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. ОМВ №. 1545-0047 20**18** Open to Public Inspection

| | | of the Trea mue Servic | | | .irs.gov/Form990 for in | | | • | mation. | | | | nspec | tion |
|--------------------------------|---------------------|---------------------------|-------------------|--|---|------------------------------|----------|----------------|---------------------|-------------------------------|---------|-----------------|----------|------------------------|
| | | | | ar year, or tax year beginning | | | and e | | | | | , 20 | | |
| | 01 111 | | | e of organization | · · · · · · · · · · · · · · · · · · · | 100.00 | | | D Emp | loyer ider | ntifica | tion numb | | |
| Bc | heck if aj | | | SABLED AMERICAN VET | ERANS | | | | 3: | 1-0263 | 3158 | в | | |
| | Addre | *** | | business as | | | | | 1 | | | | | |
| | chang | change | | ber and street (or P.O. box if mail is | not delivered to street addres | s) | Room/ | suite | E Tele | phone nur | nber | | | |
| | - | return | | 25 ALEXANDRIA PIKE | | • | | | (85 | 9) 44: | 1-7 | 300 | | |
| | Final | return/ | | or town, state or province, country, a | nd ZIP or foreign postal code |) | | | | | | | | |
| \vdash | termir Amen | ded | | LD SPRING, KY 41076 | • | | | | G Gros | s receipts | \$ | 367 | 747 | ,261. |
| | returr Applie | cation | | e and address of principal officer: | BARRY A. JESI | NOSKI | | | H(a) Is | this a grou | p retu | | Yes | _ |
| L | pendi | ing | | 25 ALEXANDRIA PIKE, | | | | | | ibordinates re all subordi | | v#1007 | Yes | No |
| . | Tay.ov | empt stat | | |) 		 (insert no.) | 4947(a)(1) | | 527 | 1 | | | list. (see inst | | |
| | | | | DAV.ORG | | 4347(8)(1) | | | H(c) G | | | umber 🕨 | | 557 |
| | | of organiz | | | Association X Other | | | Year of forma | | | | | | |
| _ | art I | | nmar | | Association A Other | | | Tear of Jointa | | | | or regarde | | |
| | 1 | | | be the organization's mission o | most significant activities | SINCE | 1920 |). EMPON | JERTN | G VET | ERA | NS TO | LEA | D |
| ~ | • | | | LITY LIVES WITH RES | | | 172 | | | | | | | |
| Governance | | | 201 | | TECT AND DIGNT | | | | | | | | | |
| Ĩ | 2 | Check | this he | x ► if the organization d | is continued its encention | a or dispos | od of m | oro than 25% | l of ite r | ot accet | , | | | |
| Š | 3 | | | | • | - | | | | | 3 | | | 7. |
| ୍ ଅ | 4 | | | ting members of the governing | | | | | | | 4 | | | 6. |
| ies | | | | dependent voting members of t | • • • • | • • | | | | | 5 | | | 730. |
| ivit | 5 | | | of individuals employed in cale | - | | | | | | 6 | | 23. | 264. |
| Activities & | 6 | | | of volunteers (estimate if neces | | | | | | | 7a | | | 0. |
| | | | | ed business revenue from Part V | | | | | | | 7b | | 13 | ,016. |
| | 0 | Net uni | elatec | I business taxable income from | rom 990-1, ane 36 | <u>• • • • • •</u> | • • • | | | Year | | Cur | rent Y | |
| | | Cantaite | | | | | | | | 86,52 | 9 | | | ,079. |
| ənı | 8 | | | and grants (Part VIII, line 1h) | | | | · · · · – | | 24,98 | _ | | | ,326. |
| Revenue | 9 | | | rice revenue (Part VIII, line 2g) | | | | | | $\frac{24, 50}{13, 13}$ | | | | ,903. |
| Re | 10 | | | come (Part VIII, column (A), line | | | | | | 44,86 | | | | ,805. |
| | 11 | | | e (Part VIII, column (A), lines 5, | | | | | • | 69,52 | | | _ | <u>,113.</u> |
| | 12 | | | e - add lines 8 through 11 (must | | | | | | 97,40 | - | | | <u>, 369.</u> |
| | 13 | | | imilar amounts paid (Part IX, coli | | | | | <u>', </u> | 97,40 | 0. | | 570 | 0. |
| | 14 | | | to or for members (Part IX, colu | | | | | 50 3 | 70,85 | | 51 | 530 | ,124. |
| 5 8 5 | 15 | | | er compensation, employee ben | • | | | | | 78,91 | | | | ,986. |
| Expenses | 16a | Profess | sional | fundraising fees (Part IX, column | (A), line 11e) | 200 046 | • • • | • • • | 1, / | 70,91 | · • | 1, | 555 | , |
| Ä | d | | | sing expenses (Part IX, column (| | | | | 01 2 | 04,67 | 2 | 70 | 562 | ,546. |
| | 17 | | | es (Part IX, column (A), lines 11 | | | | | | 51,84 | | | | ,025. |
| | 18 | | • | es. Add lines 13-17 (must equal | | | | ••• | | 82,32 | | | | ,025. ,088. |
| F 6 | 19 | Revenu | le less | expenses. Subtract line 18 from | line 12 | <u></u> | | · · · · | | | - | | | |
| nce D | | | | | | | | - | | Current Y 28,21 | | | I of Yea | ,641. |
| Net Assets or Fund Balances | 20 | | • | Part X, line 16) | | • • • • • • | • • • | ••• | | | | | | ,184. |
| and a state | 21 | | | s (Part X, line 26) | | • • • • • • | | • • • | | 92,18 | - | • | | , <u>104.</u> ,457. |
| | | | | fund balances. Subtract line 21 | from line 20 | | | •••• | 341,7 | 36,02 | 5. | 512, | 010 | ,457. |
| | rt II | | | Block | | | | | | | | | and h | aliaf it is |
| true | der pei 9, corre | nalues of ect, and c | perjury omplet | r, I declare that I have examined the beclaration of preparer (other than | is return, including accomp officer) is based on all infor | anying sched mation of wh | ich prep | arer has any k | and to u nowledg | e. | ту | CHOWIEUGE | | Gilei, it is |
| _ | _ | | | $\sqrt{2}$ | | | | | | a | 16 | lia | | |
| Sig | n | | | re of officer | | | | | j. | Date | / • | /11 | | |
| He | | | • | / | | EVECUE | TUR | | | 00.0 | | | | |
| | | I D | | A. JESINOSKI | | EXECUT | IVE | DIRECTOR | <u>د</u> | | _ | | | |
| | | | | print name and title | Deservede algentives | | | <u></u> | | | | PTIN | | |
| Paic | 1 | | ••••• | eparer's name | Preparer's signature | • • | Dat | | | neck | | | 6100 | A |
| _ | parer | AARO | N H | IERSHBERGER | acron S. Hus | Muge | L 8, | /29/201 | 9 86 | elf-employe | | P009 | | |
| | Only | Firm's I | | ▶BKD, LLP | · | <u> </u> | | | Firm's | | | 16026 | | |
| | | | | ▶312 WALNUT STREET, SUITE | | | <u></u> | | Phone | <u>no.</u> 5 | 13- | 621-8 | | <u> </u> |
| | | | | this return with the prepare | | nstructions |) | <u></u> | • • • • | <u>.</u> | •• | <u>. X Y</u> | | No |
| For | Pape | rwork R | leduct | ion Act Notice, see the separat | e instructions. | | | | | | | For | n 99(|) (2018) |

| Fo | rm 990 (2018) | Page 2 |
|----|--|---------------|
| Ρ | art III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 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. | |
| _ | Did the exercited in destals, and similar the exercise during the user which were not listed on the | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | X No |
| | prior Form 990 or 990-EZ? Yes | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| 3 | services? | X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as me | asured 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 | a (Code:) (Expenses \$46,045,351. including grants of \$6,145,110.) (Revenue \$ | _) |
| | SERVICE PROGRAM: SERVICES ARE OFFERED AT NO COST OR OBLIGATION TO | |
| | VETERANS, THEIR FAMILIES AND SURVIVORS. | |
| | -NSOS PROVIDED REPRESENTATION FOR NEARLY 212,000 PENDING CLAIMS FOR VETERANS AND THEIR FAMILIES BEFORE THE VA. OUR CLIENTS | |
| | RECEIVED MORE THAN \$20.7 BILLION IN EARNED BENEFITS. | |
| | -TSOS CONDUCTED 1,268 PRESENTATIONS TO HELP PREPARE 44,014 | |
| | TRANSITIONING SERVICE MEMBERS FOR CIVILIAN LIFE. TSOS FILED | |
| | 24,649 CLAIMS FOR VA BENEFITS AND CONNECTED VETERANS WITH FREE | |
| | RESOURCES AVAILABLE THROUGH DAV. | |
| | -MSOS TRAVELED 45,242 MILES TO 494 SITES WHERE NSOS INTERVIEWED | |
| | 6,086 VETERANS AND POTENTIAL CLAIMANTS. (SEE SCHEDULE O) | |
| | | |
| 4k | (Code:) (Expenses \$3,688,397. including grants of \$1,416,215.) (Revenue \$ | _) |
| | VOLUNTARY SERVICES PROGRAM: BY PROVIDING VETERANS WITH | |
| | TRANSPORTATION TO MEDICAL APPOINTMENTS, COORDINATING IN-HOSPITAL | |
| | VOLUNTEER OPPORTUNITIES AND ENCOURAGING AND SUPPORTING EFFORTS TO HONOR THE SACRIFICES OF DISABLED VETERANS, DAV ENHANCES THE | |
| | QUALITY OF LIFE OF VETERANS, THEIR FAMILIES AND SURVIVORS. | |
| | -IN 2018, VOLUNTEERS TRAVELED 17,664,665 MILES, PROVIDING 625,000 | |
| | RIDES TO VETERANS AND DONATING 1.4 MILLION HOURS OF THEIR TIME. | |
| | -THE VALUE OF VOLUNTEER HOURS AND SERVICES AMOUNTED TO MORE THAN | |
| | \$34.7 MILLION. | |
| | -TO INCENTIVIZE YOUTH VOLUNTEERS, DAV AWARDED \$75,000 THROUGH ITS | |
| | SCHOLARSHIP PROGRAM. (SEE SCHEDULE O) | |
| | | |
| 4c | : (Code:) (Expenses \$ 1,529,400. including grants of \$) (Revenue \$ |) |
| | EMPLOYMENT PROGRAM: DAV IS COMMITTED TO ENSURING TRANSITIONING | _ |
| | MILITARY MEMBERS AND THEIR FAMILIES SECURE THE TOOLS, RESOURCES | |
| | AND OPPORTUNITIES THEY NEED TO ADVANCE THEIR EMPLOYMENT GOALS. | |
| | SINCE THE PROGRAMS INCEPTION IN 2014, DAV CO-HOSTED 463 ALL | |
| | VETERANS' TRADITIONAL AND VIRTUAL CAREER FAIRS ACROSS THE COUNTRY, | |
| | CREATING EMPLOYMENT OPPORTUNITIES FOR NEARLY 172,000 ACTIVE-DUTY, | |
| | GUARD AND RESERVE PERSONNEL, VETERANS AND THEIR SPOUSES. | |
| | - DAV CONNECTS VETERANS WITH EMPLOYMENT RESOURCES AND | |
| | OPPORTUNITIES THROUGH ITS WEBSITE WWW.JOBS.DAV.ORG. | |
| | (SEE SCHEDULE O) | |

4d Other program services (Describe in Schedule O.) (Expenses \$ 45,691,303. including grants of \$

(Expenses \$ 45,691,303. including grants of \$ 15,000.) (Revenue \$ e Total program service expenses ► 96,954,451. 7,059,326.)

DISABLED AMERICAN VETERANS

| - | 990 (2018) | | F | Page 3 |
|------|--|----------|-----|---------------|
| Part | IV Checklist of Required Schedules | | N | N |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| _ | complete Schedule A. | 1 | 37 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | х |
| | candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | |
| 4 | 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, | | | v |
| ~ | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | – | | |
| - | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | 37 | |
| | endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| 2 | VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| a | complete Schedule D, Part VI | 11a | х | |
| 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 | | Х |
| с | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | X |
| 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 | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| 40.0 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | Х | |
| h | Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | | 37 |
| 40 | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | |
| ., | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). | 17 | Х | |
| 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 | | Х |
| 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 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 | | х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Δ | |

| Part | V 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 | Х | |
| 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 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| 2 70 | \$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 | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | | 240 | | |
| 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 200 | | |
| N | Schedule L, Part IV | 28b | | Х |
| ~ | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | |
| U | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 20 | | | x | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Λ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | v |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| _ | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| - and | Check if Schedule O contains a response or note to any line in this Part V. | | | \square |
| | | | Yes | No |
| 1 - | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | | | | |
| | | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 000 | (2018) |
| JSA | | ⊢orm | 330 | (2018) |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Ener the number of employees reported on Form W-3, Transmital of Wage and Tax [2], 730 is in the statements (like for the collard yrear ending with or within the year covered by this fartur] (2), 730 b If at least one is reported on line 22, dd the organization file all required tedent employment tax returns? (2), 0 a Dat the organization have unrelated business gross income of \$1,000 or more during the year,,, 30 (3), 2 b If Yes, "has I filed a Form 500-T for this year <i>II"</i> No ¹ to file all provide an explanation in Schedule 0 (3), 2 b If Yes, "has I filed a Form 500-T for this year <i>II"</i> No ¹ to file all provide an explanation in Schedule 0 (3), 2 b If Yes, "there the name of the foreign country to file as a bank account, securities account, or other financial account? (4), 2 b If Yes, "there the name of the organization that it was or is a party to a prohibited tax shelter transaction at any time time for the organization file of the organization for the organization for the organization for the rowses statement that such contributions or filts were not tax deductible as contributions and an express statement that such contributions or filts were not tax deductible as contributions and party for goods and sorwas provided to the payor? (5), 2 60 X (6), X (7), Yes, '(1), (1), organization ceve a payment in excess of 37, made party as a contribution or and water or tax deductible? (7), Yes, '(1), Yes, '(1), (1), Yes, '(2), (2), (2), (2), (2), (2 | Form | 990 (2018) | | F | Page 5 |
|---|------|---|-----|-----|--------|
| 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 7.00 b If at least on is reported on line 2a, difference of the organization file all required tederal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>life</i> (see instructions). 3b b If "Yes," has it field a form 390-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0. 3b X d At any time during the calendar year, diff 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 othor financial account)? A b If 'Yes,' inter the name of the foreign country, P Security to a prohibited tax shelter transaction at any time during the taxy ear? Security (Such as a bank account, securities account, or othor financial account)? 5a Was the organization has the organization that it was or is a party to a prohibited tax shelter transaction at any time during the taxy ear? Security (Such as a bank account, securities account, or othor financial account)? 6a Dest the organization has use on tax deductible as charitable contributions? Security (Such as a bank account, security as a contribution and party for goods and services approached as the very solicitation and an express statement that such contribution such as a contribution and party for goods and services organization hace wery solicitation and party for goods and services provided to | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| Statements, filed for the calendar year ending with or within the year covered by this return. Za Za Za | | | | Yes | No |
| Statements, filed for the calendar year ending with or within the year covered by this return. $\lfloor 2a - 730 \\ brit at least one is reported on line 2a, difference of the derival engloyment tax returnes? A 3a Det the organization have unrelated business goes income of $1,000 or more during the year? 3a X 3a Let the organization have unrelated business goes income of $1,000 or more during the year? 3b X 4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, the a tark account is a tork account, or other financial account? 3b X 5a Was the organization have ungimements of FACEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5a Was the organization have ungimements of FACEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5a Was the organization have ungimements of FABEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5a Was the organization have ungits that are normally greater than $100,000, and did the organization for the wery solicitation an express statement that such contributions for this greater the as $100 or greater than $100,000, and did the organization for the wery solicitation and express statement that such contributions of the second account in device wery solicitation and express statement that such contribution and partly for goods and services provided to the payor? 6a X b If Yes, "idd the organization neceive any time during the year. $ | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| a in test on a line stand of the second standard mapping of the second standard of the second standard stan | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>file</i> (see instructions). Image: Comparison 1, 200, 200, 200, 200, 200, 200, 200, 2 | b | | 2b | Х | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?,,,,,,,, . | | | | | |
| b If "Yes," has it field a Form 990-T for this year? If "No" to fine 3b, provide an exploration in Schedule 0,, 3b 3b X 4 A tray time during the calendar year, did the organization have an interests in or a signature or other authority over, a financial account); respectively on a prohibited to a solution or other financial account); respectively and the foreign country. 4a X b If "Yes," enter the name of the foreign country. | 3a | | 3a | Х | |
| a financial account in a foreign country: b | | | 3b | Х | |
| a financial account in a foreign country: b | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR), 5 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 4a | | Х |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR), 5 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | b | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction 7 5a × b Did any taxable party notify the organization file form 8866-1? 5a × 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions solicit any contributions that were not tax deductible acharitable contributions or gits were not tax deductible contributions under section 170(c). 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a × c Did the organization organization only the donor of the value of the goods or services provided 7 7b × c Did the organization celve ap payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282? 7c × 7d × c Did the organization celve ay during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d × f Did the organization make adustration failed forms 900 an lausion file Form 8899 as required? 7d × g If the organization receive any funds, singhane | | - | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibiled tax shelter transaction? 5b × c If 'Yes' to line 5a or 5b, did the organization file Form 8886-T? 5c 5c 61 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization show annual gross receipts that are normally greater than \$100,000, and did the organization show annual gross receipts that are normally greater than \$100,000, and did the organization show annual gross receipts that are normally greater than \$100,000, and did the organization show annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6a × 7 Organization scell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7d × 61 the organization receive a payment line excess 04 \$75 made party as a contribution and party for which it was required to file form 8282? 7d 7d × 7d 17 'Yes.' did the organization notify the donor of the value of the goods or services provided? 7d 7d × 7d 17 'Yes.'' did the organization notify the donor of the value of the goods or services provided? 7d 7d × 7d 17 'Yes.'' did the organization mather and maintign door advised funds. 7d 7d × | 5a | | 5a | | Х |
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| 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 11b 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X | b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X | 11 | | | | |
| against amounts due or received from them.) 11b 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X | | | | | |
| 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 | b | | | | |
| 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? 13a 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 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 | | | | | |
| 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? 13 Note. See the instructions for additional information the organization must report on Schedule O. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did 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? 15 Is the organization and file Form 4720, Schedule N. | 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 in 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? 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 | b | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Description of the organization of the organization of the organization of the organization receives on hand Image: Description of the organization of the organization of the organization of the organization receives and payments for indoor tanning services during the tax year? Image: Description of the organization of the organization of the organization of the organization receive and payments for indoor tanning services during the tax year? Image: Description of the organization of the organization of the organization of 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? Image: Description of the organization of the organi | | | | | |
| 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 in 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? 15 If "Yes," see instructions and file Form 4720, Schedule N. 14a | а | | 13a | | |
| 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 in 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 14a | | | | | |
| c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X | b | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 14a X | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | | | | | 37 |
| 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | | | | | X |
| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 16 | b | | 14b | | |
| If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | | v |
| | | | 15 | | X |
| | | | 4.5 | | v |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 16 | | 16 | | A |

| Form 9 | 090 (2018) DISABLED AMERICAN VETERANS 31-026 | 53158 | I | Page 6 |
|--------|--|--------|----------|----------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo | м, and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | | | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Χ |
| Sect | ion 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 | 7 | | |
| iu | 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 | | | |
| b | committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent | 6 | | |
| _ | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | - | | |
| 2 | any other officer, director, trustee, or key employee? | 2 | | Х |
| • | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| 3 | | 3 | | x |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 4 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | x | |
| 6 | Did the organization have members or stockholders? | | | <u> </u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | x | |
| | one or more members of the governing body? | 7a | - 25 | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | x |
| | stockholders, or persons other than the governing body? | 7b | | A |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | v | |
| а | The governing body? | 8a | X X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 37 |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | <u> </u> | X |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | • Code | 1 | N |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| 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 | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | , | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| IVa | | 16a | | Х |
| L | with a taxable entity during the year? | | | |
| D | 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 | | |
| Secti | ion C. Disclosure | | I | L |
| | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1 | T (0 - | 41.4 | 04/-> |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | I (Sec | sion 5 | 01(C) |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 4.6 | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in | nerest | policy | /, and |
| | financial statements available to the public during the tax year. | | | |

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BARRY A. JESINOSKI, 3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076 859-441-7300

| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highe | est C | compensated | Employees, | and |
|----------|-------------------|------|---------------|--------------|-----------------|-----------|------------|-------|-------|-------------|------------|-----|
| | Independent Cor | ntra | actors | | | | | | | | | |
| | Check if Schedule | O c | contains a re | esponse or n | ote to anv line | e in this | Part VII | | | | | . 🗌 |

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

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

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

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

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

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

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

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

| | | | | | C) | | | | | |
|---|-----------------------|-----------------------------------|---------------|---------|--------------|------------------------------|--------|---------------------------------|---------------------------------|--------------------------|
| (A) | (B) | (do r | | | ition | e than o | | (D) | (E) | (F) |
| Name and Title | Average hours per | | | | | is both | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | | | | | or/trust | | from | related | other |
| | hours for | 우파 | Б | Q | 2 | g <u>T</u> | Ŀ | the | organizations | compensation |
| | related organizations | Individual trustee or director | Institutional | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | lual | tiona | | nplo | st co yee | | (11-2/1099-10130) | | and related |
| | line) | trust | altru | | yee | mpe | | | | organizations |
| | | ee | trustee | | | ensa | | | | |
| | | | | | | ted | | | | |
| (1)STEVEN WHITEHEAD | 25.00 | | | | | | | | | |
| VICE-CHAIRMAN (8/18-12/18) | 23.00 | x | | | | | | 0. | 0. | 0. |
| (2)JIM SHUEY DIRECTOR (1/18-8/18) | 5.00 | А | | | | | | 0. | 0. | |
| TREASURER (8/18-12/31) | 0. | x | | | | | | 0. | 0. | 0. |
| (3)J. MARC BURGESS | 60.00 | | | | | | | 0. | | |
| NATL. ADJUTANT/CEO/SEC. | 0. | x | | x | | | | 305,088. | 0. | 263,753. |
| (4)COLEMAN FRANCIS NEE | 5.00 | | | | | | | | | |
| DIRECTOR (1/18-12/18) | 0. | x | | | | | | 0. | 0. | 0. |
| (5)KEVIN J. WALKOWSKI | 5.00 | | | | | | | | | |
| DIRECTOR (8/18-12/18) | 0. | x | | | | | | 0. | 0. | 0. |
| (6)DELPHINE METCALF-FOSTER | 25.00 | | | | | | | | | |
| CHAIRMAN (8/18-12/18) | 0. | Х | | | | | | 0. | 0. | 0. |
| (7)ROBERT D. COX | 5.00 | | | | | | | | | |
| DIRECTOR (8/18-12/18) | 0. | Х | | | | | | 0. | 0. | 0. |
| (8)DAVID W. RILEY | 5.00 | | | | | | | | | |
| CHAIRMAN (1/18-8/18) | 0. | Х | | | | | | 0. | 0. | 0. |
| (9) DENNIS R. NIXON | 5.00 | - | | | | | | | | |
| VICE-CHAIRMAN (1/18-8/18) | 0. | Х | | | | | | 0. | 0. | 0. |
| (10)ALFRED C. REYNOLDS | 5.00 | - | | | | | | | - | |
| TREASURER (1/18-8/18) | 0. | X | | | | | | 0. | 0. | 0. |
| (11) IDALIS M. MARQUEZ | 5.00 | | | | | | | | | |
| DIRECTOR (1/18-8/18) | 0. | X | | | | | | 0. | 0. | 0. |
| (12) BARRY A. JESINOSKI | 55.00 | - | | | | | | 045 014 | 0 | 100 104 |
| EXEC. DIR. NATL. HQ | 0. | | | | Х | | | 245,214. | 0. | 177,104. |
| (13)GARRY AUGUSTINE | 50.00 | | | | v | | | 204 010 | 0 | |
| EXEC. DIR. NATL. LHQ | 0. | | | | Х | | | 204,819. | 0. | 39,556. |
| (14)EDWARD R. REESE JR. EXEC. DIR. NATL. LHO | 50.00 | | | | x | | | 230,488. | 0. | 153,445. |
| TVPC. DIK. NAIP. PHÁ | 0. | | | | ^ _ | | | 230,408. | υ. | 103,443. |

JSA

DISABLED AMERICAN VETERANS

Page **8**

| Part VII Section A. Officers, Directors, T | rustees, Ke | y En | nplo | yee | es, | and H | ligl | hest Compensat | ed Employ | lees (co | ontinue | | Page |
|--|--|-----------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------|--|--|--------------|--------------------|---|--------|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles | Pos heck ss pe | erson | e than o is both or/trust | an | (D) Reportable compensation from the | (E) Reporta compensatio relate organizat | on from d | Est am | (F) timated ount of other pensation | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099- | | fro orga and | om the anizatio I related nization | n d |
| 15) SUSAN LOTH | 40.00 | | | | | | | | | | | | |
| SR. CHIEF DEV. OFFICER | 0. | | | | | Х | | 188,082. | | 0. | 1 | 75,5 | 2 |
| L6) CHRISTOPHER CLAY GENERAL COUNSEL | 40.00 | - | | | | x | | 228,642. | | ο. | 1 | 00,2 | 21 |
| L7) BRIAN COWART | 50.00 | | | | | | | | | | | | |
| CHIEF DEV. OFFICER | 0. | | | | | Х | | 234,261. | | 0. | | 90,1 | .9 |
| L8) ANITA BLUM COMPTROLLER | 50.00 | - | | | | | | 100 700 | | | 1 | 44,9 | |
| .9) PETER A. DICKINSON | 50.00 | | | | - | X | | 190,798. | | 0. | 1 | ++,5 | |
| SENIOR EXECUTIVE ADVISOR | 0. | - | | | | x | | 171,494. | | 0. | | 64,4 | 9 |
| | -+ | _ | | | | | | | | | | | |
| | -+ | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| 1b Sub-total | | | | | | | ► | 985,609. | | 0. | 6 | 33,8 | 5 |
| c Total from continuation sheets to Part VII, | Section A | | | | | | | 1,013,277. | | 0. | | 75,4 | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,998,886. | | 0. | 1,2 | 09,2 | 6 |
| 2 Total number of individuals (including but no reportable compensation from the organization | | hose 41 | | d al | bov | e) who | o re | ceived more than | \$100,000 d | of | | | |
| 3 Did the organization list any former of | | | | | | | | | | | | Yes | 1 |
| employee on line 1a? If "Yes," complete Sche | edule J for su | ch ind | lividu | ual | • • | | • • | | | •• | 3 | | _ |
| 4 For any individual listed on line 1a, is the organization and related organizations g | greater than | n \$15 | 50,0 | 00? | ' If | "Yes | s," (| complete Schedu | le J for s | such | | | |
| <i>individual</i>.5 Did any person listed on line 1a receive of | | | | | | | | | | | 4 | X | |
| for services rendered to the organization? If the | 'Yes," comple | te Sch | hedu | ıle J | l for | such | per | son | <u></u> | | 5 | | |
| Section B. Independent Contractors 1 Complete this table for your five highest contractors | | | | | | | | | | | | | |
| compensation from the organization. Report year. | compensati | on for | the | e ca | lend | ar ye | ar e | ending with or with | nin the orga | inization | 's tax | | |
| (A) Name and business a | ddress | | | | | | | (B) Description of se | rvices | Co | (C) ompens | ation | |
| ATTACHMENT 2 | | | | _ | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 40

-

| Par | rt VII | Check if Schedule O co | | nse or note to an | v line in this Part VII | | | |
|---|--------|--|-------------------|-------------------|-------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | 1a | | | | | |
| Gran | b | Membership dues | | | | | | |
| B, C | c | Fundraising events | | | | | | |
| Gif ilar | d | Related organizations | 1d | | | | | |
| ns, Sim | е | Government grants (contribu | utions) 1e | | | | | |
| er (| f | All other contributions, gifts, | grants, | | | | | |
| 0th Oth | | and similar amounts not include | d above _ 1f | 121,891,079. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included Total. Add lines 1a-1f | | 281,600. | 121,891,079. | | | |
| e | h | | <u></u> | Business Code | 121,091,079. | | | |
| Program Service Revenue | | MEMBERSHIP DUES | | 900099 | 6,983,481. | 6,983,481. | | |
| Rev | 2a | REGISTRATION INCOME | | 900099 | 75,845. | 75,845. | | |
| ce | b | REGISTRATION INCOME | | 500055 | /5,045. | /5,045. | | |
| er | C | | | | | | | |
| ηS | d | | | | | | | |
| graı | e | | | | | | | |
| jo | t g | All other program service rev Total. Add lines 2a-2f | | | 7,059,326. | | | |
| | 3 | | cluding dividen | | ,,000,020. | | | |
| | 3 | and other similar amounts). | Ũ | | 9,765,010. | | | 9,765,010. |
| | 4 | Income from investment of | | | 0. | | | |
| | 5 | Royalties | • | • | 1,475,001. | | | 1,475,001. |
| | | | (i) Real | (ii) Personal | | | | |
| | 6.0 | Cross rosts | 15,600. | | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Rental income or (loss) | 15,600. | | | | | |
| | c d | Net rental income or (loss) | | | 15,600. | | | 15,600. |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 227,241,908. | 21,133. | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 216,991,715. | 18,433. | | | | |
| | c | Gain or (loss) | 10,250,193. | 2,700. | | | | |
| | d | Net gain or (loss) | | | 10,252,893. | | | 10,252,893. |
| | 8a | Gross income from fundra | | | | | | |
| nue | •• | events (not including \$ | - | | | | | |
| eve | | of contributions reported on | | | | | | |
| Other Revenue | | See Part IV, line 18 | | 0. | | | | |
| σţΫ | b | Less: direct expenses | | 0. | | | | |
| Ŭ | c | Net income or (loss) from fu | | <u></u> | 0. | | | |
| | 9a | Gross income from gaming | activities. | | | | | |
| | | See Part IV, line 19 | a | 0. | | | | |
| | b | Less: direct expenses | b | 0. | | | | |
| | c | Net income or (loss) from g | aming activities. | <u></u> ▶ | 0. | | | |
| | 10a | Gross sales of invent | ory, less | | | | | |
| | | returns and allowances | a | 0. | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | c | Net income or (loss) from sa Miscellaneous Revenu | | Business Code | 0. | | | |
| | 11a | OTHER | | 900099 | 278,204. | | | 278,204. |
| | b | | | | | | | |
| | c b | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 278,204. | | | |
| | 12 | Total revenue. See instruction | | | 150,737,113. | 7,059,326. | | 21,786,708. |

DISABLED AMERICAN VETERANS

| Form 990 (2018) DISABLED | AMERICAN VETERAN | IS | 31-02 | 263158 Page1 |
|--|-----------------------|------------------------------------|---|---------------------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations mus | | | | |
| Check if Schedule O contains a resp | | | (C) | |
| 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 | 6,350,766. | 6,350,766. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,225,603. | 1,225,603. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,737,866. | 994,115. | 743,751. | |
| 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. | | | |
| 7 Other salaries and wages | 37,022,702. | 32,449,403. | 2,536,877. | 2,036,422 |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions) | 2,111,453. | 1,569,814. | 319,302. | 222,337 |
| 9 Other employee benefits | 7,762,688. | 6,797,887. | 426,841. | 537,960 |
| 10 Payroll taxes | 2,904,415. | 2,545,207. | 202,331. | 156,87 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 191,903. | 65,559. | 68,795. | 57,54 |
| c Accounting | 197,645. | | 197,645. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 1,559,986. | | | 1,559,980 |
| f Investment management fees | 225,326. | | 225,326. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | 6,416,696. | 4,091,733. | 1,687,569. | 637,394 |
| 2 Advertising and promotion | 6,244,568. | 4,728,774. | 31,859. | 1,483,93 |
| 3 Office expenses | 55,137,096. | 27,512,244. | 1,081,884. | 26,542,968 |
| 4 Information technology | 529,961. | 279,086. | 240,588. | 10,28 |
| 5 Royalties | 1,674,916. | 789,001. | | 885,91 |
| 6 Occupancy | 505,463. | 348,450. | 157,013. | |
| 7 Travel | 2,046,627. | 1,911,534. | 42,916. | 92,17 |
| 8 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 0. | | | |
| 9 Conferences, conventions, and meetings | 1,170,998. | 1,170,998. | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 1,972,771. | 1,593,416. | 314,362. | 64,993 |
| 23 Insurance | 339,912. | 223,708. | 113,965. | 2,23 |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses in line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | FEO 000 | | |
| aRELOCATION | 559,929. | 559,929. | | |
| bPROJECT COSTS | 800,000. | 800,000. | | |
| cSETTLEMENT FEES | 129,807. | 129,807. | 00 646 | 10 11 |
| d ^{TRAINING} | 101,709. | 59,949. | 29,646. | 12,11 |
| e All other expenses | 1,317,219. | 757,468. | 554,058. | 5,69 |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if | 140,238,025. | 96,954,451. | 8,974,728. | 34,308,846 |
| following SOP 98-2 (ASC 958-720) | 53,177,527. | 26,588,763. | | 26,588,76 |

53,177,527.

. . . .

26,588,763.

26,588,764.

DISABLED AMERICAN VETERANS

| Form | 990 | (2018) |
|---------|-----|--------|
| 1 01111 | 000 | (2010) |

| _ | - 000 / | DISABLED AMERICA | | LINAND | | JT | U263158 |
|---------------|---------|--|----------------------|------------------------|------------------------------|--------|---------------------------|
| | n 990 (| | | | | | Page 11 |
| Pa | rt X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response o | r note | to any line in this Pa | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | | | | | | | 0. |
| | 1 | Cash - non-interest-bearing | 8,266,849. | 1 | 9,973,270. | | |
| | 2 | Savings and temporary cash investments | 0,200,849. | 2 | 9,973,270. | | |
| | 3 | Pledges and grants receivable, net | 4,948,375. | 3 | 5,326,169. | | |
| | 4 | Accounts receivable, net | | | 4,940,373. | 4 | 5,320,109. |
| | 5 | Loans and other receivables from current and f | | | | | |
| | | trustees, key employees, and highest co | | | 0. | 5 | 0. |
| | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified perso | ons (as | defined under section | 0. | 5 | 0. |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), | , and co | ontributing employers | | | |
| | | and sponsoring organizations of section 501(c)(9) volu | ntary e | mployees' beneficiary | 0. | 6 | 0. |
| ts | _ | organizations (see instructions). Complete Part II of Sche | | | 0. | - | 0. |
| Assets | 7 | Notes and loans receivable, net | | | 1,676,069. | 7 8 | 1,333,872. |
| Ä | 8 9 | Inventories for sale or use Prepaid expenses and deferred charges | | | 5,383,381. | 0 9 | 5,050,713. |
| | - | Land, buildings, and equipment: cost or | iii | | 3730373011 | 9 | 5705077151 |
| | IVa | | 10a | 42,088,161. | | | |
| | h | Less: accumulated depreciation | | 34,218,286. | 7,918,762. | 10c | 7,869,875. |
| | 11 | Investments - publicly traded securities | 456,751,778. | 11 | 409,566,742. | | |
| | 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 | 0. | 14 | 0. | | |
| | 15 | Other assets. See Part IV, line 11 | 383,000. | 15 | 183,000. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 485,328,214. | 16 | 439,303,641. |
| | 17 | Accounts payable and accrued expenses | | | 30,306,459. | 17 | 30,243,900. |
| | 18 | Grants payable | 0. | 18 | 0. | | |
| | 19 | Deferred revenue | 5,882,379. | 19 | 3,696,045. | | |
| | 20 | Tax-exempt bond liabilities | | 0. | 20 | 0. | |
| | 21 | Escrow or custodial account liability. Complete Pa | art IV of | Schedule D | 0. | 21 | 0. |
| es | 22 | Loans and other payables to current and fo | officers, directors, | | | | |
| III | | trustees, key employees, highest compens | | | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule | | | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelate | | | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated t | | | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on lines | | , . | 107 402 251 | | |
| | | of Schedule D | • • • • | | 107,403,351. 143,592,189. | 25 | 92,547,239. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 143,392,109. | 26 | 120,407,104. |
| ŝ | | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and | CNECK | nere 🕨 🖾 and | | | |
| nce | 27 | | | | 341,736,025. | 27 | 307,318,279. |
| Fund Balances | 28 | Unrestricted net assets Temporarily restricted net assets | | | 0. | 28 | 2,325,955. |
| | 29 | Permanently restricted net assets | | | 0. | 29 | 3,172,223. |
| 'n | | Organizations that do not follow SFAS 117 (ASC 958). | | | | 20 | -, , |
| orF | | complete lines 30 through 34. | , 0110011 | | | | |
| ts (| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | | 31 | |
| Net Assets | 32 | Retained earnings, endowment, accumulated inco | ome, o | r other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 341,736,025. | 33 | 312,816,457. |
| | 34 | Total liabilities and net assets/fund balances | <u></u> . | <u> </u> | 485,328,214. | 34 | 439,303,641. |
| | | | | | | | Form 990 (2018) |

| DISABLED | AMERICAN | VETERANS |
|----------|----------|----------|
|----------|----------|----------|

| Form 99 | 90 (2018) | | | | Pa | ge 12 |
|---------|--|---------|---------------------------|-------------|-------|--------------|
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u></u> | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 50,7 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 140,238,025 | | |
| 3 | | | 10,499,088 341,736,025 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 38,8 | 13,4 | |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | 4 - 1 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -5 | 45,1 | .81. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | 2 | 10 0 | 10 | |
| | 33, column (B)) | 10 | 3 | 12,8 | 16,4 | 5/. |
| Part | | | | | | |
| | 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 X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplair | n in | | | |
| | Schedule O. | | | - | | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled | lor | | | |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | overs | ight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | ounta | ant? | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplaiı | n in | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | n in | | | |
| | the Single Audit Act and OMB Circular A-133? | • • | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | | the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | | 3b | 000 | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

31-0263158

DISABLED AMERICAN VETERANS

| Organization | tyne | check | one). |
|--------------|--------|-------|-------|
| organization | Lype ! | CHECK | Une). |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | | |
|---|----------|----------|----------|--|--|--|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | | | | |

| art I Contril | butors (see instructions). Use duplicate cop | | 1 |
|---------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Page 2

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | | |
|---|----------|----------|----------|--|--|--|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | | | | |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>11</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Page 2

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | | |
|---|----------|----------|----------|--|--|--|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | | | | |

| Part I | Contributors (see instructions). Use duplicate copi | es of Part I if additional space is ne | eaea. |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | | |
|---|----------|----------|----------|--|--|--|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | | | | |

| Part I Contri | butors (see instructions). Use duplicate cop | | |
|---------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I Con | tributors (see instructions). Use duplicate cop | | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | | \$ 5,000. | Person X Payroll D Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 37 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 40 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 41 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 42 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| | butors (see instructions). Use duplicate cop | | Γ |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 45 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 48 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 49 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 50 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 52 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 53 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 55 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 56 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 57 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 58 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 59 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 60 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 61 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 62 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 63 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 64 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 65 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 66 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 67 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 68 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>69</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 70 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 71 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 72 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | |
|---|----------|----------|----------|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | |

| (a) | (b) | (c) | (d) |
|--|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 73 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 74 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 75 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 76 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> 77 </u> | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 78 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | |
|---|----------|----------|----------|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | |

| art I Contri | butors (see instructions). Use duplicate cop | | |
|--------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 79 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 80 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 81 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 82 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 83 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 84 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | |
|---|----------|----------|----------|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 85 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 86 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 87 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 88 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 89 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 90 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 91 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 92 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 93 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 94 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 95 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 96 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 97 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 98 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 99 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 100 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>101</u> | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 102 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copi | es of Part I if additional space is ne | |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _103_ | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _104 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _105_ | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 106 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _107_ | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 108 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 109 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 110 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 111 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 112 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 113 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 114 | | \$5,000. | Person X Payroll Noncash (Complete Part II for |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 119 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 120 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 121 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 122 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 123 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 124 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 125 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 126 | | \$5,000. | Person X Payroll Noncash (Complete Part II for |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I Con | tributors (see instructions). Use duplicate cop | les of Part I if additional space is ne | |
|------------|---|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 128 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 130 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>131</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>132</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | |
|---|----------|----------|----------|--|--|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | | | |

| 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 | | | |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 136 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 137 | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | |
|---|----------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I Cor | tributors (see instructions). Use duplicate cop | ies of Part I if additional space is he | |
|------------|---|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 139 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 142 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I Co | ntributors (see instructions). Use duplicate cop | | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>145</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 148 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 150 | | \$ 5,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 151 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 152 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 153 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 154 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 155 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 156 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I Co | ontributors (see instructions). Use duplicate cop | | euea. |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>157</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 160 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>161</u> | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>162</u> | | \$5,005. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

| A | |
|---|--|
| | |

| 163 | | \$5,011. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 164 | | \$5,024. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 165 | | \$5,031. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 166 | | \$5,060. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 167 | | _ \$5,075. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$5,075. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(c)

Total contributions

Employer identification number 31-0263158

(d)

Type of contribution

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

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | |
|---|----------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 169 | | \$5,150. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>170</u> | | \$5,151. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>171</u> | | \$5,183. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>172</u> | | \$5,189. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>173</u> | | \$ 5,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 174 | | \$5,253. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | |
|---|----------|----------|----------|--|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | | |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> </u> | | \$5,265. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>176</u> | | \$5,265. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>177</u> | | \$5,300. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>178</u> | | \$5,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>179</u> | | \$ 5,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 180 | | \$5,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 181 | | \$5,525. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 182 | | \$5,571. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>183</u> | | \$5,785. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 184 | | \$5,826. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>185</u> | | \$5,835. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 186 | | \$ 5,855. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copi | es of Part I il additional space is ne | |
|--------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 187 - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>188</u> - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>189</u> - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>190</u> - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>191</u> - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>192</u> - | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 193 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 194 | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 195 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 196 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 197 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 198 | | \$6,000. | Person X Payroll Noncash (Complete Part II for |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>199</u> | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 200 | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 201 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 202 | | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 203 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 204 | | \$6,068. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Part I

| (a) | (b) | (c) | (d) |
|-------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _205_ | | \$6,091. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 206 | | \$6,192. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 207 | | \$6,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _208_ | | \$6,320. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 209 | | \$6,363. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$6,386. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 31-0263158

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 211 | | \$6,492. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 212 | | \$6,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 213 | | \$6,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 214 | | \$6,527. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 215 | | \$ 6,721. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 216 | | \$6,838. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eaea. |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$6,886. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$6,977. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 220 | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 222 | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| Part I | Contributors (see instructions). Use duplicate copi | es of Part I il additional space is ne | |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 223 | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 225 | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 226 | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$7,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 228 | | \$7,253. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 229 | | \$7,257. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 230 | | \$7,298. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 231 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 232 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 233 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 234 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 235 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 236 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 237 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 238 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 239 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 240 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 241 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 242 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 243 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 244 | | \$7,568. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 245 | | \$7,664. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 246 | | \$7,700. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>247</u> | | \$7,700. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 248 | | \$7,840. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 249 | | \$7,900. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 250 | | \$7,997. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 251 | | \$ 8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 252 | | \$8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 253 | | \$8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 254 | | \$8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 255 | | \$ 8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 256 | | \$ 8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>257</u> | | \$ 8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 258 | | \$ 8,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

(b)

Name, address, and ZIP + 4

| 259 (a) No. | (b) Name, address, and ZIP + 4 | \$8,035. (c) Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
|-------------------|-----------------------------------|--|---|
| 260 | | \$8,060. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 261 | | \$8,186. | Person X Payroll O Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 262 | | \$8,335. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 263 | | \$8,396. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 264 | | \$8,580. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2 Employer identification number

Part I

(a)

No.

31-0263158

(d)

Type of contribution

(c)

Total contributions

| 101 | ю., | / | | | |
|-----|-----|---|--|--|--|
| | | | | | |

JSA 8E1253 1.000 9118NF D410 (I 990, 990-Z, or 990 F) (2018)

31-0263158

| (| / L) | (a) | (ام) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 65 | | \$8,594. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| a) Io. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>266</u> | | \$8,596. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 267 | | \$8,720. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>268</u> | | \$8,738. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 269 | | \$8,821. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 270 | | \$9,000. | Person X Payroll Noncash (Complete Part II for |

| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
|---------------------|-----------------------------------|----------------------------|--|
| _271 | | \$9,016. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _272_ | | \$9,222. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 273 | | \$9,300. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$9,467. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 275 | | \$9,490. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _276_ | | \$9,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| JSA 8E1253 1.000 | | Schedule | B (Form 990, 990-EZ, or 990-PF) (20 |
| 91 91 | 18NF D410 | | PAG |

Employer identification number 31-0263158

(c)

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

(b)

Part I

(a)

(d)

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|---------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 277 | | \$9,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 278 | | \$9,529. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 279 | | \$ 9,683. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 280 | | \$9,707. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 281 | | \$9,989. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 282 | | \$9,990. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

| | | \$9,993. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$9,996. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>288</u> | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

(c)

Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Employer identification number 31-0263158

(d)

Type of contribution

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 289 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 290 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 291 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 292 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 293 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 294 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 295 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 296 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 297 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 298 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 299 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 300 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| 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 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 302 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 303 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 304 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 305 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 306 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 307 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 308 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 309 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 310 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 311 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 312 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 313 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 314 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 315 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 316 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 317 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 318 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 319 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 320 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 321 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 322 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 323 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 324 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 325 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 326 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 327 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 328 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 329 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 330 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| 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 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 332 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 333 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 334 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 335 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 336 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 337 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 338 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 339 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 340 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 341 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 342 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| Part I | Contributors (see instructions). Use duplicate copi | es of Part I if additional space is ne | eded. |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 343 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 345 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 346 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 347 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 348 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | |
|---|----------|----------|----------|--|
| Name of organization | DISABLED | AMERICAN | VETERANS | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 349 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 350 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 351 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 352 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 353 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 354 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 355 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 356 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 357 | | \$10,100. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 358_ | | \$10,125. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 359 | | \$10,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 360 | | \$10,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

| <u> 361 </u> | | \$10,212. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|--|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 362 </u> | | \$10,267. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 363 </u> | | \$10,314. | Person X Payroll X Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,335. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 365 </u> | | \$10,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$10,511. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |

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

(c)

Total contributions

JSA 8E1253 1.000 9118NF D410 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 31-0263158

(d)

Type of contribution

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 367 | | \$10,637. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 368 | | \$10,753. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 369 | | \$10,806. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 370 | | \$10,820. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 371 | | \$10,990. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 372 | | \$11,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 373 | | \$11,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 374 | | \$11,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 375 | | \$11,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 376 | | \$11,475. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 377 | | \$11,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 378 | | \$11,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| I | Å | | | | |
|---|---|--|--|--|--|
|---|---|--|--|--|--|

Employer identification number 31-0263158

Page 2

| Part I Contr | ibutors (see instructions). Use duplicate cop | ies of Part I if additional space is ne | eeded. |
|--------------|---|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 379 | | \$11,913. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 380 | | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 381 | | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 382 | | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 383 | | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 384 | | \$12,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 385 | | \$12,028. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 386 | | \$12,240. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 387 | | \$12,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 388 | | \$12,511. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 389 | | \$12,680. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 390 | | \$13,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

Employer identification number 31-0263158

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 391 | | \$13,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>392</u> | | \$13,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 393 | | \$13,025. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 394 | | \$13,048. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 395 | | \$13,537. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 396 | | \$13,600. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> </u> | | \$13,780. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>398</u> | | \$13,908. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 399 | | \$14,131. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 400 | | \$14,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 401 | | \$ 14,599. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 402 | | \$14,905. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 403 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 404 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 405 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 406 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 407 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 408 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

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

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

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

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

421

(a)

No.

422

(a)

No.

423

(a)

No.

424

(a)

No.

425

(a)

No.

426

| | | | (4) |
|---|-----|----|--------------|
| Т | уре | of | contribution |

\$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Х Person Payroll 15,008. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 Х Person Payroll 15,280. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 16,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 16,250. \$ Noncash (Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Х Person Payroll 16,404. \$ Noncash (Complete Part II for noncash contributions.)

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

31-0263158

Person Payroll

(d)

Type of contribution

Х

(c)

Total contributions

15,000.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

| L | 101 | | |
|---|-----|--|--|
| | | | |

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No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 430 Х Person Payroll 17,000. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 431 Person Payroll 17,023. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 432 Х Person Payroll 17,166. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2018) JSA 8E1253 1.000

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

| Employer identification | number |
|-------------------------|--------|
| 31-0263158 | |

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Х

Х

Х

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

\$

\$

\$

16,528.

16,709.

17,000.

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| chedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|-------------------------|------------------|----------|-----|
| lame of organization | DISABLED | AMERICAN | VET |

Part I

(a)

No.

427

(a)

No.

428

(a) No.

429

(a)

9118NF D410

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 433 | | \$17,304. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 434 | | \$18,140. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 435 | | \$18,769. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 436 | | \$19,227. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 437 | | \$ 20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 438 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| Part I | Contributors (see instructions). Use duplicate copies | s of Part I if additional space is ne | eded. |
|------------|--|---------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 439 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 440 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 441 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 442 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 443 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 445 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 446 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 447 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 448 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 449 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 450 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 451 | | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 452 | | \$21,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 453 | | \$21,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 454 | | \$21,250. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 455 | | \$21,261. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 456 | | \$21,625. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Name of (| organization DISABLED AMERICAN VETERANS | | Employer identification number 31-0263158 |
|------------|--|--------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copie | s of Part I if additional space is r | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 457 | | \$22,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 458 | | \$22,093. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 459 | | \$22,733. | Person X Payroll X Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 460 | | \$22,960. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 461 | | \$23,386. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 462 | | \$24,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| art I Co | 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 | | \$24,212. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 464 | | \$24,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| ¥65 | | \$24,502. | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| .66 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u>+67</u> | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 468 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 469 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 470 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 471 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 472 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>473</u> | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 474 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 475 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 476 | | \$25,830. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 477 | | \$25,891. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 478 | | \$26,660. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$26,734. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$26,844. | Person X Payroll Noncash |

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

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| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 481 | | \$26,982. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 482 | | \$27,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 483 | | \$18,467. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 484 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 485 | | \$ 29,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 486 | | \$ 29,724. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|------------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 487 | | \$ 30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 488 | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 489 | | \$ 30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u>490</u> | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 491 | | \$ 30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 492 | | \$ 30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Name of o | organization DISABLED AMERICAN VETERANS | | Employer identification number 31-0263158 |
|------------|--|--------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copie | s of Part I if additional space is n | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 493 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 494 | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 495 | | \$30,112. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 496 | | \$15,175. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 497 | | \$31,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 498 | | \$31,083. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Or | |
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| art I Con | ributors (see instructions). Use duplicate cop | nes of Part I if additional space is he | eeueu. |
|------------|--|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>199</u> | | \$31,826. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 500 | | \$32,713. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>.01</u> | | \$33,333. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 02 | | \$34,733. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .03 | | \$35,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 504 | | \$35,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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Employer identification number 31-0263158

Part I

(a)

No.

505

(a)

No.

506

(a) No.

507

(a)

No.

508

(a)

No.

509

(a)

No.

510

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| utions.) | |
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|----------|--|

(Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Х Person Payroll 37,000. \$ Noncash (Complete Part II for noncash contribu (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Х Person Payroll

\$

(Complete Part II for noncash contributions.)

Noncash

37,500.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Х Person Payroll 35,353. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 35,416. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 36,462. \$ Noncash Type of contribution Type of contribution

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

(c)

Total contributions

\$

35,000.

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(d) Type of contribution

Person Payroll

Noncash (Complete Part II for

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

(b)

Name, address, and ZIP + 4

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 511 | | \$37,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 512 | | \$40,133. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 513 | | \$40,498. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 514 | | \$41,406. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 515 | | \$42,147. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 516 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| 517 | | \$43,350. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 518 | | \$44,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 519 | | \$44,462. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 520 | | \$45,220. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 521 | | \$45,310. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 522 | | \$45,801. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

(b)

Name, address, and ZIP + 4

Employer identification number 31-0263158

(d)

Type of contribution

(c)

Total contributions

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

523

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|---|---|--------|-----|
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| JSA | |
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| 9118NF | D410 |

| | | _ | (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 524 | | \$48,038. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 525 | | \$48,295. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 526 | | \$49,381. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 527 | | \$49,667. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _528_ | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| JSA | | Schedule | B (Form 990, 990-EZ, or 990-PF) (2018 |

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

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Employer identification number 31-0263158

> Person Payroll

Noncash

(d)

Type of contribution

(c)

Total contributions

\$

47,860.

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 529 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 530 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 531 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 532 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 533 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 534 - | | \$50,000. | Person X Payroll Noncash (Complete Part II for |

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 535 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 536 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 537 | | \$50,473. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 538 | | \$51,461. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 539 | | \$51,921. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 540 | | \$53,023. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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

JSA 8E1253 1.000 9118NF D410 Employer identification number 31-0263158

Part I

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| a) | | |
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 541 | | \$ <u>53,689.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 542 | | \$55,298. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 543 | | \$55,840. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 544 | | \$56,023. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 545 | | \$56,032. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 546 | | \$56,550. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

Page 2

Employer identification number 31-0263158

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 547 | | \$ 59,997. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 548 | | \$60,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 549 | | \$61,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 550 | | \$65,877. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 551 | | \$66,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 552 | | \$67,156. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Part I

| 553 S 68,615. Person X (a) Name, address, and ZIP + 4 Total contributions (Complete Pail 16 monocash curritbutions.) (b) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (c) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (c) Name, address, and ZIP + 4 Total contributions Person X (c) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (c) Name, address, and ZIP + 4 Total contributions Person X (c) Name, addres | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|--|-----------------------------------|----------------------------|--|
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 554 | | | \$68,615. | Payroll Noncash (Complete Part II for |
| (a) Name, address, and ZIP + 4 Total contributions Type of contribution 555 (b) (c) Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution 555 (c) (c) Type of contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution 556 (c) (c) Type of contributions Type of contributions 556 (b) (c) Type of contributions (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) 557 (c) (c) Type of contributions Type of contributions.) 557 (a) (b) (c) Type of contributions.) (c) 558 (b) (c) Type of contributions Type of contributions 558 (a) Name, address, and ZIP + 4 <td></td> <td></td> <td></td> <td></td> | | | | |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 555 | | | \$69,334. | Payroll Noncash (Complete Part II for |
| (a) Name, address, and ZIP + 4 S 72,170. (Complete Part II for noncash contributions.) 556 (d) Total contributions Type of contribution 556 (e) (f) Type of contribution 556 (f) (f) Type of contribution 556 (f) (f) Type of contribution 557 (f) (f) Noncash (a) Name, address, and ZIP + 4 Total contributions Person (a) Name, address, and ZIP + 4 Total contributions Person 557 (f) (f) Type of contributions (f) Name, address, and ZIP + 4 Total contributions Person (f) No. Name, address, and ZIP + 4 Total contributions (f) Noncash (f) Type of contribution (f) No. Name, address, and ZIP + 4 Total contributions 558 (f) </td <td></td> <td></td> <td></td> <td>(d) Type of contribution</td> | | | | (d) Type of contribution |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 556 | <u> 555 </u> | | \$72,170. | Payroll Noncash (Complete Part II for |
| Image: second | | | | |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 557 | 556 | | \$72,665. | Payroll Noncash (Complete Part II for |
| (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 558 | | | | (d) Type of contribution |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution 558 | 557 | | \$73,660. | Person X Payroll Noncash (Complete Part II for |
| \$ 74,500. \$ 74,500. (Complete Part II for | | | (c) Total contributions | (d) Type of contribution |
| JSA Schedule B (Form 990, 990-EZ, or 990-PF) (2 | | | | Payroll Noncash (Complete Part II for noncash contributions.) |

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

Employer identification number 31-0263158

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 559 | | \$74,530. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 560 | | \$74,624. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 561 | | \$75,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 562 | | \$75,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 563 | | \$75,600. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 564 | | \$75,640. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) | (2018) | |
|--------------------------|------------------|----------|----------|
| Name of organization | DISABLED | AMERICAN | VETERANS |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 565 | | \$77,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 566 | | \$77,211. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 567 | | \$77,453. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 568 | | \$80,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 569 | | \$ 82,034. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 570 | | \$ 83,839. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Part I

(a) No.

571

(a) No.

572

(a) No.

573

(a) No.

574

(a) No.

575

(a) No.

576

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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| anization DISABLED AMERICAN VETERANS | | Pa Employer identification number 31-0263158 |
|--|--------------------------------|---|
| Contributors (see instructions). Use duplicate cop | ies of Part I if additional sp | ace is needed. |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | (d) tions Type of contribution |
| | \$84 | 4,633. Person X Payroll Noncash Image: Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | tions Type of contribution |
| | \$88 | B , 086. Person X Payroll Image: Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | (d) tions Type of contribution |
| | \$88 | 3,106. Person X Payroll Noncash Image: Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | (d) tions Type of contribution |
| | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | tions Type of contribution |
| | \$90 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contribut | (d) tions Type of contribution |
| | |),000. (Complete Part II for |

Employer identification number 31-0263158

| Part I Contr | ibutors (see instructions). Use duplicate cop | ies of Part I if additional space is ne | eded. |
|--------------|---|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 577 | | \$92,005. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 578 | | \$94,171. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 579 | | \$94,882. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 580 | | \$95,594. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 581 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 582 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

(b)

Part I

(a)

No.

583

(a)

No.

584

(a)

No.

585

(a)

No.

586

(a)

No.

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(a)

No.

588

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Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

(d)

(c)

Page 2 Employer identification number

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| 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 | | \$100,638. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 590 | | \$103,460. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 591 | | \$108,968. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 592 | | \$111,209. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 593 | | \$113,783. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 594 | | \$114,392. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eded. |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 595 | | \$125,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 596 | | \$135,551. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 597 | | \$139,127. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 598 | | \$147,200. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 599 | | \$147,979. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 600 | | \$150,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number 31-0263158

| Part I | Contributors (see instructions). Use duplicate copies | of Part I if additional space is ne | eded. |
|------------|---|-------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 601 | | \$153,061. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 602 | | \$162,354. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 603 | | \$170,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 604 | | \$186,946. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 605 | | \$187,977. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 606 | | \$191,001. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Part I

(a)

No.

607

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990-PF) (2018)

| | | | (Complete Part II for noncash contributions.) |
|--------------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 608 | | \$200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 609 | | \$211,759. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 610 | | \$215,020. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 611 | | \$223,436. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 612 | | \$224,006. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| SA SE1253 1.000 | | Schedule | B (Form 990, 990-EZ, or 990-PF) |
| 9118NF | D410 | | PAG |

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

Employer identification number 31-0263158

> Person Payroll

Noncash

(d)

Type of contribution

Х

(c)

Total contributions

\$

198,272.

| ule B (Form 990, 99 | 90-EZ, or 990-PF) | (2018) | |
|---------------------|-------------------|----------|--------|
| of organization | DISABLED | AMERICAN | VETERA |

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

613

(a)

No.

614

(a)

No.

615

(a)

No.

616

(a)

No.

617

(a)

No.

618

(Complete Part II for noncash contributions.) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 360,467. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 364,057. \$ Noncash (Complete Part II for

noncash contributions.)

DISABLED AMERICAN VETERANS

(b)

Name, address, and ZIP + 4

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

Employer identification number 31-0263158

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

(d)

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Х

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(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

\$

225,321.

249,925.

300,000.

327,496.

| 31-0263158 | |
|------------|--|
| | |

Employer identification number

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 619 | | \$611,553. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 620 | | \$642,958. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 621 | | \$853,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 622 | | \$1,107,211. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 623 | | \$1,215,552. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 624 | | \$1,290,228. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Part I

| (a) | (b) | (c) | (d) |
|---------|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 625 | | \$1,323,538. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 526 | | \$2,492,518. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 627 | | \$4,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 528 | | \$4,073,574. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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

31-0263158

| Sched | ule B | (Form | 990, | 990-EZ | or | 990- | PF) | (201 | 8) | | |
|-------|-------|-------|------|--------|----|------|-----|------|----|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Name of organization DISABLED AMERICAN VETERAN | 1S |
|--|---------|
|--|---------|

Employer identification number 31-0263158

| a) No. | | (c) | | |
|--------------------------|--|----------------------------------|----------|----------------------|
| from Part I | (b) Description of noncash property given | FMV (or es (See instru | stimate) | (d) Date received |
| | 33 SHARES UNION PAC CORP | | | |
| .64 | | — | | |
| | | | | |
| | | \$ | 5,024. | 11/30/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or es (See instru | stimate) | (d) Date received |
| | 179 SHARES ENTERPRISE PRODS PARTNERS LP | | , | |
| 65 | | | | |
| | | \$ | 5,031. | 05/29/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or es (See instru | stimate) | (d) Date received |
| | 125 SHARES CSRA, INC. | | | |
| .71 | | | | |
| | | \$ | 5,183. | 03/26/2018 |
| a) No. | <i>a</i> . | (c) | | ()) |
| from Part I | (b) Description of noncash property given | FMV (or es (See instru | stimate) | (d) Date received |
| | 41 SHARES FIRST TRUST DOW JONES | | | |
| .74 | INTERNET | | | |
| | | _ | 5,253. | 12/12/2018 |
| | | \$ | 5,255. | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or es (See instru | | (d) Date received |
| | 410 SHARES USAA EXTENDED MARKET INDEX | | | |
| 14 | | | | |
| | | \$ | 6,527. | 12/27/2018 |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or es (See instru | | (d) Date received |
| | 207 SHARES COMCAST CORP | | | |
| 28 | | — | | |
| | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| 111 990, 990-EZ, 01 990-FF) (2018) | | | | | |
|------------------------------------|----------|----------|----------|--|--------|
| nization | DISABLED | AMERICAN | VETERANS | | Employ |

oyer identification number 31-0263158

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 259 | 50 SHARES APPLE INCORPORATED | | |
| | | \$8,035. | 02/12/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 279 | 100 SHARES HASBRO INC | | |
| | | \$9,683. | 11/14/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 283 | 157 SHARES STARBUCKS CORP | | |
| | | \$9,993. | 06/28/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 159 | 135 SHARES ROCKWELL AUTOMATION INC. | | |
| | | \$ | 12/12/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 465 | 1160 SHARES CROCS INC | | |
| | | \$24,502. | 09/25/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 183 | 120 SHARES APPLE INCORPORATED | | |
| | | \$18,467. | 12/20/2018 |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) (| (2018) | |
|--------------------------|--------------------|--------|--|
| | BIGIDI DD | | |

Name of organization DISABLED AMERICAN VETERANS

Employer identification number 31-0263158

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | 58 SHARES HUMANA INC | | |
| 496 | | | |
| | | \$15,175. | 01/05/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 300 SHARES ROCKWELL COLLINS INC. | | |
| 514 | | | |
| | | \$41,406. | 06/04/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 63 SHARES INTEL CORP | | |
| 540 | 571 SHARES PAYPAL HOLDINGS | | |
| | 7 SHARES EXXONMOBIL | s 53,023. | 08/18/2018 |
| | | \$53,023. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 6 SHARES WELLS FARGO | | |
| 363 | | | |
| | | s 314. | 10/30/2018 |
| | | \$ | 10/30/2010 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 5 SHARES WALT DISNEY COMPANY | | |
| 366 | | | |
| | | ç 511. | 12/24/2018 |
| | | \$ | ,,, |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | — <u> </u> | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| me of organ | ization DISABLED AMERICAN VET | ERANS | Employer identification number |
|---------------------------|---|-------------------------------|---|
| | | | 31-0263158 |
| art III <i>E</i> x | <i>clusively</i> religious, charitable, etc | ., contributions to organizat | tions described in section 501(c)(7), (8), or |
| | | | ntributor. Complete columns (a) through (e) and |
| | | | er the total of <i>exclusively</i> religious, charitable, etc |
| | ntributions of \$1,000 or less for the | | on once. See instructions.) ► \$ |
| | se duplicate copies of Part III if addi | tional 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 | |
| | T | | |
| | Transferee's name, address, a | | 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 | 4 | Relation | ship 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 | t | |
| | Transferee's name, address, and ZIP + 4 | 4 | Relation | ship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| (a) Na | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | | | |
| | | () - () · · · · | | |
| | | (e) Transfer of gift | C C C C C C C C C C C C C C C C C C C | |
| | Transferee's name, address, and ZIP + 4 | 4 | Relation | ship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| SCHEE | DULE D |
|-------|--------|
| (Form | 990) |

Supplemental Financial Statements

| (FOIII 990) | | ► 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. | | | | | 2018 | |
|-------------|---|--|---|----------------------------|-------------------------------------|--------------------------|--|---|
| Dens | artment of the Treasury | | Attach to Form 9 | | 10, 11, 120, 01 | | | Open to Public |
| Inter | nal Revenue Service | ► Go to www.irs.gov | /Form990 for instruction | ns and | the latest inform | | | Inspection |
| | e of the organization | | | | | Em | ployer identifica | ation number |
| _ | SABLED AMERICA | | | | | | 31-02631 | 58 |
| Pa | | tions Maintaining Donor Adv | | | | Acco | ounts. | |
| | Complete | e if the organization answered | | | | | | |
| | | | (a) Donor adv | ised fu | inds | | (b) Funds and | l other accounts |
| 1 | | nd of year | | | | | | |
| 2 | | of contributions to (during year) | | | | | | |
| 3 | | of grants from (during year) | | | | | | |
| 4 | | it end of year | | | | | | |
| 5 | - | ion inform all donors and donor | - | | | | | |
| | | nization's property, subject to the | - | | - | | | Yes No |
| 6 | - | on inform all grantees, donors, a | | | | | | |
| | • | purposes and not for the bene | | | | • | | |
| | | hissible private benefit? | | | | | | Yes No |
| Pa | | tion Easements. e if the organization answered | "Vos" on Form 000 | Dort | IV line 7 | | | |
| 1 | | servation easements held by the | | | | | | |
| • | | n of land for public use (e.g., rec | | | | ofah | istorically im | portant land area |
| | | of natural habitat | | | Preservation | | - | |
| | | n of open space | | | | 01 4 0 | | |
| 2 | | through 2d if the organization he | eld a qualified conser | vation | contribution in | the fo | orm of a con | servation |
| - | | ast day of the tax year. | | | [| | | End of the Tax Year |
| а | | onservation easements | | | | 2a | | |
| b | | tricted by conservation easements | | | | 2b | | |
| c | - | vation easements on a certified | | | | 2c | | |
| d | | rvation easements included in (c | | | . , | | | |
| | | isted in the National Register | <i>,</i> , | | | 2d | | |
| 3 | | rvation easements modified, trar | | | | ated | by the orgai | nization during the |
| | tax year 🕨 | | | | | | | |
| 4 | Number of states | where property subject to conse | rvation easement is lo | cated | ▶ | | | |
| 5 | Does the organiz | ation have a written policy reg | garding the periodic | monit | oring, inspecti | on, h | andling of | |
| | violations, and enf | orcement of the conservation ea | sements it holds? | | | | | Yes No |
| 6 | Staff and volunteer | hours devoted to monitoring, inspec | ting, handling of violation | ons, an | d enforcing con | servat | on easements | s during the year |
| | ▶ | | | | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspec | ting, handling of violat | ions, a | ind enforcing co | onserv | vation easem | nents during the year |
| | ▶\$ | | | | | | | |
| 8 | | vation easement reported on line 2 | | | | | | |
| | |)(4)(B)(ii)? | | | | | | Yes No |
| 9 | | be how the organization reports | | | | | | |
| | | d include, if applicable, the text of | | organı | zation's financi | al sta | tements that | describes the |
| De | | ounting for conservation easeme tions Maintaining Collections | | rosei | iros or Othor | Sim | ilar Accote | |
| Γc | | e if the organization answered | | | | 3111 | liai Assels | • |
| | | | | | | | | |
| 1a | works of art, hist public service, pro | n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo | -AS 116 (ASC 958), ar assets held for pu potnote to its financial | not to Iblic e state | exhibition, educ ments that desc | even cation cribes | ue statemen , or researd these items | π and balance shee ch in furtherance o s. |
| b | If the organization | n elected, as permitted under sorical treasures, or other simila | SFAS 116 (ASC 958 |), to | report in its re | evenu | e statement | t and balance shee |
| | public service, pro | vide the following amounts relati | ing to these items: | | | | | |
| | | ded on Form 990, Part VIII, line 1 | | | | | | |
| | • • | d in Form 990, Part X | | | | | | |
| 2 | • | n received or held works of a | | | | | for financia | al gain, provide the |
| | following amounts | s required to be reported under S | FAS 116 (ASC 958) r | elating | g to these items | S: | | |

| Schedule | D | (Form | 990) | 2018 |
|----------|---|-------|------|------|
| | | | | |

▶ \$

▶ \$

OMB No. 1545-0047

DISABLED AMERICAN VETERANS

| Sche | dule D (Form 990) 2018 | | | | | | | | Page 2 |
|---------|--|------------------------|-----------------|------------------|-----------------|-------------|----------------------|--------------|---------------|
| Ра | rt III Organizations Maintaining | Collections of | Art, Histo | rical Tre | asures, | , or Othe | r Similar Assets (| continue | d) |
| 3 | Using the organization's acquisition, | accession, and o | other recor | ds, check | c any of | the follow | wing that are a sig | nificant us | se of its |
| | collection items (check all that apply): | 1 | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan d | or exchai | nge progra | ams | | |
| b | Scholarly research e Other | | | | | | | | |
| С | Preservation for future generati | ions | | | | | | | |
| 4 | Provide a description of the organiza XIII. | ation's collections | and expla | ain how t | hey furt | her the o | rganization's exemp | ot purpose | in Part |
| 5 | During the year, did the organization s | solicit or receive o | Ionations c | of art. histo | orical tre | asures. or | other similar | | |
| | assets to be sold to raise funds rather | | | | | | , | Yes | No |
| Ра | rt IV Escrow and Custodial Arra | | | | 0 | | | | |
| | Complete if the organizatio | on answered "Ye | s" on For | m 990, F | Part IV, I | ine 9, or | reported an amou | nt on For | m |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, | custodian or othe | er intermed | liary for c | ontributi | ons or othe | er assets not | | |
| | included on Form 990, Part X? | | | | | | [| Yes | No |
| b | If "Yes," explain the arrangement in P | Part XIII and comp | olete the fo | llowing tab | ole: | | | | |
| | | | | | Γ | | Amoun | t | |
| С | Beginning balance | | | | [| 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | [| 1f | | | |
| 2a | Did the organization include an amou | Int on Form 990, | Part X, line | e 21, for e | scrow o | r custodia | l account liability? | Yes | No |
| b | If "Yes," explain the arrangement in P | Part XIII. Check he | ere if the e | xplanation | has bee | n provided | on Part XIII | | |
| Pa | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organizatio | on answered "Ye | es" on For | m 990, F | | | | | |
| | | (a) Current year | (b) Pric | or year | (c) Two | years back | (d) Three years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | 3,386,166. | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses | -213,943. | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 3,172,223. | | | | | | | |
| 2 | Provide the estimated percentage of | | | e (line 1g, | column | (a)) held a | S: | | |
| a | Board designated or quasi-endowmen | | _% | | | | | | |
| b | Permanent endowment ► 100.000 | | | | | | | | |
| С | Temporarily restricted endowment | | 1000/ | | | | | | |
| 2- | The percentages on lines 2a, 2b, and Are there endowment funds not in the | | | tion that | ara hald | | niotorod for the | | |
| Ja | | | le organiza | ation that | are neiu | anu aum | | V | es No |
| | organization by: (i) unrelated organizations | | | | | | | 3a(i) | |
| | ., | | | | | | | 3a(i) | X |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related | | | | | | | 3b | |
| | Describe in Part XIII the intended use | 0 | | | | | | 50 | |
| 4 Da | rt VI Land, Buildings, and Equip | | | wittent tu | 105. | | | | |
| Γa | Complete if the organization | on answered "Ye | es" on Fo | rm 990, i | Part IV, | line 11a. | See Form 990, Pa | art X, line | 10. |
| | Description of property | (a) Cost or (invest | | | or other bas | | ccumulated (| d) Book valu | е |
| 1a | Land | 1 | | · · · · | ther) 67,464 | | | 46 | 7,464. |
| ia b | Buildings | | | | 05,99 | |)34,327. | | 1,668. |
| D C | Leasehold improvements | | | | 34,53 | | 527,301. | | 7,232. |
| d | Equipment | | | | 29,449 | | L49,697. | | 9,752. |
| | Other | | | | 250,720 | | 506,961. | | 3,759. |
| | I. Add lines 1a through 1e. (Column (a | | n 990. Part | | | | · , · · - · | | 9,875. |

Schedule D (Form 990) 2018

| | DISABLED AMERI | CAN VETERANS | 31-0 | 0263158 |
|----------------|--|-----------------------|--|------------------|
| Schedule D (F | Form 990) 2018 | | | Page |
| 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 valuati Cost or end-of-year mark | ion: |
| (1) Financia | al derivatives | | | |
| | -held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| 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 valuat Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| 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) Des | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) li | ine 15.) | <u> </u> | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | "Yes" on Form 990 | , Part IV, line 11e or 11f. See Forr | m 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | e | |
| (1) Feder | ral income taxes | | | |
| . , | RVE FOR LIFE MEMBERSHIP DUES | 44,781,3 | 324. | |
| (3) POST | RETIREMENT BENEFIT OBLIGATION | 47,750,8 | 318. | |
| (4) OTHE | R LIABILITIES | 15,0 | 097. | |

92,547,239.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(5) (6) (7) (8) (9)

| DISABLED | AMERICAN | VETERANC |
|----------|-----------|----------|
| DISADUED | ANDICICAN | VETERAND |

| Schedu | le D (Form 990) 2018 | | | | Page 4 |
|--------|---|-------|--------------|------|--------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV | | | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 249,910,510. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -38,873,475. | | |
| b | Donated services and use of facilities | 2b | 47,135,259. | 1 | |
| c | Recoveries of prior year grants | 2c | | 1 | |
| d | Other (Describe in Part XIII.) | 2d | 91,136,939. | 1 | |
| e | Add lines 2a through 2d | | | 2e | 99,398,723. |
| 3 | Subtract line 2e from line 1 | | | 3 | 150,511,787. |
| 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 | 225,326. | | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| c c | Add lines 4a and 4b | | | 4c | 225,326. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 150,737,113. |
| Part | | | | irn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 278,284,897. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 47,135,259. | | |
| b | Prior year adjustments | 2b | | 1 | |
| c | Other losses. | 2c | | 1 | |
| d | Other (Describe in Part XIII.) | 2d | 91,136,939. | 1 | |
| e | Add lines 2a through 2d | | | 2e | 138,272,198. |
| 3 | Subtract line 2e from line 1 | | | 3 | 140,012,699. |
| 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 | 225,326. | | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| c c | Add lines 4a and 4b | | | 4c | 225,326. |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>). | | | 5 | 140,238,025. |
| - | XIII Supplemental Information. | | | - | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F | | | | |
| | 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | | | |

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

DAV'S ENDOWMENT CONSISTS OF APPROXIMATELY 19 INDIVIDUAL FUNDS ESTABLISHED

BY DONORS TO PROVIDE PERPETUAL SOURCE OF SUPPORT FOR DAV'S ACTIVITIES.

PART XI, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$91,136,939.

PART XII, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$91,136,939.

| SCHEDULE G | Supplemental | Information Re | garding | Fundra | ising or Gamin | g Activities | OMB No. 1545-0047 |
|--|--|---|------------|---|-----------------------------------|--|---|
| (Form 990 or 990-EZ) | Complete if t | he 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. | | | | 2018 | |
| Department of the Treasury Internal Revenue Service | ►G | ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest instructions. | | | | | Open to Public Inspection |
| Name of the organization | | | | | | Employer identification | |
| DISABLED AMERICA | AN VETERANS | | | | | 31-0263158 | |
| Part I Fundrais | ing Activities. Con | nolete if the orga | nization a | answered | "Yes" on Form | | 17. |
| | - | | | | | ,,, | |
| Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations g Special fundraising events d X In-person solicitations a 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? | | | | X Yes No | | | |
| | 10 highest paid indi least \$5,000 by the | | (fundraise | rs) pursua | int to agreements | under which the | fundraiser is to be |
| (i) Name and addr or entity (fu | ess of individual | (ii) Activity | custody c | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 PUBLIC INTERE | ST | | | | | | |
| COMMUNICATION | Г | SEE PART IV | | X | 27,956. | 73,742. | -45,786. |
| 2 SD & A TELESE | RVICES, INC | SEE PART IV | | x | 15,197. | 30,553. | -15,356. |
| 3 INFOCISION | | SEE PART IV | | x | 9,837. | 5,631. | 4,206. |
| 4 CREATIVE DIRE | CT RESPONSE | SEE PART IV | | x | 3,567,022. | 475,413. | 3,091,609. |
| 5 MINDSET | | SEE PART IV | | x | 63,907,840. | 831,600. | 63,076,240. |
| 6 MEYER PARTNER | S, LLC | SEE PART IV | | x | 3,578,382. | 19,500. | 3,558,882. |
| 7 GLOBAL ADVANC | EMENT | SEE PART IV | | x | 224,855. | 85,047. | 139,808. |
| 8 SOCIAL CAPITA | L | SEE PART IV | | x | | 38,500. | -38,500. |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | • | tion is registered o | | to solicit | 71,331,089. contributions or | | |
| KS, KY, LA, ME, MD, M | | | NC,OH, | | | | |

OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI,

Schedule G (Form 990 or 990-EZ) 2018

Page 2

| Pa | rt II Fundraising Events. Complet more than \$15,000 of fundra | | | | |
|-----------------|--|------------------------------------|---|----------------------|--|
| | events with gross receipts gre | ater than \$5,000. (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| nue | | | | | |
| Revenue | 1 Gross receipts | | | | |
| <u> </u> | 2 Less: Contributions3 Gross income (line 1 minus line 2) | | | | |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| enses | 6 Rent/facility costs | | | | |
| Direct Expenses | 7 Food and beverages | | | | |
| Direc | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add line 11 Net income summary. Subtract lin | ne 10 from line 3, colu | mn (d) | <u></u> | |
| Pa | ITT III Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin | anization answered "` e 6a. | res" on Form 990, | Part IV, line 19, or | reported more than |
| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 Gross revenue | | | | |
| ses | 2 Cash prizes | | | | |
| Expenses | 3 Noncash prizes | | | | |
| Direct I | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | [] | | |
| | 6 Volunteer labor | Yes % | Yes% | Yes% | |
| | 7 Direct expense summary. Add line | es 2 through 5 in colu | mn (d) | | |
| | 8 Net gaming income summary. Su | btract line 7 from line | 1, column (d) | > | |
| | Enter the state(s) in which the organization licensed to cond Is the organization licensed to cond If "No," explain: | duct gaming activities | in each of these state | | |
| 10a I | Were any of the organization's gaming If "Yes," explain: | | ended, or terminated d | | |

| Sahad | Jule G (Form 990 or 990-EZ) 2018 | 1 020515 | 0 | Page 3 |
|-------|--|----------|----------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | ••• 🗀 | res | |
| 12 | | | Yes | No |
| 40 | formed to administer charitable gaming? | ••• 🗀 | res | |
| 13 | Indicate the percentage of gaming activity conducted in: | | | 0/ |
| a | The organization's facility | | | <u>%</u> |
| b | An outside facility 13 | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books a records: | ina | | |
| | | | | |
| | Name ► | | | |
| | Address ► | | | |
| 45 - | Deep the experimetion have a contract with a third north from whom the experimetion receives app | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gar | | V | No |
| h | revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and | [] | res | |
| D | amount of gaming revenue retained by the third party \blacktriangleright \$ and amount of gaming revenue retained by the third party \blacktriangleright \$ | | | |
| с | If "Yes," enter name and address of the third party: | | | |
| U | in res, 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: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proce | eds to | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organized | zations | | |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ | | | |
| Par | t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions). | | | |
| PAR' | T I, LINE 2B | | | |
| | | | | |
| (I) | NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATION | | | |
| | | | | |
| (I) | ADDRESS: 7700 LEESBURG PIKE STE 301, NORTH FALLS CHURCH, VA 22043 | | | |
| | | | | |
| (II |) ACTIVITY: TELEMARKETING - RECURRING GIFTS | | | |

| DISABLED | AMERICAN | VETERANS |
|----------|----------|----------|
| | | |

| | | 0203130 | • |
|------|--|-------------|--------|
| | lule G (Form 990 or 990-EZ) 2018 | | Page 3 |
| 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: | | |
| а | 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 | l | |
| | records: | | |
| | | | |
| | Name | | |
| | Address | | |
| | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gamin | | |
| | revenue? | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and t | he | |
| | amount of gaming revenue retained by the third party \blacktriangleright | | |
| С | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation ► \$ | | |
| | Description of convision provided N | | |
| | 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 proceed | e to | |
| u | | | No |
| h | retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizat | ions | |
| D | or spent in the organization's own exempt activities during the tax year > \$ | 10113 | |
| Part | | and (v) and | |
| T ar | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in | | |
| | (see instructions). | lonnadon | |
| (I) | NAME OF FUNDRAISER: SD & A TELESERVICES, INC. | | |
| . , | | | |
| (I) | ADDRESS: 5757 WEST CENTURY BLVD, STE 300, LOS ANGELES, CA 90045 | | |
| | | | |
| (II |) ACTIVITY: TELEMARKETING - RECURRING GIFTS | | |
| | | | |
| | | | |
| | | | |
| (I) | NAME OF FUNDRAISER: INFOCISION | | |
| | | | |
| (I) | ADDRESS: P.O. BOX 32441, CLEVELAND, OH 44193 | | |
| | | | |

(II) ACTIVITY: TELEMARKETING - RECURRING GIFTS

| | DISABLED AMERICAN VETERANS 31-02 | 63158 | |
|-------|---|---------|---------|
| Sched | lule G (Form 990 or 990-EZ) 2018 | | Page 3 |
| 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 | | |
| 12 | | | |
| | formed to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility 13a | | % |
| b | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | | |
| 14 | records: | | |
| | | | |
| | | | |
| | Name | | |
| | | | |
| | | | |
| | Address | | |
| | | | |
| 15 a | 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 ► \$ | | |
| с | | | |
| C | in res, enter name and address of the third party. | | |
| | | | |
| | Name | | |
| | | | |
| | Address ► | | |
| | | | |
| 16 | Gaming manager information: | | |
| 10 | | | |
| | Marca N | | |
| | Name | | |
| | | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | •• •• •• | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds t | o | |
| | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organization | s | |
| - | or spent in the organization's own exempt activities during the tax year > \$ | • | |
| Dor | | (v) and | |
| Part | | | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info | rmation | |
| | (see instructions). | | |
| (I) | NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE | | |
| | | | |
| (I) | ADDRESS: 16900 SCIENCE DRIVE, BOWIE, MD 20715 | | |
| . = / | | | |
| (| A CHILITHY CONCILLED DIDEOR MALL AND ODGANIERE DIDORDANIC DIMODALCING | | |
| (1 1 |) ACTIVITY: CONSULTS DIRECT MAIL AND ORGANIZES ELECTRONIC FUNDRAISING | | |
| | | | |
| | | | |
| | | | |
| (T) | NAME OF FUNDRAISER: MINDSET | | |
| (- / | | | |
| (-) | | | |
| (⊥) | ADDRESS: 170 N. JEFFERSON ST. STE 200, ARLINGTON, VA 22205 | | |
| | | | |

(II) ACTIVITY: DIRECT MAIL AND TELEMARKETING

| DISABLED | AMERICAN | VETERANS |
|----------|----------|----------|
| | | |

| | DISABLED AMERICAN VETERANS 31-026 | 3158 | |
|-------|---|--------|--------|
| Sched | lule G (Form 990 or 990-EZ) 2018 | | Page 3 |
| 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 | | |
| 12 | | Yes | No |
| | formed to administer charitable gaming? | res | |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | 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 | | |
| | | | |
| 15 a | 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 \blacktriangleright \$ and the | | |
| | amount of gaming revenue retained by the third party \blacktriangleright \$ | | |
| 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: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| a | rotain the state gaming license? | Yes | No |
| h | | | |
| Ø | 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 s | () | |
| Part | | | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform | nation | |
| | (see instructions). | | |
| (I) | NAME OF FUNDRAISER: MEYER PARTNERS | | |
| | | | |
| (I) | ADDRESS: 1701 E. WOODFIELD RD. STE 425, SCHAUMBURG, IL 60173 | | |
| | | | |
| (II |) ACTIVITY: CONSULTS MAJOR GIFTS AND PLANNED GIVING | | |
| | | | |
| | | | |
| | | | |
| (I) | NAME OF FUNDRAISER: SOCIAL CAPITAL | | |
| | | | |
| (I) | ADDRESS: 980 N. MICHIGAN AVE. STE 1610, CHICAGO, IL 60611 | | |
| . , | | | |

(II) ACTIVITY: STRATEGIC ADVISOR ON CORP PARTNER PLANNING

| | DISABLED AMERICAN VEIERANS | 31-0203150 |
|-------|---|-------------------|
| Sched | ule G (Form 990 or 990-EZ) 2018 | Page 3 |
| 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? | |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| a | The organization's facility | 13a % |
| b | | |
| | An outside facility | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books records: | sand |
| | | |
| | | |
| | Name ► | |
| | | |
| | Address | |
| | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives g | |
| | revenue? | Yes No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ a | and the |
| | amount of gaming revenue retained by the third party \blacktriangleright | |
| С | 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: | |
| | Is the organization required under state law to make charitable distributions from the gaming pro- | ceeds to |
| ŭ | retain the state gaming license? | |
| h | Enter the amount of distributions required under state law to be distributed to other exempt orga | |
| D | or spent in the organization's own exempt activities during the tax year > \$ | |
| Part | | (iii) and (v) and |
| Fai | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition | |
| | (see instructions). | |
| יסגס | T I, LINE 2B | |
| FAR | ст. т., ст. | |
| ۲ Om | | |
| ACT. | IVITY: DAV HAS IDENTIFIED GROSS RECEIPTS AND EXPENSES FOR | |
| 0-5 | | |
| ORG | ANIZATIONS PROVIDING PROFESSIONAL FUNDRAISING SERVICES IN EXECUTING | |
| | | |

A CAMPAIGN.

| SCHEDULE I | Grants a | nd Other A | Assistance t | o Organiza | itions, | L | OMB No. 1545-0047 | |
|---|-----------------|------------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|--|
| (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | |
| Com | plete if the o | - | | | , line 21 or 22. | | 20 18 Open to Public | |
| Department of the Treasury | b 0. | - | ttach to Form 990 | | | | Inspection | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest information | l. | | | |
| Name of the organization | | | | | | Employer identific | | |
| DISABLED AMERICAN VETERANS | | | | | | 31-02633 | 158 | |
| Part I General Information on Grants an | | | | | | | | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's process | s or assistance | æ? | | | | | d Yes No | |
| Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answered ' | 'Yes" on Form 990, | |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is i | 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 non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) DAV DEPT. OF ALABAMA | | | | | | | | |
| 7538 MISTY LN PINSON, AL 35126 | 63-0421186 | 501(C)(4) | 77,637. | | | | VETERANS SERVICES | |
| (2) DAV DEPT. OF ALASKA | _ | | | | | | | |
| P.O. BOX 74603 FAIRBANKS, AK 99707 | 52-1648345 | 501(C)(4) | 11,414. | | | | VETERANS SERVICES | |
| (3) DAV DEPT. OF ARIZONA | | | | | | | | |
| 38 W DUNLAP AVE PHOENIX, AZ 85021 | 86-0191627 | 501(C)(4) | 90,668. | | | | VETERANS SERVICES | |
| (4) DAV DEPT. OF ARKANSAS | _ | | | | | | | |
| P.O. BOX 1620 N LITTLE ROCK, AR 72115 | 38-6143144 | 501(C)(4) | 44,991. | | | | VETERANS SERVICES | |
| (5) DAV DEPT. OF CALIFORNIA | _ | | | | | | | |
| 13733 ROSECRANS SANTA FE SPRINGS, CA 90670 | 95-0684372 | 501(C)(4) | 360,957. | | | | VETERANS SERVICES | |
| (6) DAV DEPT. OF COLORADO | _ | | | | | | | |
| 1485 HOLLAND ST LAKEWOOD, CO 80215 | 84-0388439 | 501(C)(4) | 103,512. | | | | VETERANS SERVICES | |
| (7) DAV DEPT. OF CONNECTICUT | _ | | | | | | | |
| 35 COLD SPRING RD ROCKY HILL, CT 06067 | 06-6050968 | 501(C)(4) | 37,982. | | | | VETERANS SERVICES | |
| (8) DAV DEPT. OF DC | _ | | | | | | | |
| P.O. BOX 70737 WASHINGTON, DC 20024 | 31-1017322 | 501(C)(4) | 9,212. | | | | VETERANS SERVICES | |
| (9) DAV DEPT. OF DELAWARE | _ | | | | | | | |
| P.O. BOX 407 CAMDEN, DE 19934 | 23-7169083 | 501(C)(4) | 11,267. | | | | VETERANS SERVICES | |
| (10) DAV DEPT. OF FLORIDA | _ | | | | | | | |
| 2015 SW 75TH ST GAINESVILLE, FL 32607 | 59-0915376 | 501(C)(4) | 260,502. | | | | VETERANS SERVICES | |
| (11) DAV DEPT. OF GEORGIA | _ | | | | | | | |
| 4462 HOUSTON AVE MACON, GA 31206 | 58-6043522 | 501(C)(4) | 93,342. | | | | VETERANS SERVICES | |
| (12) DAV DEPT. OF HAWAII | 4 | | | | | | | |
| 2685 N NIMITZ HWY HONOLULU, HI 96819 | | 501(C)(4) | 23,051. | | | | VETERANS SERVICES | |
| 2 Enter total number of section 501(c)(3) and | | | | | | | • | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table | | | | | • | |

| | | | Assistance t | • | • | F | OMB No. 1545-0047 | |
|---|-----------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| (Form 990) Governments, and Individuals in the United States | | | | | | | | |
| Com | plete if the o | rganization ans | wered "Yes" on F | orm 990, Part IV | , line 21 or 22. | | 2018 | |
| Department of the Treasury | | ► A | ttach to Form 990 | | | | Open to Public | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest informatior |). | | Inspection | |
| Name of the organization | | | | | | Employer identifie | ation number | |
| DISABLED AMERICAN VETERANS | | | | | | 31-0263 | 158 | |
| Part I General Information on Grants an | d Assistanc | е | | | | | | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's process | ts or assistand | xe? | | | | | nd 🛛 🗶 Yes 📃 No | |
| Part II Grants and Other Assistance to D | | - | | | | | "Yes" on Form 990, | |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is I | 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 non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) DAV DEPT. OF IDAHO | | | | | | | | |
| 55 ROSE CIRCLE MERIDIAN, ID 83642 | 82-6013538 | 501(C)(4) | 22,521. | | | | VETERANS SERVICES | |
| (2) DAV DEPT. OF ILLINOIS | | | | | | | | |
| 809 S GRAND AVE WEST SPRINGFIELD, IL 62704 | 36-2026733 | 501(C)(4) | 78,616. | | | | VETERANS SERVICES | |
| (3) DAV DEPT. OF INDIANA | | | | | | | | |
| P.O. BOX 508 GREENWOOD, IN 46142 | 35-0269110 | 501(C)(4) | 75,147. | | | | VETERANS SERVICES | |
| (4) DAV DEPT. OF IOWA | | | | | | | | |
| 2245 KERPER BLVD DUBUQUE, IA 52001 | 42-0218615 | 501(C)(4) | 29,015. | | | | VETERANS SERVICES | |
| (5) DAV DEPT. OF KANSAS | | | | | | | | |
| 805 MINNESOTA AVE KANSAS CITY, KS 66101 | 48-0669371 | 501(C)(4) | 32,367. | | | | VETERANS SERVICES | |
| (6) DAV DEPT. OF KENTUCKY | | | | | | | | |
| P.O. BOX 129 SHEPHERDSVILLE, KY 40165 | 61-0574614 | 501(C)(4) | 81,284. | | | | VETERANS SERVICES | |
| (7) DAV DEPT. OF LOUISIANA | | | | | | | | |
| P.O. BOX 1271 BATON ROUGE, LA 70821 | 72-6023897 | 501(C)(4) | 47,410. | | | | VETERANS SERVICES | |
| (8) DAV DEPT. OF MAINE | | | | | | | | |
| P.O. BOX 3415 AUGUSTA, ME 04330 | 51-0169791 | 501(C)(4) | 28,441. | | | | VETERANS SERVICES | |
| (9) DAV DEPT. OF MARYLAND | | | | | | | | |
| 101 N GAY ST, #B BALTIMORE, MD 21202 | 52-6055613 | 501(C)(4) | 83,930. | | | | VETERANS SERVICES | |
| (10) DAV DEPT. OF MASSACHUSETTS | | | | | | | | |
| 24 BEACON ST BOSTON, MA 02133 | 04-2170836 | 501(C)(4) | 164,155. | | | | VETERANS SERVICES | |
| (11) DAV DEPT. OF MICHIGAN | | | | | | | | |
| 17779 E FOURTEEN MILE RD FRASER, MI 48026 | 38-0489155 | 501(C)(4) | 113,898. | | | | VETERANS SERVICES | |
| (12) DAV DEPT. OF MINNESOTA | | | | | | | | |
| 20 WEST 12TH ST ST. PAUL, MN 55155 | | 501(C)(4) | 103,694. | | | | VETERANS SERVICES | |
| 2 Enter total number of section 501(c)(3) and | | | | | | | • | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table | | | | | • | |

| SCHEDULE I | Grants a | nd Other A | Assistance t | o Organiza | itions, | L | OMB No. 1545-0047 |
|--|------------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990) G | | 2018 | | | | | |
| Con | plete if the o | - | wered "Yes" on F | | , line 21 or 22. | | Open to Public |
| Department of the Treasury | | | ttach to Form 990 | | | | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest information | l. | | Inspection |
| Name of the organization | | | | | | Employer identific | |
| DISABLED AMERICAN VETERANS | | | | | | 31-0263 | 158 |
| Part I General Information on Grants an | | | | | | | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession | nts or assistand | xe? | | | | | d Yes No |
| Part II Grants and Other Assistance to | Domestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answered | 'Yes" on Form 990, |
| Part IV, line 21, for any recipient | that received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is I | 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 non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) DAV DEPT. OF MISSISSIPPI | | | | | | | |
| P.O. BOX 1579 JACKSON, MS 39215 | 64-6034899 | 501(C)(4) | 24,234. | | | | VETERANS SERVICES |
| (2) DAV DEPT. OF MISSOURI | | | | | | | |
| 413 WEST HICKORY KIRKSVILLE, MO 63501 | 43-1428547 | 501(C)(4) | 80,962. | | | | VETERANS SERVICES |
| (3) DAV DEPT. OF MONTANA | | | | | | | |
| 8245 HALF MOON COURT HELENA, MT 59602 | 81-0245122 | 501(C)(4) | 16,833. | | | | VETERANS SERVICES |
| (4) DAV DEPT. OF NEBRASKA | | | | | | | |
| 3107 25TH ST COLUMBUS, NE 68601 | 47-0462717 | 501(C)(4) | 27,504. | | | | VETERANS SERVICES |
| (5) DAV DEPT. OF NEVADA | | | | | | | |
| 2775 MEADOW PARK AVE HENDERSON, NV 89052 | 88-0191079 | 501(C)(4) | 30,757. | | | | VETERANS SERVICES |
| (6) DAV DEPT. OF NEW HAMPSHIRE | | | | | | | |
| P.O. BOX 2051 DOVER, NH 03820 | 02-6018967 | 501(C)(4) | 25,251. | | | | VETERANS SERVICES |
| (7) DAV DEPT. OF NEW JERSEY | | | | | | | |
| 171 JERSEY ST BLDG 5 TRENTON, NJ 08611 | 31-1017334 | 501(C)(4) | 87,877. | | | | VETERANS SERVICES |
| (8) DAV DEPT. OF NEW MEXICO | | | | | | | |
| 2511 UTAH ST NE ALBUQUERQUE, NM 87110 | 85-0131116 | 501(C)(4) | 41,818. | | | | VETERANS SERVICES |
| (9) DAV DEPT. OF NEW YORK | _ | | | | | | |
| 162 ATLANTIC AVE LYNBROOK, NY 11563 | 11-2248726 | 501(C)(4) | 187,134. | | | | VETERANS SERVICES |
| (10) DAV DEPT. OF NORTH CAROLINA | _ | | | | | | |
| P.O. BOX 28146 RALEIGH, NC 27611 | 56-6061261 | 501(C)(4) | 148,701. | | | | VETERANS SERVICES |
| (11) DAV DEPT. OF NORTH DAKOTA | | | | | | | |
| 2009 4TH ST NE JAMESTOWN, ND 58401 | 45-0232777 | 501(C)(4) | 18,571. | | | | VETERANS SERVICES |
| (12) DAV DEPT. OF OHIO | | | | | | | |
| P.O. BOX 15099 COLUMBUS, OH 43215 | 31-4166963 | 501(C)(4) | 132,263. | | | | VETERANS SERVICES |
| 2 Enter total number of section 501(c)(3) and | | | | | | | • |
| 3 Enter total number of other organizations list | sted in the line | 1 table | | | | <u></u> | • |

| | | | Assistance t | | | ŀ | OMB No. 1545-0047 | | |
|--|----------------------------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--------------------|--|--|
| | | - | ndividuals in | | | | 2018 | | |
| Com | plete if the o | - | wered "Yes" on F | | , line 21 or 22. | | Open to Public | | |
| Department of the Treasury | b 0. | | ttach to Form 990 | | | | Inspection | | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest information |). | | | | |
| Name of the organization | | | | | | Employer identif | | | |
| DISABLED AMERICAN VETERANS | | | | | | 31-0263 | 158 | | |
| Part I General Information on Grants an | d Assistanc | e | | | | | | | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession | ts or assistand dures for mor | e? nitoring the use | of grant funds in th | e United States. | | | X Yes No | | |
| Part II Grants and Other Assistance to D | | - | | | | | "Yes" on Form 990, | | |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can I | be duplicated if | additional space is r | 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 non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | | | |
| (1) DAV DEPT. OF OKLAHOMA | | | | | | | | | |
| 2311 N CENTRAL AVE OKLAHOMA CITY, OK 73105 | 73-6112085 | 501(C)(4) | 173,383. | | | | VETERANS SERVICES | | |
| (2) DAV DEPT. OF OREGON | | | | | | | | | |
| 5922 N.E. 55TH AVE PORTLAND, OR 97218 | 93-0155562 | 501(C)(4) | 38,643. | | | | VETERANS SERVICES | | |
| (3) DAV DEPT. OF PENNSYLVANIA | | | | | | | | | |
| 4219 TRINDLE RD CAMP HILL, PA 17011 | 23-0520283 | 501(C)(4) | 129,953. | | | | VETERANS SERVICES | | |
| (4) DAV DEPT. OF PUERTO RICO | | | | | | | | | |
| P.O. BOX 363604 SAN JUAN, PR 00936 | 23-7352551 | 501(C)(4) | 33,864. | | | | VETERANS SERVICES | | |
| (5) DAV DEPT. OF RHODE ISLAND | | | | | | | | | |
| 1 CAPITAL HILL PROVIDENCE, RI 02908 | 05-6023646 | 501(C)(4) | 19,168. | | | | VETERANS SERVICES | | |
| (6) DAV DEPT. OF SOUTH CAROLINA | | | | | | | | | |
| P.O. BOX 5317 WEST COLUMBIA, SC 29171 | 57-0600471 | 501(C)(4) | 74,859. | | | | VETERANS SERVICES | | |
| (7) DAV DEPT. OF SOUTH DAKOTA | | | | | | | | | |
| 1519 WEST 51ST ST SIOUX FALLS, SD 57105 | 46-6016959 | 501(C)(4) | 19,094. | | | | VETERANS SERVICES | | |
| (8) DAV DEPT. OF TENNESSEE | | | | | | | | | |
| P.O. BOX 296 LAWRENCEBURG, TN 38464 | 62-6074303 | 501(C)(4) | 72,356. | | | | VETERANS SERVICES | | |
| (9) DAV DEPT. OF TEXAS | | | | | | | | | |
| 1015 LEE AVE LUFKIN, TX 75901 | 75-6053959 | 501(C)(4) | 280,120. | | | | VETERANS SERVICES | | |
| (10) DAV DEPT. OF UTAH | | | | | | | | | |
| 273 E 800 SOUTH SALT LAKE CITY, UT 84111 | 87-6151236 | 501(C)(4) | 21,750. | | | | VETERANS SERVICES | | |
| (11) DAV DEPT. OF VERMONT | | | | | | | | | |
| P.O. BOX 828 WHITE RIVER JCT., VT 05001 | 03-6015639 | 501(C)(4) | 10,272. | | | | VETERANS SERVICES | | |
| (12) DAV DEPT. OF VIRGINIA | | | | | | | | | |
| P.O. BOX 7176 ROANOKE, VA 24019 | 54-0697376 | 501(C)(4) | 173,400. | | | | VETERANS SERVICES | | |
| 2 Enter total number of section 501(c)(3) and | • | • | | | | | ▶ | | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table | | | | | ▶ | | |

| SCHEDULE I (Form 990) | | | | Assistance t Individuals in | - | • | - | OMB No. 1545-0047 |
|----------------------------|---|-----------------|------------------------------------|--------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| | Com | plete if the or | ganization ans | wered "Yes" on F | orm 990, Part IV | , line 21 or 22. | | |
| Department of the Treasury | | | ► A | ttach to Form 990 | | | | Open to Public |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the l | atest informatior | 1. | | Inspection |
| Name of the organization | | | | | | | Employer identificat | on number |
| DISABLED AMERIC | CAN VETERANS | | | | | | 31-026315 | 58 |
| Part I General I | nformation on Grants and | d Assistanc | e | | | | | |
| 1 Does the organiz | zation maintain records to s | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | s or assistance, and | |
| the selection crite | eria used to award the grant | s or assistanc | æ? | | | | | X Yes No |
| 2 Describe in Part | IV the organization's proceed | dures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| Part II Grants an | d Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered "Y | es" on Form 990 |
| | ne 21, for any recipient the | | - | | | | | |
| | | | | | • | | | |
| | d address of organization 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) DAV DEPT. OF WAS | HINGTON | | | | | | | |
| 2315 BURWELL ST B | REMERTON, WA 98312 | 91-0544487 | 501(C)(4) | 99,763. | | | | VETERANS SERVICES |
| (2) DAV DEPT. OF WES | T VIRGINIA | | | | | | | |
| P.O. BOX 605 ELKV | IEW, WV 25071 | 55-0521769 | 501(C)(4) | 30,920. | | | | VETERANS SERVICES |
| (3) DAV DEPT. OF WIS | CONSIN | | | | | | | |
| 1253 SCHEURING RD | DEPERE, WI 54115 | 39-0244255 | 501(C)(4) | 67,777. | | | | VETERANS SERVICES |
| (4) DAV DEPT. OF WYOM | ING | | | | | | | |
| 219 AMES AVE CHEY | ENNE, WY 82007 | 23-7041066 | 501(C)(4) | 7,393. | | | | VETERANS SERVICES |
| (5) DEPARTMENT OF VET | ERANS AFFAIRS | | | | | | | WINTER SPORTS CLINIC |
| 50 IRVING ST NW W | ASHINGTON, DC 20422 | 52-1688621 | GOV'T ENTITY | 868,064. | | | | TEE TOURNAMENT |
| (6) DEPARTMENT OF VET | ERANS AFFAIRS | | | | | | | VA TRANSPORTATION |
| 51 IRVING ST NW W | ASHINGTON, DC 20423 | 52-1688621 | GOV'T ENTITY | 322,504. | | | | NETWORK |
| (7) COLUMBIA TRUST SE | RVICE PROGRAMS | | | | | | | |
| 3725 ALEXANDRIA P | IKE COLD SPRING, KY 41076 | 52-1516071 | 501(C)(4) | 63,672. | | | | VETERANS SERVICES |
| (8) BOULDER CREST RET | REAT | | | | | | | |
| 18370 BLUEMONT VI | LLAGE BLUEMONT, VA 20135 | 27-3228310 | 501(C)(3) | 174,000. | | | | VETERANS SERVICES |
| (9) CAMP CORRAL | | _ | | | | | | |
| 5151 GLENWOOD AVE | RALEIGH, NC 27612 | 45-3555807 | 501(C)(3) | 728,655. | | | | CHILDREN OF VETERANS |
| (10) HILLVETS FOUNDATI | ON | _ | | | | | | |
| 625 N. WASHINGTON | ST ALEXANDRIA, VA 22314 | 13-1624108 | 501(C)(19) | 50,000. | | | | VETERANS SERVICES |
| (11) INTREPID MUSEUM F | OUNDATION | _ | | | | | | |
| ONE INTREPID SQUA | RE NEW YORK, NY 10036 | 47-3616097 | 501(C)(3) | 15,000. | | | | VETERANS SERVICES |
| (12) FORWARD OPERATING | BASE BREWING | 4 | | | | | | ARTHUR H. & MARY |
| | LACE DUPONT, WA 98327 | 31-1383835 | | 10,000. | | | | WILSON AWARD WINNER |
| | er of section 501(c)(3) and | • | • | | | | | 3. |
| 3 Enter total numb | er of other organizations lis | ted in the line | 1 table | | | <u></u> | <u> </u> | 56. |

Schedule I (Form 990) (2018)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|-----------------------------|-----------------------------|-----------------------------------|--|--|
| | | | | | |
| SCHOLARSHIPS | 25. | 58,750. | | | |
| 2 DISASTER RELIEF | 3,569. | 1,237,582. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

PART I, LINE 2

GRANTS AND OTHER ASSISTANCE

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.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance

| 1 | | | | | |
|--|-----------------|--------------------|---------------------|-----------------------|------------------|
| 2 | | | | | |
| | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide th | e information r | equired in Part I, | line 2, Part III, o | column (b); and any c | other additional |

information.

EXPENSES FOR THE NATIONAL VETERANS WINTER SPORTS CLINIC AND VAN PROGRAM

ARE SENT DIRECTLY TO AND ARE PAID BY DAV (DIRECTLY TO THE BILLING PARTY)

WHEN DETERMINED THAT THE EXPENSE IS AN ACCEPTABLE AND QUALIFYING COST OF

THE DESIGNATED PROGRAM. SCHOLARSHIP PAYMENTS TOWARDS TUITION ON BEHALF OF

AN ELIGIBLE AWARD RECIPIENT ARE PAID DIRECTLY TO THE ACADEMIC

INSTITUTION.

THE REMAINDER OF THE GRANTS ARE MADE ON A GOOD FAITH BASIS TO REPUTABLE

ORGANIZATIONS WITH A HISTORY OF SERVICE TO DISABLED VETERANS.

PAGE 142

| | EDULE J n 990) | For certain Officers, Dire Con | Asation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 | 3 | ив No. 20 | 18 | |
|---------|---------------------|---|--|-----------------------------------|--------------|---------|---------|
| Departm | ent of the Treasury | · · · · ► | Attach to Form 990. | 0 | pen to | | |
| - | Revenue Service | Go to www.irs.gov/Forms | 990 for instructions and the latest information. | | | ectio | n |
| | of the organization | | | Employer identification | numbe | r | |
| | | ICAN VETERANS | | 31-0263158 | | | |
| Part | Question | ns Regarding Compensation | | | | Yes | No |
| 1a | Check the ap | propriate box(es) if the organization pro | ovided any of the following to or for a pers | on listed on Form | | 162 | NO |
| | | | provide any relevant information regarding | | | | |
| | | ss or charter travel | Housing allowance or residence for | | | | |
| | | or companions | Payments for business use of persor | | | | |
| | | emnification and gross-up payments | Health or social club dues or initiatio | | | | |
| | | onary spending account | Personal services (such as maid, cha | | | | |
| | | | | | | | |
| | or reimburse | ement or provision of all of the ex | ne organization follow a written policy re penses described above? If "No," com | garding payment plete Part III to | 1b | x | |
| | | anization require substantiation prior | to reimbursing or allowing expenses | incurred by all | | | |
| | • | | D/Executive Director, regarding the items | | | | |
| | | | | | 2 | x | |
| | | | | n of the | - | | |
| | organization's | CEO/Executive Director. Check all the | nization used to establish the compensatio at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa | ds used by a | | | |
| | | nsation committee | Written employment contract | | | | |
| | | dent compensation consultant | X Compensation survey or study | | | | |
| | | 00 of other organizations | X Approval by the board or compensa | tion committee | | | |
| | During the year | • | Part VII, Section A, line 1a, with respect to | | | | |
| | | | ayment? | | 4a | | Х |
| | | | ental nonqualified retirement plan? | | 4b | | Х |
| С | Participate in, | , or receive payment from, an equity-ba | ased compensation arrangement? | | 4c | | Х |
| | If "Yes" to an | y of lines 4a-c, list the persons and p | rovide the applicable amounts for each ite | em in Part III. | | | |
| | Only section | 501(c)(3), 501(c)(4), and 501(c)(29) of | rganizations must complete lines 5-9. | | | | |
| | • | | , line 1a, did the organization pay or accrue a | any | | | |
| | • | n contingent on the revenues of: | | | | | |
| | | • | | | 5a | | Х |
| | - | | | | 5b | | Х |
| | | e 5a or 5b, describe in Part III. | | | | | |
| 6 | For persons li | isted on Form 990, Part VII, Section A | , line 1a, did the organization pay or accrue a | any | | | |
| | compensation | n contingent on the net earnings of: | | | | | |
| а | The organizat | ion? | | | 6a | | Х |
| b | Any related of | rganization? | | | 6b | | X |
| | If "Yes" on lin | e 6a or 6b, describe in Part III. | | | | | |
| 7 | For persons | listed on Form 990, Part VII, Section | on A, line 1a, did the organization provi | de any nonfixed | | | |
| | | | escribe in Part III | | 7 | X | |
| | | | paid or accrued pursuant to a contract tha | | | | |
| | | - | Regulations section 53.4958-4(a)(3)? If | | | | _ |
| | | | | | 8 | | X |
| | | • | low the rebuttable presumption procede | | | | |
| | | | | | 9 | | |
| For Pa | perwork Reduc | ction Act Notice, see the Instructions for Fe | orm 990. | Schedu | iie J (Fo | orm 990 | J) 2018 |

Schedule J (Form 990) 2018

Page 2

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.

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-------------------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| J. MARC BURGESS | (i) | 249,177. | 49,657. | 6,254. | 241,318. | 23,585. | 569,991. | 38,820. |
| 1NATL. ADJUTANT/CEO/SEC. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| SUSAN LOTH | (i) | 161,565. | 22,336. | 4,181. | 138,213. | 37,931. | 364,226. | 17,011. |
| 2 ^{SR. CHIEF DEV. OFFICER} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| CHRISTOPHER CLAY | (i) | 199,118. | 22,130. | 7,394. | 54,200. | 50,327. | 333,169. | 13,268. |
| GENERAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| BRIAN COWART | (i) | 199,359. | 30,290. | 4,612. | 58,272. | 32,659. | 325,192. | 25,110. |
| 4CHIEF DEV. OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| ANITA BLUM | (i) | 162,864. | 23,089. | 4,845. | 109,697. | 35,959. | 336,454. | 15,683. |
| 5 COMPTROLLER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| PETER A. DICKINSON | (i) | 144,321. | 25,960. | 1,213. | 41,886. | 23,112. | 236,492. | |
| 6 SENIOR EXECUTIVE ADVISOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| BARRY A. JESINOSKI | (i) | 200,813. | 39,724. | 4,677. | 142,782. | 36,699. | 424,695. | 30,862. |
| 7 ^{EXEC. DIR. NATL. HQ} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| GARRY AUGUSTINE | (i) | 189,865. | 8,484. | 6,470. | 24,500. | 15,488. | 244,807. | 7,380. |
| 8 EXEC. DIR. NATL. LHQ | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| EDWARD R. REESE JR. | (i) | 157,234. | 17,927. | 55,327. | 120,028. | 35,936. | 386,452. | 12,427. |
| 9 EXEC. DIR. NATL. LHQ | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _16 | (ii) | | | | | | | |

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

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.

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 2018, THERE WERE 7 DAV BUSINESS TRIPS

FOR 3 PERSONS LISTED ON FORM 990 PART VII WITH AT LEAST ONE LEG OF THE

FLIGHT THAT MET THE CRITERIA FOR FIRST CLASS TRAVEL. A MAJORITY OF THE

TRIPS WERE FOR A SEVERLY DISABLED VETERAN.

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 2018, COMPANION TRAVEL WAS PROVIDED FOR 1

PERSON LISTED ON FORM 990 PART VII.

JSA

Schedule J (Form 990) 2018

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.

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 2018, DELPHINE METCALF-FOSTER, DAV NATIONAL COMMANDER (JANUARY TO AUGUST) RECEIVED \$122,782 AND DENNIS R. NIXON, DAV NATIONAL COMMANDER (SEPTEMBER TO DECEMBER) RECEIVED \$102,218 FOR SUCH PAYMENTS.

PART I, LINE 7

DAV HAS A LEADERSHIP INCENTIVE PROGRAM THAT OFFERS AN ADDITIONAL PERCENTAGE OF ANNUAL BASE SALARY TO ABOUT 40 EMPLOYEES - PRIMARILY KEY EXECUTIVES, DIRECTORS AND MANAGERS. THE AWARD PERCENTAGE IS BASED ON THE INDIVIDUAL PARTICIPANT'S POSITION AND THE ORGANIZATION'S MEASURED SUCCESS

JSA

Schedule J (Form 990) 2018

Page 3

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.

MEETING 8 GOALS - ONE RELATED TO ACHIEVEMENT OF STANDARD RATIOS PUBLISHED

BY THE BBB WISE GIVING ALLIANCE AND 7 BASED DAV STRATEGIC PLAN GOALS. THE

PROGRAM WAS DESIGNED WITH ASSISTANCE FROM AN OUTSIDE, INDEPENDENT

CONSULTANT AND APPROVED BY THE BOARD OF DIRECTORS.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service 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.

Employer identification number

Name of the organization

DISABLED AMERICAN VETERANS

| 31- | 0263158 | 5 |
|-----|---------|---|

| Par | t 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 | Method o noncash cont | | | |
| 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 | | 51. | 281,600. | COST / SE | CLLIN | G PI | RICE |
| 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 | | | | | | | |
| 23 24 | Archeological artifacts | | | | | | | |
| 24 25 | Other ►() | | | | | | | |
| 26 | Other ►() | | | | | | | |
| 20 | Other ►() Other ►() | | | | | | | |
| 28 | Other ▶() | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | | or for contributions for | | | | |
| 29 | which the organization completed f | | | | 29 | | | |
| | which the organization completed i | 0111 0203, | Fait IV, Donee Acknowledg | | | | Yes | No |
| 302 | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I line | s 1 through | | 100 | 110 |
| J 0a | 28, that it must hold for at least the | | • • • • • | • • | • | | | |
| | to be used for exempt purposes for | • | | | | 30a | | х |
| h | If "Yes," describe the arrangement i | | | | | 504 | | |
| | - | | tance policy that require | on the review of any | nonctondard | | | |
| 31 | Does the organization have a | | | - | | 31 | Х | |
| 22- | contributions? Does the organization hire or use | | on or related argentization | n to policit process and | | 51 | 23 | |
| s∠a | • | | • | | | 222 | | х |
| | contributions? | | | | • • • • • • • | 32a | | Λ |
| | If "Yes," describe in Part II. | | | nauto fan solatete e door (* * | | | | |
| 33 | If the organization didn't report an describe in Part II. | amount in c | column (c) for a type of pro | perty for which column (a) |) is checked, | | | |

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

Schedule M (Form 990) 2018

31-0263158

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.

SCHEDULE M, PART I, COLUMN (B)

FOR SECURITIES - PUBLICLY TRADED THE NUMBER OF CONTRIBUTIONS IS REPORTED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Informati Name of the organization DISABLED AMERICAN VETERANS

Employer identification number

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS SERVICE PROGRAM (CONT) IN MORE THAN 100 OFFICES THROUGHOUT THE UNITED STATES AND IN PUERTO RICO, WE EMPLOY A CORPS OF 261 NATIONAL SERVICE OFFICERS (NSOS) AND 32 TRANSITION SERVICE OFFICERS (TSOS) WHO COUNSEL AND REPRESENT VETERANS, THEIR FAMILIES AND SURVIVORS WITH CLAIMS FOR BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS, DEPARTMENT OF DEFENSE AND OTHER GOVERNMENT AGENCIES. SINCE BEING CHARTERED BY CONGRESS IN 1932, THEY FILED 11.5 MILLION CLAIMS FOR BENEFITS.

SERVICE OFFICERS FUNCTION AS ATTORNEYS-IN-FACT, ASSISTING VETERANS, THEIR FAMILIES AND SURVIVORS IN FILING CLAIMS FOR VA DISABILITY COMPENSATION, REHABILITATION AND EDUCATION PROGRAMS, PENSIONS, DEATH BENEFITS, AND EMPLOYMENT AND TRAINING PROGRAMS. THEY PROVIDE FREE SERVICES, SUCH AS INFORMATION SEMINARS AND COUNSELING AND COMMUNITY OUTREACH ACTIVITIES THROUGH THE MOBILE SERVICE OFFICE (MSO) PROGRAM IN ORDER TO EDUCATE AND INFORM VETERANS ON THE BENEFITS THEY HAVE EARNED THROUGH SERVICE. THEY ALSO ADVISE VETERANS AND ACTIVE-DUTY MILITARY PERSONNEL IN REGARD TO THE DISABLED ASSISTANCE PROGRAM, THE TRANSITION ASSISTANCE PROGRAM AND OTHER OFFICIAL PANELS.

MILITARY SERVICE MEMBERS MAKING THE ALL-IMPORTANT TRANSITION TO CIVILIAN LIFE, DAV PARTICIPATES IN TRANSITION ASSISTANCE AND DISABLED TRANSITION ASSISTANCE PROGRAMS. OUR TRANSITION SERVICE OFFICERS (TSO) PROVIDE

Employer identification number 31-0263158

BENEFITS COUNSELING AND ASSISTANCE TO SERVICE MEMBERS FILING INITIAL CLAIMS FOR VA BENEFITS AT NEARLY 100 MILITARY INSTALLATIONS THROUGHOUT THE COUNTRY.

THE MOBILE SERVICE OFFICE PROGRAM DELIVERS DAV SERVICES TO VETERANS, THEIR FAMILIES AND SURVIVORS IN THEIR OWN COMMUNITIES. THE PROGRAM EXTENDS DAV'S BENEFITS ASSISTANCE TO VETERANS WHO MIGHT NOT BE ABLE TO ACCESS IT OTHERWISE DUE TO DISTANCE, TRANSPORTATION, HEALTH OR OTHER VARIOUS REASONS.

INFORMATION SEMINARS ARE CONDUCTED TO EDUCATE VETERANS AND THEIR FAMILIES ON SPECIFIC VETERANS' BENEFITS AND SERVICES. WE ARE IN OUR FOURTH YEAR OF DEPLOYING MOBILE OFFICES TO COLLEGES AND UNIVERSITIES AND CONDUCTING SERVICE SEMINARS FOR STUDENT VETERANS ON CAMPUSES THROUGHOUT THE NATION. IN CALENDAR YEAR 2018, OUR EFFORTS WITH THESE PROGRAMS RESULTED IN MORE THAN 53 EVENTS BEING CONDUCTED THROUGHOUT 38 STATES AND PUERTO RICO.

DAV CONTINUES ITS PRO BONO REPRESENTATION PROGRAM FOR VETERANS SEEKING REVIEW IN THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS. DAV CURRENTLY WORKS WITH TWO LAW FIRMS THAT ARE HIGHLY ACCOMPLISHED IN DEALING WITH VETERANS' ISSUES AT THE COURT. IN FISCAL YEAR 2018, THE BVA ACTED ON MORE THAN 21,807 CASES INVOLVING DAV CLIENTS. THESE WERE CASES REVIEWED TO IDENTIFY THOSE IN WHICH A VETERANS' CLAIM WAS IMPROPERLY DENIED. THE RELATIONSHIP BETWEEN DAV AND THESE PRIVATE LAW FIRMS HAS RESULTED IN 1,718 CASES PREVIOUSLY DENIED BY THE BVA BEING APPEALED TO

Employer identification number 31-0263158

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THE COURT AT NO COST TO THE VETERANS.

IN 2018, DAV TRAINED AND CERTIFIED 2,542 DEPARTMENT AND CHAPTER SERVICE OFFICERS IN 49 STATES. REVAMPED IN 2016, THE PROGRAM NOW ALLOWS FOR LEVEL I AND LEVEL II CERTIFICATION TRAINING FOR DEPARTMENT AND CHAPTER SERVICE OFFICERS. DAV SERVICE OFFICERS WERE AVAILABLE TO EDUCATE VETERANS AND THE PUBLIC AT OTHER COMMUNITY-BASED EVENTS INCLUDING PARTICIPATION IN STATE AND COUNTY FAIRS, AND MAJOR LEAGUE BASEBALL, NATIONAL FOOTBALL LEAGUE, NATIONAL HOCKEY LEAGUE AND NASCAR EVENTS. COUNTING ALL NATIONAL, TRANSITION, DEPARTMENT, CHAPTER AND COUNTY VETERAN SERVICE OFFICERS, DAV HAS A TOTAL OF 3,942 EXPERTS NATIONWIDE WHO PROVIDE REPRESENTATION FOR VETERANS.

WITH THE SUPPORT OF OUR STATE-LEVEL DEPARTMENTS AND LOCAL CHAPTERS, THESE FREE SEMINARS ARE ADMINISTERED BY DAV'S HIGHLY TRAINED NATIONAL SERVICE OFFICERS AND ARE HOSTED AROUND THE COUNTRY. DURING 2018, DAV CONDUCTED 130 SEMINARS, WHICH RESULTED IN 8,726 ATTENDEES AND 1,132 INTERVIEWS CONDUCTED WITH VETERANS AND OTHER POTENTIAL CLAIMANTS. THESE SEMINARS ALSO RESULTED IN 334 CLAIMS FILED THROUGH THE VA.

EXPENSES \$39,966,423 INCLUDING GRANTS OF GRANTS OF \$75,589. REVENUE \$0.

STATE SERVICES AND DISASTER RELIEF

DURING 2018, DAV DISTRIBUTED 305 SUPPLY KITS AND PROVIDED 3,569 PAYMENTS TOTALING IN EXCESS OF \$1.2 MILLION TO SERVICE-INJURED OR ILL VETERANS, SERVICE MEMBERS AND THEIR FAMILIES IN NEED OF RELIEF. SINCE THE PROGRAM'S INCEPTION IN 1968, NEARLY \$12.8 MILLION HAS BEEN DISBURSED TO VICTIMS.

WHEN DISASTER STRIKES, DAV SERVICE OFFICERS AND MEMBERS DEPLOY INTO DEVASTATED AREAS, ENABLING DAV TO PROVIDE MUCH-NEEDED MONETARY ASSISTANCE, CONDUCT BENEFITS COUNSELING AND OFFER REFERRAL SERVICES FOR VETERANS, SERVICE MEMBERS AND THEIR FAMILIES IN NEED. OUR DISASTER RELIEF PROGRAM PROVIDES GRANTS IN THE AFTERMATH OF NATURAL DISASTERS AND EMERGENCIES IN VARIOUS AREAS AROUND THE NATION TO HELP VETERANS AND THEIR FAMILIES SECURE TEMPORARY LODGING, FOOD AND OTHER NECESSITIES. SUPPORT WAS PROVIDED AT GROUND ZERO FOLLOWING THE ATTACKS ON WORLD TRADE CENTER AND AROUND THE GULF COAST FOLLOWING HURRICANES KATRINA AND RITA. MOST RECENTLY, DAV SUPPORTED VETERANS AND THEIR FAMILIES IN THE WAKE OF HURRICANES, TORNADOES, WILDFIRES, VOLCANOES AND FLOODING THROUGHOUT ALABAMA, CALIFORNIA, COLORADO, FLORIDA, GEORGIA, HAWAII, IOWA, KANSAS, NORTH CAROLINA, OKLAHOMA, PUERTO RICO, SOUTH CAROLINA AND TEXAS.

SUPPLY KITS - BACKPACKS, BLANKETS AND HYGIENE KITS - ARE PROVIDED AS AN ADDITIONAL RESOURCE FOR SAFETY, COMFORT AND SELF-SUFFICIENCY IN AN EXTENDED EMERGENCY, DISASTER OR EVACUATION. EACH HYGIENE KIT INCLUDES BASIC NECESSITIES SUCH AS A TOOTHBRUSH AND TOOTHPASTE, RAZORS AND SHAVING CREAM, HAND SANITIZER, DEODORANT, SHAMPOO AND SOAP.

THE DAV STATE SERVICE PROGRAM GRANTED FUNDS TO DAV STATE-LEVEL DEPARTMENTS UNDER THIS PROGRAM TOTALING \$3.9 MILLION IN 2018. THIS

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| Schedule O (Form 990 or 990-EZ) 2018 | P | а |
|--------------------------------------|--------------------------------|---|
| Name of the organization | Employer identification number | |
| DISABLED AMERICAN VETERANS | 31-0263158 | |

PROGRAM HELPS FUND SERVICES THAT OUR STATE-LEVEL DEPARTMENTS PROVIDE TO VETERANS AND THEIR FAMILIES. IN SOME CASES THE DEPARTMENT PROGRAMS DOVETAIL OR SUPPLEMENT THOSE OF OUR NATIONWIDE PROGRAMS. IN OTHER CASES THEY ARE UNIQUE FOR VETERANS IN THEIR STATE. DAV ALSO DONATED TO THE DAV JUST B KIDS SCHOLARSHIP FUND SUPPORTING CAMP CORRAL. THE SCHOLARSHIPS HELPED 1,000 CHILDREN OF WOUNDED DISABLED OR FALLEN MILITARY MEMBERS ATTEND A FREE WEEK OF SUMMER CAMP AT CAMP CORRAL AND CONNECT WITH OTHER CAMPERS WHO SHARE SIMILAR BACKGROUNDS AND EXPERIENCES.

EXPENSES \$6,078,928 INCLUDING GRANTS OF \$6,069,521. REVENUE \$0.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS VOLUNTARY SERVICES PROGRAM (CONT) THE DAV TRANSPORTATION NETWORK IS THE LARGEST PROGRAM OF ITS KIND FOR VETERANS IN THE NATION. THIS UNIQUE INITIATIVE HELPS GET VETERANS TO AND FROM VA MEDICAL APPOINTMENTS BY PROVIDING VEHICLES AND A TEAM OF VOLUNTEER DRIVERS. IT IS MANAGED BY 178 HOSPITAL SERVICE COORDINATORS LOCATED AT 212 VA MEDICAL CENTERS AND OUTPATIENT CLINICS, AND IS OPERATED BY COMMITTED DAV VOLUNTEER DRIVERS.

SINCE THE PROGRAM'S INCEPTION IN 1987, DAV DEPARTMENTS AND CHAPTERS HAVE DONATED 3,294 VEHICLES, AND FORD MOTOR CO. HAS DONATED 223 VEHICLES AT A TOTAL COMBINED COST OF MORE THAN \$80.1 MILLION. THE AMOUNT OF HOURS DAV VOLUNTEERS DEDICATE, THE MILES THEY DRIVE AND THE NUMBER OF RIDES THEY PROVIDE TO VETERANS REFLECT PROMISES WE'VE ENSURED WERE KEPT. TO PUT THIS INTO PERSPECTIVE, DAV VOLUNTEER DRIVERS HAVE DRIVEN 734,600,433 MILES SINCE THE PROGRAM BEGAN. IN 2018, VOLUNTEERS TRAVELED 17,664,665 MILES, PROVIDING MORE THAN 625,000 RIDES TO VETERANS AND DONATING OVER 1.4 MILLION HOURS OF THEIR TIME.

THE VALUE OF THESE CONTRIBUTED SERVICES IS REPORTED AS REVENUE ON DAV'S FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, BUT IS NOT RECORDED AS REVENUE ON THIS FORM 990 IN ACCORDANCE WITH INTERNAL REVENUE SERVICE GUIDELINES.

OTHER DAV VOLUNTARY SERVICE PROGRAM INITIATIVES INCLUDE THE NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC, NATIONAL DISABLED VETERANS TEE TOURNAMENT, JESSE BROWN MEMORIAL YOUTH SCHOLARSHIP PROGRAM, LOCAL VETERANS ASSISTANCE PROGRAM AND VA VOLUNTARY SERVICE PROGRAM.

EXPENSES \$3,688,397 INCLUDING GRANTS OF \$1,416,259. REVENUE \$0.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS EMPLOYMENT PROGRAM (CONT)

WHETHER IT'S UNEMPLOYMENT OR UNDEREMPLOYMENT, DAV REALIZES THE CHALLENGE THAT MANY VETERANS FACE IN PURSUING REWARDING CAREERS. ESTABLISHED IN 2014, THE DAV NATIONAL EMPLOYMENT PROGRAM HAS FIRMLY POSITIONED ITSELF AS A LEADER AMONG VETERANS SERVICE ORGANIZATIONS IN PROVIDING ASSISTANCE TO VETERANS AND THEIR SPOUSES SEEKING NEW OR BETTER JOBS. PRIMARY COMPONENTS OF THIS MISSION WERE OUR STRATEGIC PARTNERSHIPS WITH RECRUITMILITARY, A FULL-SERVICE, MILITARY-TO-CIVILIAN RECRUITING FIRM, AND VETERAN RECRUITING, WHO HOSTS VIRTUAL CAREER FAIRS THAT ARE ACCESSIBLE TO ALL

Page 2

VETERANS. DAV, ALONG WITH ITS PARTNERS, USES A MULTITUDE OF ONLINE AND TRADITIONAL RESOURCES TO CONNECT EMPLOYERS, FRANCHISERS AND EDUCATIONAL INSTITUTIONS WITH ACTIVE SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES.

IN LESS THAN FIVE YEARS, DAV HAS ALREADY MADE A SIGNIFICANT IMPACT TO REDUCE THE NUMBER OF UNEMPLOYED AND UNDEREMPLOYED VETERANS. IN FACT, FROM JUNE 2014 THROUGH DECEMBER 2018, DAV SPONSORED 463 TRADITIONAL AND VIRTUAL CAREER FAIRS THAT NEARLY 172,000 ACTIVE SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES ATTENDED, RESULTING IN MORE THAN 132,000 JOB OFFERS. IN 2019, DAV WILL CONTINUE OUR STAUNCH EFFORTS BY SPONSORING MORE THAN 140 TRADITIONAL AND VIRTUAL CAREER FAIRS, INCLUDING 20 EVENTS ON MILITARY BASES SUCH AS JOINT BASE LEWIS-MCCHORD, WASH.; FORT BRAGG, N.C.; FORT HOOD, TEXAS; CAMP LEJEUNE, N.C.; AND CAMP PENDLETON, CALIF.

DAV ALSO WORKS DIRECTLY WITH COMPANIES SEEKING THE MANY TALENTS AND SKILLS VETERANS POSSESS. OUR PROGRAM PROVIDES A MULTITUDE OF RESOURCES THAT VETERANS CAN ACCESS WITHIN OUR EMPLOYMENT RESOURCES WEBPAGE (JOBS.DAV.ORG), INCLUDING A JOB SEARCH BOARD THAT BOASTS MORE THAN 200,000 CURRENT EMPLOYMENT OPPORTUNITIES AROUND THE WORLD AND DIRECT LINKS TO COMPANY WEBSITE JOB BOARDS. WE ARE VERY HAPPY TO REPORT THAT OUR EMPLOYMENT RESOURCES WEBSITE HAS GROWN IN CONTENT AND RESOURCES WITH NEARLY 14,000 VIEWS MONTHLY. WHILE ONLINE RESOURCES ARE ALWAYS EVOLVING, WE ARE CONSTANTLY IMPROVING AND ADDING NEW CONTENT TO OUR WEBSITE TO HIGHLIGHT A VARIETY OF USEFUL EMPLOYMENT AND EDUCATIONAL RESOURCES.

THROUGH EFFORTS STARTED IN 2017, WE EXPANDED OUR ASSISTANCE BY ADDING THE VETERAN ADVANTAGE: DAV GUIDE TO HIRING & RETAINING VETERANS WITH DISABILITIES. THROUGH INTERACTION WITH HUNDREDS OF COMPANIES, RECURRING QUESTIONS ABOUT BEST PRACTICES AND STRATEGIES WHEN HIRING VETERANS WITH DISABILITIES WERE BECOMING MORE AND MORE COMMON. IN FACT, DAV OFFICIALLY RELEASED THE GUIDE IN OCTOBER 2018 AND HAD MORE THAN 54,000 VIEWS OF THE DIGITAL VERSION, WHICH RESIDES FREE OF CHARGE ON OUR WEBSITE, JOBS.DAV.ORG. WITH THE HIRING GUIDE, DAV AIMS TO PROVIDE COMPANIES, HIRING MANAGERS OR OTHER HUMAN RESOURCES PROFESSIONALS A SOLUTION-ORIENTED, PRACTICAL AND STRATEGIC APPROACH TO HIRING AND RETAINING VETERANS WITH DISABILITIES.

LASTLY, WE HAVE LAUNCHED A NEW PARTNERSHIP WITH HIRING AMERICA, THE FOREMOST VOICE IN TELEVISED TELEVISED PROGRAMS DEDICATED SOLELY TO HELPING VETERANS SECURE MEANINGFUL EMPLOYMENT. EACH EPISODE FEATURES COMPANIES WITH OUTSTANDING VETERAN HIRING INITIATIVES; SHARES INSIGHTS FROM CEOS, CAREER COUNSELORS AND HUMAN RESOURCES SPECIALISTS; AND PROVIDES VALUABLE INFORMATION TO HELP EASE THE TRANSITION FOR VETERANS ENTERING THE CIVILIAN WORKFORCE. WITH THE PROGRAM'S PROJECTED REACH OF NEARLY 3 MILLION VIEWERS, WE ARE VERY EXCITED ABOUT ITS ADDITION TO THE GROWING NUMBER OF TOOLS AND RESOURCES DAV PROVIDES TO ACTIVE SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES WHO ARE SEEKING EMPLOYMENT, AS WELL AS THE COMPANIES WHO WANT TO HIRE THEM.

Employer identification number 31-0263158

EXPENSES \$1,529,400 INCLUDING GRANTS OF \$0. REVENUE \$0.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES

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.

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.

FURTHERMORE, DAV HAS CONTINUED TO GROW ITS SOCIAL MEDIA PRESENCE THROUGH FACEBOOK, TWITTER AND INSTAGRAM. ON FACEBOOK, DAV PROVIDES DAILY INFORMATION TO MORE THAN 1.4 MILLION FOLLOWERS, AND DAV'S POSTS REACH MORE THAN 168,000 PEOPLE EACH DAY. IN 2018, OUR TWITTER PAGE GREW BY

JSA 8E1228 1.000 NEARLY 7 PERCENT TO REACH OVER 100,000 FOLLOWERS. DAV TWEETS WERE SEEN BY MORE THAN 9.3 MILLION INDIVIDUALS THROUGHOUT THE YEAR. DAV'S INSTAGRAM FOLLOWING BROKE THE 31,000 FOLLOWER THRESHOLD BY GROWING OUR AUDIENCE BY MORE THAN 19 PERCENT OVER THE LAST YEAR.

DAV ONCE AGAIN TOUCHED THE LIVES OF COUNTLESS VETERANS AND SUPPORTERS THROUGH THE THANK A VET CAMPAIGN. THIS INITIATIVE PROVIDES EVERYONE AN EASY WAY TO THANK A VETERAN IN THEIR LIFE BY ADDING A PHOTO AND THEIR PERSONAL THANKS TO THE DAV THANK A VET MOSAIC. FROM OCT. 31 TO NOV. 15, 2018, THE THANK A VET PROGRAM SAW OVER 190,000 TOTAL SESSIONS ON ITS SITE; MORE THAN 111,000 OF THEM WERE FROM DAV'S SOCIAL MEDIA PLATFORMS. NEARLY 9,000 SUBMISSIONS WERE RECEIVED, WHICH REPRESENTED A 220 PERCENT INCREASE FROM 2017.

OUR WEBSITE, DAV.ORG, IS ANOTHER VERY VALUABLE INFORMATIONAL AND EDUCATIONAL TOOL FOR VETERANS AND THE GENERAL PUBLIC. THE SITE CONTINUES TO DEVELOP WAYS TO CONNECT VETERANS TO DAV'S FREE SERVICES; SPREAD AWARENESS OF LEGISLATIVE ISSUES; AND EDUCATE AND INFORM OUR MEMBERS, VETERANS AND THE PUBLIC. IT ALSO ALLOWS VETERANS AND CITIZENS TO MAKE THEIR VOICES HEARD ON IMPORTANT PUBLIC-POLICY ISSUES THROUGH AN EMAIL FEEDBACK FEATURE. IN 2018, THE ORGANIZATION'S OFFICIAL WEBSITE WAS VISITED MORE THAN 2.8 MILLION TIMES.

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.

EXPENSES \$9,081,722 INCLUDING GRANTS OF \$15,000. REVENUE \$0.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES (CONT) 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 NEARLY 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.

JSA

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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.

DAV HAS OVER 4,700 MEMBERS DEDICATED TO RECRUITING VETERANS SO THAT WE CAN MAINTAIN OUR STRONG VOICE AND CREDIBILITY WITH LAWMAKERS NOW AND WELL INTO THE FUTURE.

WITH 52 STATE-LEVEL DEPARTMENTS AND 1,262 ACTIVE CHAPTERS NATIONWIDE, WE CLOSED THE 2017-2018 MEMBERSHIP YEAR WITH MORE THAN 1 MILLION VETERANS IN DAV, ENSURING A STRONG, UNIFIED AND LIVING EMBODIMENT OF DAV'S MISSION OF SERVICE TO VETERANS, THEIR FAMILIES AND SURVIVORS.

EXPENSES \$5,591,780 INCLUDING GRANTS OF \$0. REVENUE \$6,951,769.

LEGISLATIVE PROGRAM

FOR ALMOST A CENTURY, DAV HAS BEEN ADVOCATING FOR BETTER FEDERAL VETERANS PROGRAMS, BENEFITS, HEALTH CARE AND TRANSITION SERVICES FOR THE MEN AND WOMEN WHO SERVED, THEIR FAMILIES AND SURVIVORS. IN SUPPORTING OUR LEGISLATIVE PROGRAM, DAV MEMBERS STEER OUR EFFORTS BY SUBMITTING RESOLUTIONS ADOPTED AT OUR NATIONAL CONVENTION. FUELED BY THE SHARED VOICE OF MORE THAN 1 MILLION MEMBERS, DAV WORKS WITH CONGRESS TO IMPROVE FEDERAL LAWS, REGULATIONS AND POLICIES OF THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER FEDERAL AGENCIES WHOSE PROGRAMS IMPACT THE VETERAN POPULATION.

THROUGHOUT 2018, DAV EXERTED SIGNIFICANT INFLUENCE ON THE DEVELOPMENT, APPROVAL AND IMPLEMENTATION OF FEDERAL LEGISLATION AND PROGRAMS TO SUPPORT ILL AND INJURED VETERANS THANKS TO OUR BROAD NATIONAL SUPPORT. ALTHOUGH OUR LEGISLATIVE PROGRAM ACCOUNTED FOR LESS THAN 1 PERCENT OF THE ORGANIZATION'S TOTAL EXPENDITURES IN 2018, WE WERE ABLE TO LEVERAGE THOSE RESOURCES-THANKS TO THE SUPPORT OF DAV'S NATIONWIDE NETWORK OF GRASSROOTS MEMBERS AND SUPPORTERS-TO HELP ACHIEVE SOME HISTORIC VICTORIES FOR VETERANS.

OUR 2018 MID-WINTER CONFERENCE, HELD IN WASHINGTON, D.C., IN FEBRUARY AND ATTENDED BY MORE THAN 500 OF DAV'S LEADING ADVOCATES, PROVIDED A STRONG GRASSROOTS PUSH FOR ALL OF OUR LEGISLATIVE PRIORITIES FOR THE YEAR. AS A RESULT OF THOSE EFFORTS, A NUMBER OF DAV'S KEY LEGISLATIVE GOALS WERE ENACTED, INCLUDING THE HISTORIC VA MISSION ACT, A BILL TO REFORM AND STRENGTHEN THE VA HEALTH CARE SYSTEM; EXPAND VA'S COMPREHENSIVE PACKAGE OF CAREGIVER BENEFITS TO ALL ERAS OF SERIOUSLY INJURED VETERANS; AND IMPROVE EARNED BENEFITS FOR VETERANS, THEIR FAMILIES AND SURVIVORS. Page 2

EXPENSES \$ 2,189,204 INCLUDING GRANTS OF \$ 0. REVENUE \$0

PUBLIC AWARENESS OUTREACH

THE SIZE OF THE U.S. MILITARY DECREASED FROM JUST OVER 2 MILLION IN 1990 TO JUST UNDER 1.3 MILLION BY 2017. LESS THAN ONE-HALF OF 1 PERCENT OF THE U.S. POPULATION ON ANY GIVEN DAY IS RESPONSIBLE FOR THE DEFENSE OF OUR NATION AND THE VALUES WE HOLD DEAR. THIS DOWNWARD TREND IS EXPECTED TO CONTINUE IN THE DECADES AHEAD, MEANING LESS AND LESS OF THE AMERICAN PUBLIC WILL HAVE FRIENDS AND FAMILY WHO HAVE SERVED, LET ALONE WORE THE UNIFORM OF SERVICE THEMSELVES.

A DEMOCRACY IS AT ITS PEAK STRENGTH WHEN A PREDOMINANCE OF ITS CITIZENS ACTIVELY ENGAGE IN AND SUPPORT ITS INSTITUTIONS. TO HELP BRIDGE THE MILITARY-CIVILIAN GAP, ROUGHLY \$28 MILLION WAS DEDICATED TO THE LARGE-SCALE EFFORT TO SPREAD DAV'S MESSAGE OF SERVICE, HOPE AND SUPPORT IN 2018. THIS INVESTMENT HAS MADE A REAL IMPACT IN HELPING TO MAKE THE GENERAL PUBLIC AWARE OF THE SACRIFICES NECESSARY TO PROTECT AMERICAN FREEDOM.

ADDITIONALLY, DAV 5KS CREATED EXCITING OPPORTUNITIES FOR COMMUNITIES AROUND THE NATION TO DISPLAY THEIR PATRIOTISM AND SHOW JUST HOW MUCH THEY APPRECIATE OUR VETERANS. IN 2018, WE HELD DAV 5K EVENTS IN ATLANTA; BOSTON; CINCINNATI; KEMAH, TEXAS; NEWPORT NEWS, VA.; AND TULSA, OKLA. IN TOTAL, MORE THAN 8,000 PEOPLE AND NEARLY 600 VOLUNTEERS PERSONALLY HONORED AND THANKED FRIENDS AND FAMILY MEMBERS WHO SERVED OR ARE CURRENTLY SERVING OUR COUNTRY.

EXPENSES \$27,744,907 INCLUDING GRANTS OF \$0. REVENUE \$75,845.

PUBLIC SERVICE ANNOUNCEMENT PROGRAM

IN 2018, DAV PUBLIC SERVICE ANNOUNCEMENT CAMPAIGNS SHOWCASED OUR MISSION AND RAISED AWARENESS OF THE PROGRAMS AND FREE SERVICES WE PROVIDE TO VETERANS AND THEIR FAMILIES. ADDITIONALLY, THESE IMPORTANT MESSAGES RAISED AWARENESS AMONG THE GENERAL PUBLIC OF DAV AND THE SERVICE, SACRIFICES AND NEEDS OF THOSE WE SERVE.

IN INCREASINGLY BUSY AND CLUTTERED AD SPACES OF NETWORK RADIO, TELEVISION AND OTHER MEDIA, DAV STOOD TALL AND REACHED AN AUDIENCE OF UNPRECEDENTED SIZE. IN 2018, OUR PROGRAM GREW TO \$90.8 MILLION IN ESTIMATED MEDIA VALUE, REPRESENTING 3 PERCENT GROWTH FROM 2017. THIS PROGRAM RELIES ON DONATED MEDIA FROM TELEVISION, RADIO, PRINT, OUTDOOR AND TRANSIT OUTLETS. THE EXTENSIVE MEDIA EXPOSURE RESULTED IN MORE THAN 8.2 BILLION IMPRESSIONS. THIS WAS MADE POSSIBLE BY NATIONAL TELEVISION OUTLETS ABC, CBS AND ESPN; NATIONAL PRINT PLACEMENTS IN THE WALL STREET JOURNAL, FIRST FOR WOMEN AND EBONY MAGAZINES; AND REGIONAL PLACEMENTS BY TIME, MONEY AND GOLF DIGEST.

DAV'S MISSION OF SERVICE TO ALL VETERANS WAS FRONT AND CENTER IN OUR NATIONAL AND LOCAL PLACEMENTS. OUR OUTREACH WAS CRAFTED TO INFORM THE VETERAN COMMUNITY ABOUT DAV'S FREE SERVICES AND HELP INSPIRE VETERANS TO OVERCOME OBSTACLES AND ACHIEVE THEIR OWN PERSONAL VICTORIES. AS THE GAP BETWEEN OUR MILITARY AND CIVILIAN POPULATIONS CONTINUES TO WIDEN, THESE MESSAGES HELPED TO SERVE AS TESTAMENT TO AN AMERICAN PUBLIC TOO OFTEN UNAWARE OF THE SACRIFICES OF MEN AND WOMEN IN UNIFORM.

EXPENSES \$1,083,690 INCLUDING GRANTS OF \$0. REVENUE \$0.

FORM 990, PART VI, SECTION A, LINE 6 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, SECTION A, LINE 7A ORGANIZATION MEMBERS PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS OF THE REVIEW OF FORM 990 FOLLOWING COMPLETION OF FORM 990 BY DAV'S TAX PREPARER, IT IS REVIEWED BY DAV'S ACCOUNTING DEPARTMENT STAFF AND EXECUTIVE DIRECTOR. ONCE RESULTING REVISIONS ARE MADE, THE FORM IS MAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS. IT IS SUBSEQUENTLY FILED WITH THE IRS.

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FORM 990, PART VI, SECTION B, LINE 12C ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY IMMEDIATELY UPON ASSUMING OFFICE, OR AT A MINIMUM, ANNUALLY. THE SAME PROCESS APPLIES TO KEY EMPLOYEES AND DEPARTMENT DIRECTORS. RECIPIENTS ACKNOWLEDGE THEY HAVE READ THE POLICY, IDENTIFY ANY AREAS OF CONFLICT AND RETURN THE SIGNED DISCLOSURE FORM TO THE DAV EXECUTIVE DIRECTOR. RESPONSES ARE REVIEWED AND IDENTIFIED. CONFLICTS ARE REFERRED TO THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION REVIEW PROCESS

EVERY FOUR OR FIVE YEARS DAV HIRES AN INDEPENDENT CONSULTING FIRM TO REVIEW COMPENSATION OF DAV NATIONAL ADJUTANT AND CEO, EXECUTIVE DIRECTORS, KEY EMPLOYEES, AND OTHER TOP MANAGEMENT OFFICIALS. 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 MEMEMBERS 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

FORM 990, PART VI, LINE 17 - STATES AR,CA, GA, HI, KS, KY, MD, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, TX, UT, VA, WV,

FORM 990, PART XI, LINE 9

OTHER CHANGES

PENSION LIABILITY AND OTHER POSTRETIREMENT BENEFIT OBLIGATION ADJUSTMENT \$(545,181)

FORM 990, PART VI, SECTION C, LINE 19 DOCUMENTS

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.

EVENTS. THIS IS PRIMARILY TO COVER MEALS AND LODGING.

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ATTACHMENT 1

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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| CROSBY MARKETING COMMUNICATIONS INC. 705 MELVIN AVENUE ANNAPOLIS, MD 21401 | PROFESSIONAL | 2,269,321. |
| CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE, STE 210 BOWIE, MD 20715 | PROFESSIONAL | 786,209. |
| KELLY SERVICES INC. P.O. BOX 530437 ATLANTA, GA 30353 | TEMP SERVICES | 822,128. |
| MINDSET DIRECT 12110 SUNSET HILLS ROAD, STE 600 RESTON, VA 20190 | PROFESSIONAL | 869,026. |
| CINCINNATI BELL TECHNOLOGY SOLUTIONS 1507 SOLUTION CENTER CHICAGO, IL 60677-1005 | TEMP/CONSULTING SVS | 657,321. |