$ 10,466	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
509	N/A	$ 10,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
510	N/A	$ 10,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511	N/A	$ 10,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
512	N/A	$ 10,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
513	N/A	$ 10,292	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
514	N/A	$ 10,282	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
515	N/A	$ 10,244	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
516	N/A	$ 10,214	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	N/A	$ 10,204	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
518	N/A	$ 10,164	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
519	N/A	$ 10,151	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
520	N/A	$ 10,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
521	N/A	$ 10,066	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
522	N/A	$ 10,003	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	N/A	$ 10,001	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
524	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
525	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
526	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
527	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
528	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
530	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
531	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
532	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
533	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
534	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
536	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
537	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
538	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
539	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
540	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
542	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
543	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
544	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
545	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
546	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
548	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
549	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
550	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
551	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
552	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
554	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
555	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
556	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
557	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
558	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
560	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
561	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
562	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
563	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
564	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
566	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
567	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
568	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
569	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
570	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
572	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
573	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
574	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
575	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
576	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
578	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
579	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
580	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
581	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
582	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
584	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
585	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
586	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
587	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
588	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
590	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
591	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
592	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
593	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
594	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
596	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
597	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
598	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
599	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
600	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
602	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
603	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
604	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
605	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
606	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
608	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
609	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
610	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
611	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
612	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
614	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
615	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
616	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
617	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
618	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
619	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
620	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
621	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
622	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
623	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
624	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
626	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
627	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
628	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
629	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
630	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
631	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
632	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
633	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
634	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
635	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
636	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
637	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
638	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
639	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
640	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
641	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
642	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
643	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
644	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
645	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
646	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
647	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
648	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
649	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
650	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
651	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
652	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
653	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
654	N/A	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
655	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
656	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
657	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
658	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
659	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
660	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
662	N/A	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
663	N/A	$ 9,999	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
664	N/A	$ 9,990	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
665	N/A	$ 9,913	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
666	N/A	$ 9,830	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
667	N/A	$ 9,822	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
668	N/A	$ 9,791	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
669	N/A	$ 9,785	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
670	N/A	$ 9,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
671	N/A	$ 9,691	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
672	N/A	$ 9,667	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
673	N/A	$ 9,637	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
674	N/A	$ 9,622	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
675	N/A	$ 9,580	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
676	N/A	$ 9,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
677	N/A	$ 9,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
678	N/A	$ 9,498	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
679	N/A	$ 9,488	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
680	N/A	$ 9,313	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
681	N/A	$ 9,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
682	N/A	$ 9,251	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
683	N/A	$ 9,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
684	N/A	$ 9,188	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
685	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
686	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
687	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
688	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
689	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
690	N/A	$ 9,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
691	N/A	$ 8,966	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
692	N/A	$ 8,916	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
693	N/A	$ 8,857	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
694	N/A	$ 8,829	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
695	N/A	$ 8,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
696	N/A	$ 8,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
697	N/A	$ 8,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
698	N/A	$ 8,721	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
699	N/A	$ 8,510	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
700	N/A	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
701	N/A	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
702	N/A	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
703	N/A	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
704	N/A	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
705	N/A	$ 8,419	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
706	N/A	$ 8,349	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
707	N/A	$ 8,348	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
708	N/A	$ 8,348	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
709	N/A	$ 8,269	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
710	N/A	$ 8,230	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
711	N/A	$ 8,128	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
712	N/A	$ 8,060	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
713	N/A	$ 8,057	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
714	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
715	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
716	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
717	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
718	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
719	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
720	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
721	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
722	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
723	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
724	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
725	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
726	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
727	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
728	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
729	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
730	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
731	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
732	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
733	N/A	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
734	N/A	$ 7,987	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
735	N/A	$ 7,985	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
736	N/A	$ 7,979	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
737	N/A	$ 7,909	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
738	N/A	$ 7,870	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
739	N/A	$ 7,850	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
740	N/A	$ 7,826	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
741	N/A	$ 7,815	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
742	N/A	$ 7,773	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
743	N/A	$ 7,704	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
744	N/A	$ 7,574	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
745	N/A	$ 7,528	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
746	N/A	$ 7,503	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
747	N/A	$ 7,502	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
748	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
749	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
750	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
751	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
752	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
753	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
754	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
755	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
756	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
757	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
758	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
759	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
760	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
761	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
762	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
763	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
764	N/A	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
765	N/A	$ 7,494	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
766	N/A	$ 7,488	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
767	N/A	$ 7,417	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
768	N/A	$ 7,416	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
769	N/A	$ 7,391	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
770	N/A	$ 7,347	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
771	N/A	$ 7,291	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
772	N/A	$ 7,143	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
773	N/A	$ 7,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
774	N/A	$ 7,090	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
775	N/A	$ 7,077	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
776	N/A	$ 7,020	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
777	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
778	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
779	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
780	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
781	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
782	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
783	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
784	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
785	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
786	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
787	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
788	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
789	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
790	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
791	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
792	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
793	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
794	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
795	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
796	N/A	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
797	N/A	$ 6,924	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
798	N/A	$ 6,874	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
799	N/A	$ 6,867	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
800	N/A	$ 6,857	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
801	N/A	$ 6,796	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
802	N/A	$ 6,762	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
803	N/A	$ 6,755	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
804	N/A	$ 6,695	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
805	N/A	$ 6,693	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
806	N/A	$ 6,650	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
807	N/A	$ 6,624	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
808	N/A	$ 6,597	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
809	N/A	$ 6,597	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
810	N/A	$ 6,581	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
811	N/A	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
812	N/A	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
813	N/A	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
814	N/A	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
815	N/A	$ 6,468	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
816	N/A	$ 6,386	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
817	N/A	$ 6,348	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
818	N/A	$ 6,306	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
819	N/A	$ 6,282	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
820	N/A	$ 6,278	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
821	N/A	$ 6,261	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
822	N/A	$ 6,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823	N/A	$ 6,180	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
824	N/A	$ 6,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
825	N/A	$ 6,073	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
826	N/A	$ 6,060	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
827	N/A	$ 6,044	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
828	N/A	$ 6,030	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
829	N/A	$ 6,028	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
830	N/A	$ 6,005	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
831	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
832	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
833	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
834	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
835	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
836	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
837	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
838	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
839	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
840	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
841	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
842	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
843	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
844	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
845	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
846	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
847	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
848	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
849	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
850	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
851	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
852	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
853	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
854	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
855	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
856	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
857	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
858	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
859	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
860	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
861	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
862	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
863	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
864	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
865	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
866	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
867	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
868	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
869	N/A	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
870	N/A	$ 5,932	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
871	N/A	$ 5,842	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
872	N/A	$ 5,836	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
873	N/A	$ 5,819	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
874	N/A	$ 5,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
875	N/A	$ 5,776	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
876	N/A	$ 5,704	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
877	N/A	$ 5,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
878	N/A	$ 5,693	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
879	N/A	$ 5,693	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
880	N/A	$ 5,682	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
881	N/A	$ 5,632	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
882	N/A	$ 5,620	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
883	N/A	$ 5,596	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
884	N/A	$ 5,558	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
885	N/A	$ 5,545	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
886	N/A	$ 5,537	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
887	N/A	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
888	N/A	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
889	N/A	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
890	N/A	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
891	N/A	$ 5,488	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
892	N/A	$ 5,485	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
893	N/A	$ 5,474	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
894	N/A	$ 5,460	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
895	N/A	$ 5,458	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
896	N/A	$ 5,454	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
897	N/A	$ 5,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
898	N/A	$ 5,365	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
899	N/A	$ 5,343	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
900	N/A	$ 5,328	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
901	N/A	$ 5,271	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
902	N/A	$ 5,271	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
903	N/A	$ 5,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
904	N/A	$ 5,200	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
905	N/A	$ 5,192	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
906	N/A	$ 5,190	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
907	N/A	$ 5,172	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
908	N/A	$ 5,172	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
909	N/A	$ 5,162	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
910	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
911	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
912	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
913	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
914	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
915	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
916	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
917	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
918	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
919	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
920	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
921	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
922	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
923	N/A	$ 5,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
924	N/A	$ 5,144	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
925	N/A	$ 5,120	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
926	N/A	$ 5,098	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
927	N/A	$ 5,092	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
928	N/A	$ 5,081	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
929	N/A	$ 5,075	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
930	N/A	$ 5,070	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
931	N/A	$ 5,028	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
932	N/A	$ 5,017	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
933	N/A	$ 5,011	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
934	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
935	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
936	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
937	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
938	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
939	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
940	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
941	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
942	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
943	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
944	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
945	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
946	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
947	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
948	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
949	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
950	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
951	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
952	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
953	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
954	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
955	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
956	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
957	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
958	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
959	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
960	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
961	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
962	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
963	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
964	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
965	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
966	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
967	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
968	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
969	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
970	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
971	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
972	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
973	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
974	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
975	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
976	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
977	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
978	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
979	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
980	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
981	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
982	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
983	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
984	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
985	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
986	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
987	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
988	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
989	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
990	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
991	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
992	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
993	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
994	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
995	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
996	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
997	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
998	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
999	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,000	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,001	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,002	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,003	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,004	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,005	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,006	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,007	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,008	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,009	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,010	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,011	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,012	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,013	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,014	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,015	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,016	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,017	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,018	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,019	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,020	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,021	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,022	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,023	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,024	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,025	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,026	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,027	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,028	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,029	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,030	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,031	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,032	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,033	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,034	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,035	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,036	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,037	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,038	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,039	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,040	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,041	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,042	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,043	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,044	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,045	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,046	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,047	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,048	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,049	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,050	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,051	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,052	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,053	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,054	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,055	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,056	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,057	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,058	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,059	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,060	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,061	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,062	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,063	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,064	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,065	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,066	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,067	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,068	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,069	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,070	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,071	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,072	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,073	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,074	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,075	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,076	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,077	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,078	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,079	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,080	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,081	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,082	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,083	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,084	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,085	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,086	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,087	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,088	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,089	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,090	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,091	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,092	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,093	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,094	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,095	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,096	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,097	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,098	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,099	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,100	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,101	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,102	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,103	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,104	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,105	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,106	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,107	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,108	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,109	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,110	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,111	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,112	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,113	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,114	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,115	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,116	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,117	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,118	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,119	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,120	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,121	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,122	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,123	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,124	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,125	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,126	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,127	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,128	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,129	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,130	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,131	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,132	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,133	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,134	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,135	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,136	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,137	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,138	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,139	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,140	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,141	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,142	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,143	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,144	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,145	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,146	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,147	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,148	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,149	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,150	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,151	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,152	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,153	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,154	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,155	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,156	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,157	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,158	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,159	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,160	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,161	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,162	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,163	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,164	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,165	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,166	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,167	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,168	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,169	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,170	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,171	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,172	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,173	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,174	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,175	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,176	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,177	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,178	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,179	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,180	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,181	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,182	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,183	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,184	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,185	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,186	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,187	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,188	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,189	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,190	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,191	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,192	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,193	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,194	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,195	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,196	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,197	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,198	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,199	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,200	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,201	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,202	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,203	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,204	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,205	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,206	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,207	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,208	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,209	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,210	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,211	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,212	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,213	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,214	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,215	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,216	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,217	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,218	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,219	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,220	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,221	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,222	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,223	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,224	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,225	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,226	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,227	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
1,228	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,229	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,230	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,231	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,232	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,233	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,234	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,235	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,236	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,237	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,238	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,239	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,240	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,241	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,242	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,243	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,244	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,245	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,246	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,247	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
1,248	N/A	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,249	N/A	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
135	ISHARES S&P 100 INDEX FUND	$ 13,468	02/21/2025
180	775 SHARES OF KROGER CO	$ 51,778	12/03/2025
186	173 SHARES VANGUARD; 72 SHARES AMAZON; 73 SHARES NVIDIA; 25 SHARES APPLE	$ 50,230	09/30/2025
203	439 SHARES OF PAYCHEX INC	$ 49,805	12/31/2025
245	174 SHARES OF PNC FINANCIAL SERVICES GROUP	$ 35,546	
281	73 SHARES OF HOME DEPOT INC	$ 25,165	12/30/2025

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
283	685 SHARES OF VANGUARD DIVIDEND GROWTH FUND	$ 26,071	12/03/2025
287	4 SHARES OF BOOKING HOLDINGS INC	$ 21,665	08/15/2025
288	44 SHARES OF CATERPILLAR INC	$ 25,261	11/19/2025
315	88 SHARES OF APPLE INC	$ 24,456	12/10/2025
329	125 SHARES OF NVIDIA CORP	$ 19,913	07/31/2025
330	215 SHARES OF CHARLES SCHWAB	$ 20,874	12/30/2025

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
333	237 SHARES OF STARBUCKS CORP	$ 20,184	12/13/2025
427	30 SHARES OF S&P GLOBAL INC	$ 14,754	10/31/2025
496	75 SHARES OF CLOROX CO	$ 7,982	12/04/2025
500	10 SHARES OF BLACKROCK INC	$ 10,806	12/17/2025
517	27 SHARES OF NVIDIA CORP	$ 10,204	12/31/2025
518	58 SHARES OF JOHNSON & JOHNSON	$ 10,164	09/24/2025

Name of organization: DISABLED AMERICAN VETERANS

Employer identification number: 31-0263158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
523	19 SHARES OF INVESCO QQQ TR	$ 10,001	02/04/2025
664	50 SHARES OF JOHNSON & JOHNSON	$ 7,490	08/31/2025
808	35 SHARES OF THE HERSHEY COMPANY	$ 6,597	12/03/2025
893	20 SHARES OF APPLE INC	$ 5,474	11/19/2025
907	17.2 SHARES OF VANGUARD TAX MANAGED CAPITAL APP	$ 5,172	03/17/2025
930	18 SHARES OF APPLE INC	$ 5,070	12/10/2025

Name of organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

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

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,082,331	13,372,715	11,714,117	13,665,904	10,899,820
b Contributions	276,694	0	0	72,605	1,205,343
c Net investment earnings, gains, and losses	2,365,159	1,709,616	1,947,524	(2,024,392)	1,768,726
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	288,926	0	207,985
f Administrative expenses	0	0	0	0	0
g End of year balance	17,724,184	15,082,331	13,372,715	11,714,117	13,665,904

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

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 100.00 %
- c Term endowment 0.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)		✔

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,385,643		2,385,643
b Buildings	0	21,607,039	5,876,824	15,730,215
c Leasehold improvements	0	5,810,799	1,780,331	4,030,468
d Equipment	0	12,906,279	12,610,231	296,048
e Other	0	144,925	0	144,925
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				22,587,299

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFIT OBLIGATIONS	35,052,021
(3) RESERVE FOR LIFE MEMBERSHIP DUES	59,644,956
(4) LEASE LIABILITY	12,907,083
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	107,604,060

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	368,242,610
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	34,441,222		
b	Donated services and use of facilities	2b	141,176,262		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	(455,348)		
e	Add lines **2a** through **2d**			2e	175,162,136
3	Subtract line **2e** from line **1**			3	193,080,474
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	(11,245)		
c	Add lines **4a** and **4b**			4c	(11,245)
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	193,069,229

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

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

1	Total expenses and losses per audited financial statements			1	302,715,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	141,153,837		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	11,245		
e	Add lines **2a** through **2d**			2e	141,165,082
3	Subtract line **2e** from line **1**			3	161,550,741
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	455,348		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	455,348
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	162,006,089

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: INVESTMENT MANAGEMENT EXPENSES INCLUDED IN REVENUE PER AUDITED FINANCIAL STATEMENTS BUT NOT INCLUDED ON FORM 990, PART VIII, LINE 12 — **(b)** Amount: - 455,348
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description: ADVERTISING EXPENSES INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT INCLUDED IN REVENUE PER AUDITED FINANCIAL STATEMENTS — **(b)** Amount: - 11,245
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: ADVERTISING EXPENSES INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS BUT NOT INCLUDED ON FORM 990, PART IX, LINE 25 — **(b)** Amount: 11,245

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	DAV'S ENDOWMENT CONSISTS OF APPROXIMATELY 25 INDIVIDUAL FUNDS ESTABLISHED BY DONORS TO PROVIDE PERPETUAL SOURCE OF SUPPORT FOR DAV'S ACTIVITIES.

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	MOORE A SERIES LLC, 4200 PARLIAMENT PLACE, LANHAM, MD 20706	(SEE STATEMENT)		✔	8,563,725	1,686,018	6,877,707
2	FUSE FUNDRAISING GROUP, 12355 SUNRISE VALLEY DRIVE, SUITE 2, RESTON, VA 20191	(SEE STATEMENT)		✔	63,771,932	1,014,190	62,757,742
3	ASCENTA GROUP INC, 138 SOUTH FIRST STREET, SUITE 110, LINDENHURST, NY 11757	(SEE STATEMENT)		✔	4,615,724	5,730,428	(1,114,704)
4							
5							
6							
7							
8							
9							
10							
Total					76,951,381	8,430,636	68,520,745

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	CONSULTS DIRECT MAIL AND ORGANIZES ELECTRONIC FUNDRAISING
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	DIRECT MARKETING TEAM ADVISOR
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3	FACE TO FACE SOLICITATION PARTNER

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) DEPT. OF ALABAMA 655 HALLIANA ROAD, ALEXANDER CITY, AL 35010	63-0421186	501(C)(4)	74,078				VETERANS SERVICES
(2) DEPT. OF ALASKA P.O. BOX 74603, FAIRBANKS, AK 99707	52-1648345	501(C)(4)	365				VETERANS SERVICES
(3) DEPT. OF ARIZONA 38 W DUNLAP AVENUE, PHOENIX, AZ 85021	86-0191627	501(C)(4)	108,922				VETERANS SERVICES
(4) DEPT. OF ARKANSAS P.O. BOX 1620, N LITTLE ROCK, AR 72115	38-6143144	501(C)(4)	41,993				VETERANS SERVICES
(5) DEPT. OF COLORADO 1485 HOLLAND STREET, LAKEWOOD, CO 80215	84-0388439	501(C)(4)	85,817				VETERANS SERVICES
(6) DEPT. OF CONNECTICUT 80 HALL AVENUE, SUITE 801, MERIDEN, CT 06450	06-6050968	501(C)(4)	40,577				VETERANS SERVICES
(7) DEPT. OF D C P.O. BOX 4466, WASHINGTON, DC 20017	31-1017322	501(C)(4)	7,887				VETERANS SERVICES
(8) DEPT. OF DELAWARE P.O. BOX 407, CAMDEN, DE 19934	23-7169083	501(C)(4)	11,059				VETERANS SERVICES
(9) DEPT. OF FLORIDA 2015 SW 75TH STREET, GAINESVILLE, FL 32607	59-0915376	501(C)(4)	159,073				VETERANS SERVICES
(10) DEPT. OF GEORGIA 4462 HOUSTON AVENUE, MACON, GA 31206	58-6043522	501(C)(4)	90,989				VETERANS SERVICES
(11) DEPT. OF HAWAII P.O. BOX 31169, HONOLULU, HI 96820	99-0105357	501(C)(4)	22,069				VETERANS SERVICES
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 53

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	DISASTER RELIEF	450	319,750			
2	SCHOLARSHIPS	10	110,000			
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(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
(12) DEPT. OF IDAHO 100 NW 16TH STREET #79, FRUITLAND, ID 83619	82-6013538	501(C)(4)	20,921				VETERANS SERVICES
(13) DEPT. OF ILLINOIS 3740 WABASH AVENUE, SUITE C, SPRINGFIELD, IL 62704	36-2026733	501(C)(4)	82,243				VETERANS SERVICES
(14) DEPT. OF INDIANA 170 AIRPORT PARKWAY SUITE A, GREENWOOD, IN 46143	35-0269110	501(C)(4)	71,310				VETERANS SERVICES
(15) DEPT. OF IOWA 2245 KERPER BOULEVARD, SUITE 1, DUBUQUE, IA 52001	42-0218615	501(C)(4)	23,508				VETERANS SERVICES
(16) DEPT. OF KANSAS 1703 SW 66TH STREET, TOPEKA, KS 66619	48-0669371	501(C)(4)	30,158				VETERANS SERVICES
(17) DEPT. OF KENTUCKY P.O. BOX 129, SHEPHERDSVILLE, KY 40165	61-0574614	501(C)(4)	74,980				VETERANS SERVICES
(18) DEPT. OF LOUISIANA P.O. BOX 1271, BATON ROUGE, LA 70821	72-6023897	501(C)(4)	43,342				VETERANS SERVICES
(19) DEPT. OF MAINE P.O. BOX 3415, AUGUSTA, ME 04330	51-0169791	501(C)(4)	33,659				VETERANS SERVICES
(20) DEPT. OF MARYLAND 101 N GAY STREET, #B, BALTIMORE, MD 21202	52-6055613	501(C)(4)	81,856				VETERANS SERVICES
(21) DEPT. OF MASSACHUSETTS 3 VICTORY LANE, GARDNER, MA 01440	04-2170836	501(C)(4)	190,310				VETERANS SERVICES
(22) DEPT. OF MICHIGAN 465 WEAVENUER DRIVE, FARWELL, MI 48026	38-0489155	501(C)(4)	99,224				VETERANS SERVICES
(23) DEPT. OF MINNESOTA 20 WEST 12TH STREET, 3RD FLOOR, ST. PAUL, MN 55155	41-0641627	501(C)(4)	110,049				VETERANS SERVICES
(24) DEPT. OF MISSISSIPPI P.O. BOX 1579, JACKSON, MS 39215	64-6034899	501(C)(4)	21,416				VETERANS SERVICES
(25) DEPT. OF MISSOURI 411 E. NORTHTOWN ROAD, KIRKSVILLE, MO 63501	43-1428547	501(C)(4)	84,840				VETERANS SERVICES
(26) DEPT. OF MONTANA P.O. BOX 201, HELENA, MT 59624	81-0245122	501(C)(4)	13,384				VETERANS SERVICES
(27) DEPT. OF NEBRASKA 1978 3ROAD AVENUE, COLUMBUS, NE 68601	47-0462717	501(C)(4)	27,375				VETERANS SERVICES
(28) DEPT. OF NEVADA P.O. BOX 3514, SPARKS, NV 89432	88-0191079	501(C)(4)	34,579				VETERANS SERVICES
(29) DEPT. OF NEW HAMPSHIRE P.O. BOX 5184, MANCHESTER, NH 03108	02-6018967	501(C)(4)	33,033				VETERANS SERVICES
(30) DEPT. OF NEW JERSEY 171 JERSEY STREET, BUILDING 5, SUITE 4, TRENTON, NJ 08611	31-1017334	501(C)(4)	85,147				VETERANS SERVICES

(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
(31) DEPT. OF NEW MEXICO 2511 UTAH STREET NE, ALBUQUERQUE, NM 87110	85-0131116	501(C)(4)	35,934				VETERANS SERVICES
(32) DEPT. OF NEW YORK 162 ATLANTIC AVENUE, LYNBROOK, NY 11563	11-2248726	501(C)(4)	80,921				VETERANS SERVICES
(33) DEPT. OF NORTH CAROLINA 5623 DURALEIGH ROAD, RALEIGH, NC 27612	56-6061261	501(C)(4)	131,953				VETERANS SERVICES
(34) DEPT. OF NORTH DAKOTA 3812 LAKEWOOD DRIVE SE, MANDAN, ND 58554	45-0232777	501(C)(4)	16,691				VETERANS SERVICES
(35) DEPT. OF OHIO 35 E. CHESTNUT STREET, ROOM 503, COLUMBUS, OH 43215	31-4166963	501(C)(4)	140,588				VETERANS SERVICES
(36) DEPT. OF OKLAHOMA 14083 S STATE HWY 51 #112, COWETA, OK 74429	73-6112085	501(C)(4)	68,589				VETERANS SERVICES
(37) DEPT. OF OREGON 37615 SE GORDON CREEK ROAD, CORBETT, OR 97019	93-0155562	501(C)(4)	36,651				VETERANS SERVICES
(38) DEPT. OF PENNSYLVANIA 4219 TRINDLE ROAD, CAMP HILL, PA 17011	23-0520283	501(C)(4)	203,385				VETERANS SERVICES
(39) DEPT. OF PUERTO RICO P.O. BOX 363604, SAN JUAN, PR 00936	23-7352551	501(C)(4)	35,240				VETERANS SERVICES
(40) DEPT. OF RHODE ISLAND 1 CAPITAL HILL, LEVEL G, PROVIDENCE, RI 02908	05-6023646	501(C)(4)	57,254				VETERANS SERVICES
(41) DEPT. OF SOUTH CAROLINA P.O. BOX 5317, WEST COLUMBIA, SC 29171	57-0600471	501(C)(4)	77,753				VETERANS SERVICES
(42) DEPT. OF SOUTH DAKOTA 1519 WEST 51ST STREET, SIOUX FALLS, SD 57105	46-6016959	501(C)(4)	18,605				VETERANS SERVICES
(43) DEPT. OF TENNESSEE P.O. BOX 296, LAWRENCEBURG, TN 38464	62-6074303	501(C)(4)	68,339				VETERANS SERVICES
(44) DEPT. OF TEXAS 1015 LEE AVENUE, LUFKIN, TX 75901	75-6053959	501(C)(4)	287,672				VETERANS SERVICES
(45) DEPT. OF UTAH 1369 COUNTRY PARK DRIVE, KAYSVILLE, UT 84037	87-6151236	501(C)(4)	19,471				VETERANS SERVICES
(46) DEPT. OF VERMONT P.O. BOX 828, WHITE RIVER JCT., VT 05001	03-6015639	501(C)(4)	12,128				VETERANS SERVICES
(47) DEPT. OF VIRGINIA P.O. BOX 7176, ROANOKE, VA 24019	54-0697376	501(C)(4)	47,185				VETERANS SERVICES
(48) DEPT. OF WASHINGTON 1110 NORTH STEVENS STREET, TACOMA, WA 98406	91-0544487	501(C)(4)	89,466				VETERANS SERVICES
(49) DEPT. OF WEST VIRGINIA P.O. BOX 605, ELKVIEW, WV 25071	55-0521769	501(C)(4)	25,593				VETERANS SERVICES

(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
(50) DEPT. OF WISCONSIN 1253 SCHEURING ROAD, SUITE A, DEPERE, WI 54115	39-0244255	501(C)(4)	58,476				VETERANS SERVICES
(51) DEPT. OF WYOMING 219 AMES AVENUE, CHEYENNE, WY 82007	23-7041066	501(C)(4)	14,002				VETERANS SERVICES
(52) DEPARTMENT OF VETERANS AFFAIRS 50 IRVING STREET NW, WASHINGTON, DC 20422	52-1688621	GOV'T ENTITY	202,792				VA TRANSPORTATION NETWORK
(53) BOULDER CREST RETREAT 33735 SNICKERSVILLE TURNPIKE, #201, BLUEMONT, VA 20135	27-3228310	501(C)(3)	1,200,000				RETREATS FOR VETERANS
(54) CAMP CORRAL 5151 GLENWOOD AVENUE, RALEIGH, NC 27612	45-3555807	501(C)(3)	1,387,000				CHILDREN OF VETERANS
(55) JOSEPH HOUSE , INC P.O. BOX 14608, CINCINNATI, OH 45250	31-1383835	501(C)(3)	5,000				GOLF OUTING SPONSORSHIP
(56) VETERANS CONSORTIUM PRO BONO PROGRAM 2101 L STREET NW, SUITE 840, WASHINGTON, DC 20037	20-1934881	501(C)(3)	7,500				MISSION PARTNER AWARDS SPONSORSHIP
(57) NATIONAL CEMETERY ADMINISTRATION 810 VERMONT AVENUE, WASHINGTON, DC 20420	52-1688621	GOV'T ENTITY	225,906				GOLF CART PROGRAM
(58) THE ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVENUE NW, SUITE 1020, WASHINGTON, DC 20037	45-4292692	501(C)(3)	25,000				HEROES & HISTORY MAKERS GALA
(59) THE AMERICAN LEGION 700 N. PENNSYLVANIA STREET, INDIANAPOLIS, IN 46204	35-1110385	501(C)(19)	25,000				MEDAL OF HONOR RECEPTION SPONSORSHIP
(60) PATRIOTS LANDING P.O. BOX 409, DRY RIDGE, KY 41035	47-3155945	501(C)(3)	5,000				ANR WEEKEND BANQUET SPONSORSHIP
(61) DEPT. OF CALIFORNIA 13733 E ROSECRANS AVE, SANTA FE SPRINGS, CA 90670	95-0684372	501(C)(4)	382,678				VETERANS SERVICES

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 PAID BY DAV DIRECTLY TO THE BILLING PARTY WHEN DETERMINED THAT THE EXPENSE IS AN ACCEPTABLE AND QUALIFYING COST OF THE DESIGNATED PROGRAM. SCHOLARSHIP PAYMENTS TOWARDS TUITION ON BEHALF OF AN ELIGIBLE AWARD RECIPIENT ARE PAID DIRECTLY TO THE ACADEMIC INSTITUTION. THE REMAINDER OF THE GRANTS ARE MADE ON A GOOD FAITH BASIS TO REPUTABLE ORGANIZATIONS WITH A HISTORY OF SERVICE TO DISABLED VETERANS.

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	BARRY A. JESINOSKI NATIONAL ADJUTANT / CEO / SECRETARY	(i)	262,610	60,900	6,676	157,905	45,265	533,356	0
		(ii)	0	0	0	0	0	0	0
2	THERESA L. BURGOON CHIEF DEVELOPMENT OFFICER	(i)	186,945	62,819	5,485	222,836	31,556	509,641	0
		(ii)	0	0	0	0	0	0	0
3	BRYAN C. VANBOXEL EXECUTIVE DIRECTOR NATL HQ / CFO	(i)	214,861	49,600	4,766	97,307	44,487	411,021	0
		(ii)	0	0	0	0	0	0	0
4	EDWARD R. REESE EXECUTIVE DIRECTOR NATL LHQ	(i)	225,268	61,791	7,630	81,017	34,754	410,460	0
		(ii)	0	0	0	0	0	0	0
5	JAMES T. MARSZALEK NATIONAL SERVICE DIRECTOR	(i)	187,306	48,177	4,474	93,904	42,635	376,496	0
		(ii)	0	0	0	0	0	0	0
6	MEGAN B. HALL GENERAL COUNSEL	(i)	205,554	45,800	666	78,025	21,910	351,955	0
		(ii)	0	0	0	0	0	0	0
7	EDWARD E. HARTMAN INSPECTOR GENERAL	(i)	180,234	51,040	4,503	52,710	15,025	303,512	0
		(ii)	0	0	0	0	0	0	0
8	SCOTT P. TRIMARCHI ASSISTANT NATIONAL SERVICE DIRECTOR	(i)	145,946	92,093	3,606	44,856	11,496	297,997	0
		(ii)	0	0	0	0	0	0	0
9	DANIEL CONTRERAS NATIONAL COMMANDER - TERM ENDED / CHAIRMAN OF THE BOARD	(i)	153,898	0	0	0	0	153,898	0
		(ii)	0	0	0	0	0	0	0
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	DAV-PAID AIRFARE IS TYPICALLY FOR COACH-CLASS TRAVEL. FIRST-CLASS AIRFARE MAY BE APPROVED ON A CASE BY CASE BASIS CONSIDERING SUCH FACTORS AS: (A) DISABILITY OF THE TRAVELER (B) SIZE OF THE TRAVELER; (C) DISTANCE TRAVELED; (D) COST ANALYSIS; AND (E) OTHER REASONABLE FACTORS. DAV DOES NOT PAY FOR CHARTER TRAVEL. IN 2025, NO FIRST CLASS OR CHARTER TRAVEL BUSINESS TRIPS WERE PROVIDED FOR INDIVIDUALS LISTED ON FORM 990 PART VII.
SCHEDULE J, PART I, LINE 1A - 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 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 2025, NO COMPANION TRAVEL WAS PROVIDED FOR INDIVIDUALS LISTED ON FORM 990 PART VII.
SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT	DURING THEIR ONE-YEAR, NON-SUCCESSIVE TERM, DAV PAYS THE NATIONAL COMMANDER AN ANNUAL EXPENSE ALLOWANCE PRORATED FROM THE DATE OF HIS/HER ELECTION TO THE DATE OF THE ELECTION OF HIS/HER 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 2025, DANIEL CONTRERAS, DAV NATIONAL COMMANDER (JANUARY-JULY) RECEIVED $153,898 AND COLEMAN NEE, DAV NATIONAL COMMANDER (AUGUST-DECEMBER) RECEIVED $96,102 FOR SUCH PAYMENTS.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	DAV HAS A LEADERSHIP INCENTIVE PROGRAM THAT OFFERS AN ADDITIONAL PERCENTAGE OF ANNUAL BASE SALARY TO ABOUT 50 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 9 GOALS - 1 RELATED TO ACHIEVEMENT OF STANDARD RATIOS PUBLISHED BY THE BBB WISE GIVING ALLIANCE AND 8 BASED DAV STRATEGIC PLAN GOALS. THE PROGRAM WAS DESIGNED WITH ASSISTANCE FROM AN OUTSIDE, INDEPENDENT CONSULTANT AND APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
DISABLED AMERICAN VETERANS

Employer identification number
31-0263158

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	73	649,405	COST
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0

			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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER OF CONTRIBUTIONS IS REPORTED.

SCHEDULE O (Form 990)

(Rev. January 2025)

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED FROM PART III, LINE 4A) SERVICE PROGRAM: BENEFITS ADVOCATES PROVIDE COUNSELING ON VA CLAIMS AND APPEALS-ALL AT NO COST-AND STAY WITH THE VETERAN THROUGHOUT EVERY STEP OF THE PROCESS. INFORMATION SEMINARS EDUCATE VETERANS AND THEIR FAMILIES ON SPECIFIC VETERANS BENEFITS AND SERVICES. THESE FREE SEMINARS ARE HELD IN PERSON OR VIRTUALLY AND ARE CONDUCTED BY DAV BENEFITS ADVOCATES NATIONWIDE.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED FROM PART III, LINE 4B) PUBLIC AWARENESS OUTREACH: NEITHER ARE THEY AWARE OF THE WIDE RANGE OF OTHER PROGRAMS WE OFFER TO WOUNDED, ILL AND INJURED VETERANS AND THEIR FAMILIES. THIS PROGRAM SUPPLEMENTS THE OUTREACH EFFORTS ALREADY BUILT INTO OUR OTHER PROGRAM SERVICES. IT OFFERS THE AMERICAN PUBLIC AN EVEN GREATER OPPORTUNITY TO BECOME PERSONALLY INVOLVED IN IDENTIFYING AND ASSISTING THE MEN AND WOMEN WHO HAVE SERVED OUR NATION.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED FROM PART III, LINE 4C) COMMUNICATIONS PROGRAM: BY PRODUCING PUBLIC SERVICE ANNOUNCEMENTS, NEWS RELEASES, BROCHURES, SPEECHES, OP-EDS, PRINT MESSAGES, EDUCATIONAL VIDEOS AND OTHER CONTENT, DAV IS ABLE TO SPREAD INFORMATION ABOUT OUR ORGANIZATION AND THE COMPLETE SCOPE OF FREE SERVICES THAT HELP CREATE MORE VICTORIES FOR VETERANS. DAV ALSO CONTINUES TO MAINTAIN A HEALTHY PRESENCE ON VARIOUS SOCIAL MEDIA NETWORKS. ADDITIONALLY, ALL OF DAV'S NEARLY 1 MILLION MEMBERS CONTINUE TO RECEIVE THE BIMONTHLY DAV MAGAZINE, WHICH ACTS AS THE OFFICIAL VOICE OF DAV AND ITS AUXILIARY. WITH SUCH AN IMMENSE COLLECTION OF PROGRAMS AND SERVICES, DAV IS ABLE TO PROVIDE DETAILED RESEARCH AND RESOURCES TO BEST EXPLAIN ISSUES WITH FACTS, APPLICABLE EXAMPLES AND IMPORTANT CONTEXT. AS A RESULT, OUR EDUCATIONAL PUBLIC SERVICE AND OUTREACH PROGRAMS CONTINUE TO PROMOTE AWARENESS OF VETERANS' ISSUES AND HONOR VETERANS' SERVICE TO OUR NATION.

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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $28,417,828 INCLUDING GRANTS OF $7,315,494)(REVENUE $0) OTHER PROGRAM SERVICES MEMBERSHIP PROGRAM: THE LIFEBLOOD OF DAV IS ITS MEMBERSHIP. WHEN VETERANS JOIN DAV, THEY ENLIST IN A FIGHT TO ENSURE OUR NATION KEEPS ITS PROMISES TO THOSE WHO'VE SERVED. THE UNWAVERING DEVOTION THAT MEMBERS DEDICATE TO OUR MISSION HAS MADE DAV THE PREMIER VETERAN'S SERVICE ORGANIZATION, AND OUR COMMITMENT HAS SPANNED MORE THAN A CENTURY. DAV IS THE LEADING VOICE FOR OUR NATION'S INJURED AND ILL VETERANS, REGARDLESS OF SERVICE ERA. THIS COMMITMENT IS EXPRESSED IN OUR MISSION STATEMENT AND MAKES DAV UNIQUE AMONG OTHER ORGANIZATIONS. DAV WAS FOUNDED IN THE IMMEDIATE AFTERMATH OF WORLD WAR I, AS NO GROUP THEN EXISTED TO PROVIDE AND ADVOCATE FOR VETERANS FOREVER CHANGED BY MILITARY SERVICE. OUR LEGACY HAS EVOLVED TO MEET THE CHANGING NEEDS OF MEMBERS, FAMILIES AND CAREGIVERS AMID THE HISTORICAL JOURNEY OF OUR NATION. OUR MILITARY AND AMERICAN SOCIETY CONTINUES TO CHANGE, AND DAV EMBRACES THOSE CHANGES TO ENSURE VETERANS OF ALL SERVICE ERAS AND GENDERS ARE ABLE TO HAVE THEIR CHANCE AT THE AMERICAN DREAM. TODAY, SOCIAL NETWORKING AND OTHER CHANGES TO THE WAYS AMERICANS COMMUNICATE ALLOW DAV MEMBERS TO PLAY A LARGER ROLE THAN EVER AS SPOKESPEOPLE ADVOCATING FOR THE UNIQUE NEEDS OF THE VETERAN COMMUNITY. WE CONTINUE TO RESPOND TO THE NEEDS OF THE CURRENT GENERATION OF VETERANS AND ARE ALSO STEADFAST IN OUR RESOLUTION TO ENSURE EQUITABLE SUPPORT FOR ANOTHER VITAL PART OF OUR COMMUNITY-VETERAN CAREGIVERS. THESE UNSUNG HEROES PROVIDE UNFALTERING DEDICATION TO DISABLED VETERANS, OFTEN ASSUMING A LIFE OF HEAVY RESPONSIBILITY AND SACRIFICE TO CARE FOR THEIR LOVED ONES AFFECTED BY DEVASTATING ILLNESS OR INJURY. STATE SERVICES AND DISASTER RELIEF: WHEN DISASTERS STRIKE, DAV BENEFITS ADVOCATES ARE ON THE GROUND TO HELP OUR NATION'S VETERANS AND THEIR FAMILIES. DAV PROVIDES DISASTER RELIEF THROUGH FINANCIAL ASSISTANCE AND SUPPLY KITS TO VETERANS AND THEIR FAMILIES TO HELP THEM OBTAIN NECESSITIES SUCH AS FOOD, WARM CLOTHES AND SHELTER. VOLUNTARY SERVICES PROGRAM: THE DAV TRANSPORTATION NETWORK IS A UNIQUE PROGRAM THAT HAS SUCCESSFULLY HELPED VETERANS GET TO AND FROM THEIR MEDICAL APPOINTMENTS AND THROUGHOUT THEIR DAILY LIVES FOR NEARLY 40 YEARS. THE PROGRAM IS THE LARGEST OF ITS KIND FOR VETERANS IN THE NATION. OPERATED BY DEDICATED DAV VOLUNTEER DRIVERS, THE PROGRAM PROVIDES TRANSPORTATION TO AND FROM 228 VA MEDICAL CENTERS AND OUTPATIENT CLINICS. THE AMOUNT OF HOURS DAV VOLUNTEERS DEDICATE, THE MILES THEY DRIVE, AND THE NUMBER OF RIDES THEY PROVIDE TO VETERANS ARE A TESTAMENT TO THE PROMISES WE'VE ENSURED WERE KEPT. THOUSANDS OF DAV VOLUNTEERS ARE DEDICATED TO HELPING FELLOW VETERANS WHEREVER THEY ARE IN OUR COMMUNITIES. WHETHER HELPING PREPARE VA CLAIMS PACKAGES, CARING FOR VETERANS EXPERIENCING HOMELESSNESS, RUNNING A FOOD DRIVE OR PARTICIPATING IN COUNTLESS OTHER OPPORTUNITIES, THESE VOLUNTEERS HAVE CONTINUED TO BE THE FACE OF OUR ORGANIZATION TO SO MANY IN NEED. DAV HONORS VOLUNTEERS WHO DEMONSTRATE OUTSTANDING DEDICATION AND SERVICE TO AMERICA'S VETERANS EACH YEAR. DAV OFFERS COLLEGE SCHOLARSHIPS OPEN TO VOLUNTEERS AGE 21 OR YOUNGER WHO HAVE CONTRIBUTED A MINIMUM OF 100 HOURS CREDITED THROUGH DAV OR THE DAV AUXILIARY. EMPLOYMENT/ENTREPRENEURIAL SERVICES PROGRAM: DAV PATRIOT BOOT CAMP HOSTS IN-PERSON TRAINING EVENTS AND PROVIDES MONTHLY TRAINING AND RESOURCES TO EMPOWER PARTICIPANTS TO SUCCEED. THIS PROGRAM COMPLEMENTS DAV'S ONGOING EFFORTS TO SUPPORT AND ADVOCATE ON BEHALF OF SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES. DAV'S EMPLOYMENT PROGRAM CONNECTS TRANSITIONING ACTIVE-DUTY SERVICE MEMBERS, GUARD AND RESERVE MEMBERS, VETERANS AND THEIR SPOUSES WITH EMPLOYERS LOOKING TO PROVIDE MEANINGFUL CAREER OPPORTUNITIES. LEGISLATIVE PROGRAM: AT NEARLY 1 MILLION MEMBERS STRONG, WE STEP UP, ORGANIZE AND ADVOCATE FOR THE MOST CRITICAL ISSUES VETERANS AND THEIR FAMILIES FACE.

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Return Reference - Identifier	Explanation
	DAV'S NATIONAL LEGISLATIVE DEPARTMENT TAKES RESOLUTIONS, ADOPTED BY DAV MEMBERS AT OUR ANNUAL NATIONAL CONVENTION, TO CONGRESS TO ADVOCATE FOR IMPROVED FEDERAL LAWS, REGULATIONS AND POLICIES OF THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER FEDERAL AGENCIES WHOSE PROGRAMS SUPPORT OUR NATION'S VETERANS. DAV CAN (COMMANDER'S ACTION NETWORK) HELPS OUR MEMBERS AND SUPPORTERS STAY INFORMED AND TAKE ACTION TO SUPPORT FEDERAL LEGISLATION AND POLICIES AFFECTING VETERANS, THEIR FAMILIES AND THEIR SURVIVORS. PUBLIC SERVICE ANNOUNCEMENT PROGRAM: THE ORGANIZATION CONTINUED TO CAPITALIZE ON ITS AWARENESS EFFORTS THROUGH ITS VICTORIES FOR VETERANS PUBLIC SERVICE ANNOUNCEMENTS (PSA). THIS INTEGRATED PUBLIC AWARENESS CAMPAIGN-WHICH INCLUDES TV, RADIO, PRINT ADS AND OUT-OF-HOME COMPONENTS-PRESENTS THE STORIES OF REAL VETERANS WHO'VE OVERCOME A VARIETY OF CHALLENGES, THROUGH THE HELP OF DAV, AND ACHIEVED PERSONAL VICTORIES, GREAT AND SMALL, FOR THEMSELVES AND THEIR FAMILIES. CAREGIVER SUPPORT: DAV'S NEWEST PROGRAM STRIVES TO UPLIFT AND SERVE CAREGIVERS, FAMILIES AND SUPPORT STRUCTURES TO ENSURE HIGH-QUALITY LIVES FOR VETERANS AND ENHANCE THE EXPERIENCES OF THOSE WHO SHARE IN THEIR SACRIFICES. THROUGH DAV CAREGIVER SUPPORT, CAREGIVERS CAN ACCESS ONLINE RESOURCES AND RISK SCREENING TO BETTER UNDERSTAND THEIR ROLE AS A CAREGIVER, DIGITAL TOOLS TO SUPPORT THEIR CAREGIVING RESPONSIBILITIES, AND PERSONALIZED CARE PLANS AND ONE-ON-ONE SUPPORT FROM TRAINED CAREGIVER SPECIALISTS WITH EXPERIENCE SUPPORTING VETERANS AND THEIR LOVED ONES.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	DAV IS A NOT-FOR-PROFIT ORGANIZATION WITH MEMBERS THAT HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. THEY, OR THEIR DELEGATES, ELECT FOUR MEMBERS OF DAV'S BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FOLLOWING COMPLETION OF FORM 990 BY DAV'S ACCOUNTING DEPARTMENT STAFF AND NATIONAL ADJUTANT. ONCE RESULTING REVISIONS ARE MADE, THE FORM IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS. IT IS SUBSEQUENTLY FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY IMMEDIATELY UPON ASSUMING OFFICE, OR AT A MINIMUM, ANNUALLY. THE SAME PROCESS APPLIES TO KEY EMPLOYEES AND DEPARTMENT DIRECTORS. RECIPIENTS ACKNOWLEDGE THEY HAVE READ THE POLICY, IDENTIFY ANY AREAS OF CONFLICT AND RETURN THE SIGNED DISCLOSURE FORM TO THE DAV EXECUTIVE DIRECTOR. RESPONSES ARE REVIEWED AND IDENTIFIED AND CONFLICTS ARE REFERRED TO THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL AS APPROPRIATE.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	PERIODICALLY DAV HIRES AN INDEPENDENT CONSULTING FIRM TO REVIEW COMPENSATION OF DAV NATIONAL ADJUTANT AND CEO, EXECUTIVE DIRECTORS, KEY EMPLOYEES, AND OTHER TOP MANAGEMENT OFFICIALS. IN 2018, THE CONSULTING FIRM WAS BUCK CONSULTING. THIS INVOLVES REVIEW OF POSITION RESPONSIBILITIES, ACCUMULATION OF COMPARABLE DATA FROM OTHER ORGANIZATIONS AND DETERMINATION OF APPROPRIATE COMPENSATION RANGES FOR EACH. THE RANGES ARE REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS (BOARD). ANY SUBSEQUENT CHANGES IN COMPENSATION, TYPICALLY ANNUAL AND WITHIN THE ESTABLISHED RANGES, ARE ALSO APPROVED BY THE BOARD. NON-EMPLOYEE MEMBERS OF DAV'S BOARD RECEIVE AN IRS APPROVED DAILY PER DIEM WHEN ATTENDING MEETINGS OR REPRESENTING DAV AT VARIOUS RELATED EVENTS. THIS IS PRIMARILY TO COVER MEALS AND LODGING.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	KS, KY, MD, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, TX, UT, VA, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE DAV ANNUAL REPORT AND MOST RECENT FORM 990 ARE AVAILABLE ON DAV'S WEBSITE (WWW.DAV.ORG) AND ALSO UPON REQUEST OR PUBLIC INSPECTION AT DAV NATIONAL HEADQUARTERS. FORM 1024 IS AVAILABLE UPON REQUEST.

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN FAIR VALUE INTEREST RATE SWAP	- 120,803
PENSION LIABILITY ADJUSTMENT	225,390
TOTAL	**104,587**