

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.

A For the **2019** calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABLED AMERICAN VETERANS			D Employer identification number 31-0263158		
	Doing business as			E Telephone number (859) 441-7300		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3725 ALEXANDRIA PIKE		City or town, state or province, country, and ZIP or foreign postal code COLD SPRING, KY 41076			
	F Name and address of principal officer: BARRY A. JESINOSKI 3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076			G Gross receipts \$ 259,725,412.		
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)			
J Website: ▶ WWW.DAV.ORG			H(c) Group exemption number ▶ 0557			
K Form of organization: Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶			L Year of formation: 1932 M State of legal domicile:			

Part I Summary

		1 Briefly describe the organization's mission or most significant activities: SINCE 1920, EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY.	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	7.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	712.
	6 Total number of volunteers (estimate if necessary)	6	23,264.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		121,891,079.	129,395,105.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,059,326.	30,525.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,017,903.	14,582,182.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,768,805.	1,380,346.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150,737,113.	145,388,158.
14 Benefits paid to or for members (Part IX, column (A), line 4)		7,576,369.	6,140,464.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		51,539,124.	54,575,471.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,421,528.		1,559,986.	1,379,043.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,562,546.	81,913,484.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	140,238,025.	144,008,462.
	19 Revenue less expenses. Subtract line 18 from line 12	10,499,088.	1,379,696.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		439,303,641.	501,912,492.
22 Net assets or fund balances. Subtract line 21 from line 20		126,487,184.	137,037,288.

Part II Signature Block

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

Sign Here	Signature of officer:	Date: 9/3/2020
	Type or print name and title: Barry Jesinoski, Executive Director	

Paid Preparer Use Only	Print/Type preparer's name: AARON HERSHBERGER	Preparer's signature:	Date: 9/2/2020	Check <input type="checkbox"/> if self-employed	PTIN: P00961884
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202			Phone no. 513-621-8300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 46,123,350. including grants of \$ 5,553,733.) (Revenue \$)

SERVICE PROGRAM : SERVICES ARE OFFERED AT NO COST OBLIGATION TO VETERANS, THEIR FAMILIES AND SURVIVORS.

-NSO'S PROVIDED REPRESENTATION FOR MORE THAN 223,000 PENDING CLAIMS FOR VETERANS AND THEIR FAMILIES BEFORE THE VA, OBTAINING FOR THEM MORE THAN \$21 BILLION IN NEW AND RETROACTIVE BENEFITS.

-TSO'S CONDUCTED 1,157 PRESENTATIONS TO HELP PREPARE 41,121 TRANSITIONING SERVICE MEMBERS FOR CIVILIAN LIFE. TSO'S FILED 24,206 CLAIMS FOR VA BENEFITS AND CONNECTED VETERANS WITH FREE RESOURCES AVAILABLE THROUGH DAV.

-MSO'S TRAVELED 51,987 MILES TO 456 SITES WHERE NSO'S INTERVIEWED 3,453 VETERANS AND POTENTIAL CLAIMANTS. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 3,606,422. including grants of \$ 571,681.) (Revenue \$)

VOLUNTARY SERVICES PROGRAM: BY PROVIDING VETERANS WITH TRANSPORTATION TO MEDICAL APPOINTMENTS, COORDINATING IN-HOSPITAL VOLUNTEERING 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 2019, VOLUNTEERS TRAVELED 20,513,512 MILES, PROVIDING MORE THAN 615,000 RIDES TO VETERANS AND DONATING OVER 1.2 MILLION HOURS OF THEIR TIME.

-THE VALUE OF VOLUNTEER HOURS AND SERVICES AMOUNTED TO NEARLY \$32 MILLION. (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 1,521,454. 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 PROGRAM'S INCEPTION IN 2014, DAV CO-HOSTED 607 ALL VETERANS' TRADITIONAL AND VIRTUAL CAREER FAIRS ACROSS THE COUNTRY, CREATING EMPLOYMENT OPPORTUNITIES FOR NEARLY 210,000 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 on Schedule O.)

(Expenses \$ 46,970,425. including grants of \$ 15,050.) (Revenue \$ 30,525.)

4e Total program service expenses 98,221,651.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organization activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (7), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. MARC BURGESS NATL ADJUTANT/CEO/SEC.	60.00 0.	X		X				295,087.	0.	290,819.
(2) EDWARD R. REESE JR. EXEC. DIR. NATL. LHQ	50.00 0.				X			221,941.	0.	241,450.
(3) BARRY A. JESINOSKI EXEC. DIR. NATL. HQ	55.00 0.				X			246,336.	0.	215,118.
(4) SUSAN LOTH SR. CHIEF DEV. OFFICER	40.00 0.					X		194,859.	0.	193,062.
(5) ANITA BLUM COMPTROLLER	50.00 0.					X		196,027.	0.	166,228.
(6) BRIAN COWART CHIEF DEV. OFFICER	50.00 0.					X		242,474.	0.	105,507.
(7) CHRISTOPHER CLAY GENERAL COUNSEL	40.00 0.					X		222,880.	0.	97,234.
(8) PETER A. DICKINSON SENIOR EXECUTIVE ADVISOR	50.00 0.					X		175,067.	0.	78,566.
(9) KEVIN J. WALKOWSKI DIRECTOR (1/19-12/19)	5.00 0.	X						0.	0.	0.
(10) ROBERT D. COX SEE SCHEDULE O	5.00 0.	X						0.	0.	0.
(11) COLEMAN FRANCIS NEE DIRECTOR (1/19-8/19)	5.00 0.	X						0.	0.	0.
(12) DELPHINE METCALF-FOSTER CHAIRMAN (1/19-8/19)	5.00 0.	X						0.	0.	0.
(13) DENNIS R. NIXON CHAIRMAN (8/19-12/19)	5.00 0.	X						0.	0.	0.
(14) DONALD DAY VICE-CHAIRMAN (8/19-12/19)	5.00 0.	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for JIM SHUEY, JOHN F. DONOVAN, STEVEN WHITEHEAD, and TERRY W. SANDERS.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 47

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 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 34

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	6,881,303.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	122,513,802.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 305,318.				
	h	Total. Add lines 1a-1f ▶		129,395,105.				
	Program Service Revenue	2a	REGISTRATION INCOME	Business Code	900099	30,525.	30,525.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			30,525.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			9,865,660.		9,865,660.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			1,140,080.		1,140,080.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						119,005,859.	47,917.	
	b	Less: cost or other basis and sales expenses . .	7b	114,325,337.	11,917.			
	c	Gain or (loss)	7c	4,680,522.	36,000.			
	d	Net gain or (loss) ▶				4,716,522.	4,716,522.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
			b	Less: direct expenses	8b			0.
			c	Net income or (loss) from fundraising events. ▶			0.	
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
			b	Less: direct expenses	9b			0.
			c	Net income or (loss) from gaming activities. ▶			0.	
10a	Gross sales of inventory, less returns and allowances	10a			0.			
			b	Less: cost of goods sold	10b			0.
			c	Net income or (loss) from sales of inventory. ▶			0.	
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	240,266.		240,266.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				240,266.		
12	Total revenue. See instructions ▶				145,388,158.	30,525.	15,962,528.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,785,214.	5,785,214.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	355,250.	355,250.		
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	1,603,650.	1,184,196.	419,454.	
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	38,323,773.	32,946,915.	3,170,138.	2,206,720.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,671,368.	2,840,983.	555,199.	275,186.
9 Other employee benefits	8,046,065.	6,973,632.	560,665.	511,768.
10 Payroll taxes	2,930,615.	2,540,347.	230,068.	160,200.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	300,667.	35,634.	236,707.	28,326.
c Accounting	176,202.		176,202.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,379,043.			1,379,043.
f Investment management fees	263,495.		263,495.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,492,114.	3,145,838.	1,470,350.	875,926.
12 Advertising and promotion	7,244,015.	5,110,861.	32,624.	2,100,530.
13 Office expenses	56,381,616.	27,527,557.	963,663.	27,890,396.
14 Information technology	572,286.	386,294.	174,172.	11,820.
15 Royalties	1,558,671.	741,881.		816,790.
16 Occupancy	525,194.	348,203.	176,991.	
17 Travel	2,528,793.	2,391,090.	43,799.	93,904.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,432,146.	1,432,146.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,027,244.	1,697,547.	278,482.	51,215.
23 Insurance	364,433.	231,452.	130,546.	2,435.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING	94,161.	59,408.	23,256.	11,497.
b RELOCATION	822,800.	786,736.	36,064.	
c PROJECT COSTS	700,000.	700,000.		
d OTHER EXPENSES	1,429,647.	1,000,467.	423,408.	5,772.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	144,008,462.	98,221,651.	9,365,283.	36,421,528.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	54,965,181.	27,481,762.		27,483,419.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	9,973,270.	2	21,328,810.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	5,326,169.	4	6,348,036.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	1,333,872.	8	103,112.
	9 Prepaid expenses and deferred charges	5,050,713.	9	7,708,082.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,663,558.		
	b Less: accumulated depreciation	10b 36,102,846.	7,869,875.	10c 9,560,712.
	11 Investments - publicly traded securities.	409,566,742.	11	456,494,990.
	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	183,000.	15	368,750.
16 Total assets. Add lines 1 through 15 (must equal line 33)	439,303,641.	16	501,912,492.	
Liabilities	17 Accounts payable and accrued expenses	30,243,900.	17	31,886,361.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	3,696,045.	19	3,803,428.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	92,547,239.	25	101,347,499.
	26 Total liabilities. Add lines 17 through 25.	126,487,184.	26	137,037,288.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	307,318,279.	27	351,869,166.
	28 Net assets with donor restrictions.	5,498,178.	28	13,006,038.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	312,816,457.	32	364,875,204.
33 Total liabilities and net assets/fund balances	439,303,641.	33	501,912,492.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	145,388,158.
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,008,462.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,379,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	312,816,457.
5	Net unrealized gains (losses) on investments	5	50,403,240.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	275,811.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	364,875,204.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, 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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, 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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFIT OBLIG	54,943,434.
(3) OTHER LIABILITIES	330,592.
(4) RESERVE FOR LIFE MEMBERSHIP DUES	46,073,473.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	101,347,499.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 145,388,158.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 144,008,462.

Part XIII Supplemental Information.

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

SEE PAGE 5

Horizontal lines for providing supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

DAV'S ENDOWMENT CONSISTS OF APPROXIMATELY 25 INDIVIDUAL FUNDS ESTABLISHED
BY DONORS TO PROVIDE PERPETUAL SOURCE OF SUPPORT FOR DAV'S ACTIVITIES.

PART XI, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$117,742,555.

PART XII, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$117,742,555.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 INTEREST COMMUNICATION	SEE PART IV		X	23,465.	29,455.	-5,990.
2 INFOCISION	SEE PART IV		X	33,866.	20,862.	13,004.
3 CREATIVE DIRECT RESPONSE	SEE PART IV		X	3,686,145.	406,478.	3,279,667.
4 MINDSET	SEE PART IV		X	60,029,841.	831,000.	59,198,841.
5 GLOBAL ADVANCEMENT	SEE PART IV		X	51,500.	84,000.	-32,500.
6 SOCIAL CAPITAL	SEE PART IV		X		42,000.	-42,000.
7						
8						
9						
10						
Total				63,824,817.	1,413,795.	62,411,022.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

PART 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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

(I) NAME OF FUNDRAISER: INFOCISION

(I) ADDRESS: P.O. BOX 32441, CLEVELAND, OH 44193

(II) ACTIVITY: TELEMARKETING - RECURRING GIFTS

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

(I) ADDRESS: 16900 SCIENCE DRIVE, BOWIE, MD 20715

(II) ACTIVITY: CONSULTS DIRECT MAIL AND ORGANIZES ELECTRONIC FUNDRAISING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

(I) NAME OF FUNDRAISER: MINDSET

(I) ADDRESS: 170 N. JEFFERSON ST. STE 200, ARLINGTON, VA 22205

(II) ACTIVITY: DIRECT MAIL AND TELEMARKETING

(I) NAME OF FUNDRAISER: GLOBAL ADVANCEMENT

(I) ADDRESS: 333 WEST VINE STREET, SUITE 300, LEXINGTON, KY 40507

(II) ACTIVITY: FUNDRAISING, COMMUNICATIONS, AND CAMPAIGN COUNSELING

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

(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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

PART I, LINE 2B

ACTIVITY: DAV HAS IDENTIFIED GROSS RECEIPTS AND EXPENSES FOR ORGANIZATIONS PROVIDING PROFESSIONAL FUNDRAISING SERVICES IN EXECUTING A CAMPAIGN.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) DEPT. OF ALABAMA 634 HALLIANA RD ALEXANDER CITY, AL 35010	63-0421186	501(C)(4)	75,166.				VETERANS SERVICES
(2) DEPT. OF ALASKA P.O. BOX 74603 FAIRBANKS, AK 99707-0000	52-1648345	501(C)(4)	11,184.				VETERANS SERVICES
(3) DEPT. OF ARIZONA 38 W DUNLAP AVENUE PHOENIX, AZ 85021-0000	86-0191627	501(C)(4)	86,049.				VETERANS SERVICES
(4) DEPT. OF ARKANSAS P.O. BOX 1620 N LITTLE ROCK, AR 72115	38-6143144	501(C)(4)	41,026.				VETERANS SERVICES
(5) DEPT. OF CALIFORNIA 13733 ROSECRANS SANTA FE SPRINGS, CA 90670	95-0684372	501(C)(4)	334,773.				VETERANS SERVICES
(6) DEPT. OF COLORADO 1485 HOLLAND STREET LAKEWOOD, CO 80215-0000	84-0388439	501(C)(4)	98,857.				VETERANS SERVICES
(7) DEPT. OF CONNECTICUT 35 COLD SPRING ROAD ROCKY HILL, CT 06067	06-6050968	501(C)(4)	36,535.				VETERANS SERVICES
(8) DEPT. OF D C P.O. BOX 70737 WASHINGTON, DC 20024-0000	31-1017322	501(C)(4)	9,404.				VETERANS SERVICES
(9) DEPT. OF DELAWARE 183 SOUTH ST. CAMDEN, DE 19934-0000	23-7169083	501(C)(4)	9,941.				VETERANS SERVICES
(10) DEPT. OF FLORIDA 2015 SW 75TH STREET GAINESVILLE, FL 32607	59-0915376	501(C)(4)	261,253.				VETERANS SERVICES
(11) DEPT. OF GEORGIA 4462 HOUSTON AVENUE MACON, GA 31206-0000	58-6043522	501(C)(4)	87,673.				VETERANS SERVICES
(12) DEPT. OF HAWAII 2685 N NIMITZ HWY HONOLULU, HI 96819-0000	99-0105357	501(C)(4)	22,128.				VETERANS SERVICES

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEPT. OF IDAHO P.O. BOX 1597 MERIDIAN, ID 83869-0000	82-6013538	501(C)(4)	21,268.				VETERANS SERVICES
(2) DEPT. OF ILLINOIS 3740 WABASH AVE. SPRINGFIELD, IL 62704	36-2026733	501(C)(4)	92,039.				VETERANS SERVICES
(3) DEPT. OF INDIANA 170 AIRPORT PARKWAY GREENWOOD, IN 46143	35-0269110	501(C)(4)	68,088.				VETERANS SERVICES
(4) DEPT. OF IOWA 2245 KERPER BLVD DUBUQUE, IA 52001	42-0218615	501(C)(4)	32,140.				VETERANS SERVICES
(5) DEPT. OF KANSAS 805 MINNESOTA AVENUE KANSAS CITY, KS 66101	48-0669371	501(C)(4)	41,382.				VETERANS SERVICES
(6) DEPT. OF KENTUCKY P.O. BOX 129 SHEPHERDSVILLE, KY 40165-0129	61-0574614	501(C)(4)	81,595.				VETERANS SERVICES
(7) DEPT. OF LOUISIANA P.O. BOX 1271 BATON ROUGE, LA 70821-0000	72-6023897	501(C)(4)	44,337.				VETERANS SERVICES
(8) DEPT. OF MAINE P.O. BOX 3415 AUGUSTA, ME 04330-0000	51-0169791	501(C)(4)	27,320.				VETERANS SERVICES
(9) DEPT. OF MARYLAND 101 N GAY STREET BALTIMORE, MD 21202	52-6055613	501(C)(4)	86,988.				VETERANS SERVICES
(10) DEPT. OF MASSACHUSETTS 24 BEACON ST. BOSTON, MA 02133	04-2170836	501(C)(4)	166,692.				VETERANS SERVICES
(11) DEPT. OF MICHIGAN 17779 E 14 MILE RD. FRASER, MI 48026	38-0489155	501(C)(4)	105,603.				VETERANS SERVICES
(12) DEPT. OF MINNESOTA 20 WEST 12TH STREET ST. PAUL, MN 55155	41-0641627	501(C)(4)	141,618.				VETERANS SERVICES

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) DEPT. OF MISSISSIPPI P.O. BOX 1579 JACKSON, MS 39215-0000	64-6034899	501(C)(4)	20,233.				VETERANS SERVICES
(2) DEPT. OF MISSOURI 413 WEST HICKORY KIRKSVILLE, MO 63501-0000	43-1428547	501(C)(4)	83,862.				VETERANS SERVICES
(3) DEPT. OF MONTANA P.O. BOX 201 HELENA, MT 59624-0000	81-0245122	501(C)(4)	16,775.				VETERANS SERVICES
(4) DEPT. OF NEBRASKA 3107 25TH STREET COLUMBUS, NE 68601-0000	47-0462717	501(C)(4)	35,484.				VETERANS SERVICES
(5) DEPT. OF NEVADA 2775 MEADOW PARK AVE. HENDERSON, NV 89052	88-0191079	501(C)(4)	33,467.				VETERANS SERVICES
(6) DEPT. OF NEW HAMPSHIRE P.O. BOX 2051 DOVER, NH 03820-0000	02-6018967	501(C)(4)	22,369.				VETERANS SERVICES
(7) DEPT. OF NEW JERSEY 171 JERSEY ST. BLDG 5 TRENTON, NJ 08611	31-1017334	501(C)(4)	109,917.				VETERANS SERVICES
(8) DEPT. OF NEW MEXICO 2511 UTAH ST NE ALBUQUERQUE, NM 87110-0000	85-0131116	501(C)(4)	39,409.				VETERANS SERVICES
(9) DEPT. OF NEW YORK 162 ATLANTIC AVENUE LYNBROOK, NY 11563-0000	11-2248726	501(C)(4)	172,984.				VETERANS SERVICES
(10) DEPT. OF NORTH CAROLINA P.O. BOX 28146 RALEIGH, NC 27611-0000	56-6061261	501(C)(4)	133,870.				VETERANS SERVICES
(11) DEPT. OF NORTH DAKOTA 3812 LAKEWOOD DR. SE MANDAN, ND 58554-0000	45-0232777	501(C)(4)	18,875.				VETERANS SERVICES
(12) DEPT. OF OHIO P.O. BOX 15099 COLUMBUS, OH 43215-0000	31-4166963	501(C)(4)	128,426.				VETERANS SERVICES

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) DEPT. OF OKLAHOMA 2311 N CENTRAL AVE. OKLAHOMA CITY, OK 73105	73-6112085	501(C)(4)	72,615.				VETERANS SERVICES
(2) DEPT. OF OREGON 5922 N.E. 55TH AVENUE PORTLAND, OR 97218	93-0155562	501(C)(4)	39,024.				VETERANS SERVICES
(3) DEPT. OF PENNSYLVANIA 4219 TRINDLE ROAD CAMP HILL, PA 17011-0000	23-0520283	501(C)(4)	195,737.				VETERANS SERVICES
(4) DEPT. OF PUERTO RICO P.O. BOX 363604 SAN JUAN, PR 00936-0000	23-7352551	501(C)(4)	32,229.				VETERANS SERVICES
(5) DEPT. OF RHODE ISLAND 1 CAPITAL HILL PROVIDENCE, RI 02908	05-6023646	501(C)(4)	16,219.				VETERANS SERVICES
(6) DEPT. OF SOUTH CAROLINA P.O. BOX 5317 WEST COLUMBIA, SC 29171-0000	57-0600471	501(C)(4)	72,019.				VETERANS SERVICES
(7) DEPT. OF SOUTH DAKOTA 1519 WEST 51ST STREET SIOUX FALLS, SD 57105	46-6016959	501(C)(4)	19,383.				VETERANS SERVICES
(8) DEPT. OF TENNESSEE P.O. BOX 296 LAWRENCEBURG, TN 38464-0000	62-6074303	501(C)(4)	65,781.				VETERANS SERVICES
(9) DEPT. OF TEXAS 1015 LEE AVENUE LUFKIN, TX 75901-0000	75-6053959	501(C)(4)	266,582.				VETERANS SERVICES
(10) DEPT. OF UTAH 273 E 800 SOUTH SALT LAKE CITY, UT 84111	87-6151236	501(C)(4)	20,241.				VETERANS SERVICES
(11) DEPT. OF VERMONT P.O. BOX 828 WHITE RIVER JCT., VT 05001	03-6015639	501(C)(4)	9,304.				VETERANS SERVICES
(12) DEPT. OF VIRGINIA P.O. BOX 7176 ROANOKE, VA 24019-0000	54-0697376	501(C)(4)	153,372.				VETERANS SERVICES

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) DEPT. OF WASHINGTON 4980 AUTO CNTR WAY BREMERTON, WA 98312	91-0544487	501(C)(4)	87,118.				VETERANS SERVICES
(2) DEPT. OF WEST VIRGINIA P.O. BOX 605 ELKVIEW, WV 25071-0000	55-0521769	501(C)(4)	27,296.				VETERANS SERVICES
(3) DEPT. OF WISCONSIN 1253 SCHEURING RD. DEPERE, WI 54115	39-0244255	501(C)(4)	67,663.				VETERANS SERVICES
(4) DEPT. OF WYOMING 219 AMES AVENUE CHEYENNE, WY 82007-2218	23-7041066	501(C)(4)	15,564.				VETERANS SERVICES
(5) DEPARTMENT OF VETERANS AFFAIRS 51 IRVING STREET NW WASHINGTON, DC 20423	52-1688621	GOV'T ENTITY	323,454.				VA TRANSPORTATION NETWORK
(6) COLUMBIA TRUST SERVICE PROGRAMS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1516071	501(C)(4)	60,550.				VETERANS SERVICES NETWORK
(7) BOULDER CREST RETREAT 33735 SNICKERSVILLE TPKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	150,000.				RETREATS FOR VETERANS
(8) CAMP CORRAL 5151 GLENWOOD AVENUE RALEIGH, NC 27612	45-3555807	501(C)(3)	871,797.				CHILDREN OF VETERANS
(9) HILLVETS FOUNDATION 625 N. WASHINGTON ST. ALEXANDRIA, VA 22314	47-3616097	501(C)(19)	50,000.				VETERANS SERVICES
(10) INTREPID MUSEUM FOUNDATION ONE INTREPID SQUARE NEW YORK, NY 10036	13-3062419	501(C)(3)	15,000.				VETERANS SERVICES
(11) STATE OF MINNESOTA VETERANS HOME 5101 MINNEHAHA AVENUE MINNEAPOLIS, MN 55417		GOV'T ENTITY	251,231.				VETERANS SERVICES
(12) THE ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVE WASHINGTON, DC 20037	45-4292692	501(C)(3)	10,000.				HEROES & HISTORY MAKER EVENT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) ACADEMY OF UNITED STATES FOUNDATION 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	82-1095501	501(C)(3)	40,000.				VETTY'S GALA SPONSORSHIP
(2) BATTLE SIGHT TECHNOLOGIES LLC 74 EAST MONUMENT AVE DAYTON, OH 45402	82-2377773		10,000.				ARTHUR H. & MARY WILSON AWARD
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.

3 Enter total number of other organizations listed in the line 1 table 55.

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

Schedule I (Form 990) (2019)

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 DISASTER RELIEF	470.	296,500.			
2 SCHOLARSHIPS	21.	58,750.			
3					
4					
5					
6					
7					

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

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.

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 the information required in Part I, line 2, Part III, column (b); and any 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER A. DICKINSON SENIOR EXECUTIVE ADVISOR	(i)	142,199.	30,279.	2,589.	53,227.	25,339.	253,633.	
	(ii)	0.	0.	0.				
2 J. MARC BURGESS NATL ADJUTANT/CEO/SEC.	(i)	249,225.	38,487.	7,375.	268,293.	22,526.	585,906.	37,987.
	(ii)	0.	0.	0.				
3 BARRY A. JESINOSKI EXEC. DIR. NATL. HQ	(i)	200,910.	40,749.	4,677.	180,675.	34,443.	461,454.	29,807.
	(ii)	0.	0.	0.				
4 EDWARD R. REESE JR. EXEC. DIR. NATL. LHQ	(i)	190,261.	27,120.	4,560.	207,416.	34,034.	463,391.	19,028.
	(ii)	0.	0.	0.				
5 ANITA BLUM COMPTROLLER	(i)	162,831.	28,351.	4,845.	129,994.	36,234.	362,255.	20,945.
	(ii)	0.	0.	0.				
6 BRIAN COWART CHIEF DEV. OFFICER	(i)	200,775.	37,022.	4,677.	73,358.	32,149.	347,981.	28,160.
	(ii)	0.	0.	0.				
7 CHRISTOPHER CLAY GENERAL COUNSEL	(i)	199,085.	16,401.	7,394.	61,000.	36,234.	320,114.	7,539.
	(ii)	0.	0.	0.				
8 SUSAN LOTH SR. CHIEF DEV. OFFICER	(i)	164,030.	27,311.	3,518.	158,028.	35,034.	387,921.	20,945.
	(ii)	0.	0.	0.				
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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 2019, NO FIRST CLASS OR CHARTER TRAVEL BUSINESS TRIPS WERE PROVIDED FOR INDIVIDUALS LISTED ON FORM 990 PART VII.

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 2019, NO COMPANION TRAVEL WAS PROVIDED FOR INDIVIDUALS LISTED ON FORM 990 PART VII.

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 2019, DENNIS R. NIXON, DAV NATIONAL COMMANDER (JANUARY TO JULY), RECEIVED \$134,879 AND STEPHEN WHITEHEAD, DAV NATIONAL COMMANDER (AUGUST TO DECEMBER), RECEIVED \$90,121 FOR SUCH PAYMENTS.

PART I, LINE 7

NON-FIXED PAYMENTS

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

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	64.	305,318.	COST / SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

31-0263158

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 246 NATIONAL SERVICE OFFICERS (NSOS) AND 31
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 11.7 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.

FOR SERVICE MEMBERS MAKING THE ALL-IMPORTANT TRANSITION TO CIVILIAN LIFE,
DAV PARTICIPATES IN TRANSITION ASSISTANCE AND DISABLED TRANSITION

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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ASSISTANCE PROGRAMS. OUR TSOS PROVIDE BENEFITS COUNSELING AND ASSISTANCE TO SERVICE MEMBERS FILING INITIAL CLAIMS FOR VA BENEFITS AT NEARLY 100 MILITARY INSTALLATIONS THROUGHOUT THE COUNTRY.

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 2019, OUR EFFORTS WITH THESE PROGRAMS RESULTED IN MORE THAN 37 EVENTS BEING CONDUCTED THROUGHOUT 30 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 2019, THE BVA ACTED ON MORE THAN 18,250 CASES INVOLVING DAV CLIENTS. THESE WERE CASES REVIEWED TO IDENTIFY THOSE IN WHICH A VETERAN'S CLAIM WAS IMPROPERLY DENIED. THE RELATIONSHIP BETWEEN DAV AND THESE PRIVATE LAW FIRMS HAS RESULTED IN 1,355 CASES PREVIOUSLY DENIED BY THE BVA BEING APPEALED TO THE COURT AT NO COST TO THE VETERANS.

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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IN 2019, DAV TRAINED AND CERTIFIED 2,586 DEPARTMENT AND CHAPTER SERVICE OFFICERS IN 50 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 3,872 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 2019, DAV CONDUCTED 154 SEMINARS, WHICH RESULTED IN 7,401 ATTENDEES AND 317 INTERVIEWS CONDUCTED WITH VETERANS AND OTHER POTENTIAL CLAIMANTS. THESE SEMINARS ALSO RESULTED IN 84 CLAIMS FILED THROUGH THE VA.

EXPENSES \$40,674,406 INCLUDING GRANTS OF \$114,000. REVENUE \$0.

STATE SERVICES AND DISASTER RELIEF:

DURING 2019, DAV DISTRIBUTED 370 SUPPLY KITS AND PROVIDED 470 PAYMENTS TOTALING NEARLY \$300,000 TO SERVICE-INJURED OR ILL VETERANS, SERVICE

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MEMBERS AND THEIR FAMILIES IN NEED OF RELIEF. SINCE THE PROGRAM'S INCEPTION IN 1968, OVER \$13 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 THE 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, FLORIDA, NEBRASKA, NORTH CAROLINA, OHIO, OKLAHOMA, SOUTH DAKOTA, TENNESSEE 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 2019. THIS

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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 MORE THAN 1,400 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 \$5,448,944 INCLUDING GRANTS OF \$5,439,733. REVENUE \$0.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
VOLUNTARY SERVICES PROGRAM (CONT)

-TO INCENTIVIZE YOUTH VOLUNTEERS, DAV AWARDED \$75,000 IN SCHOLARSHIPS THROUGH ITS SCHOLARSHIP PROGRAM.

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 174 HOSPITAL SERVICE COORDINATORS LOCATED AT 213 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

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DONATED 3,447 VEHICLES, AND FORD MOTOR CO. HAS DONATED 231 VEHICLES AT A TOTAL COMBINED COST OF MORE THAN \$84 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 751,884,781 MILES SINCE THE PROGRAM BEGAN. IN 2019, VOLUNTEERS TRAVELED 20,513,512, PROVIDING MORE THAN 615,000 RIDES TO VETERANS AND DONATING OVER 1.2 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, MENTORING RETREATS, VOLUNTEER FOR VETERANS, LOCAL VETERANS ASSISTANCE PROGRAM AND VA VOLUNTARY SERVICE PROGRAM.

EXPENSES \$3,606,422 INCLUDING GRANTS OF \$571,681. REVENUE \$0.

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

WHETHER IT'S UNEMPLOYMENT OR UNDEREMPLOYMENT, DAV REALIZES THE CHALLENGE

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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. A PRIMARY COMPONENT OF THIS MISSION IS OUR STRATEGIC PARTNERSHIP WITH RECRUITMILITARY®, A FULL-SERVICE, MILITARY-TO-CIVILIAN RECRUITING FIRM WHO HOSTS NATIONWIDE TRADITIONAL AND VIRTUAL CAREER FAIRS THAT ARE ACCESSIBLE TO ALL WHO SERVED AND THEIR SPOUSES. ADDITIONALLY DAV 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 JUST OVER 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 2019, DAV SPONSORED 607 TRADITIONAL AND VIRTUAL CAREER FAIRS THAT NEARLY 210,000 ACTIVE SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES ATTENDED, RESULTING IN MORE THAN 146,000 JOB OFFERS. IN 2020, DAV WILL CONTINUE OUR STAUNCH EFFORTS BY SPONSORING TRADITIONAL AND VIRTUAL CAREER FAIRS NATIONWIDE TO HELP ENSURE VETERANS HAVE ACCESS TO THESE CRITICAL EMPLOYMENT OPPORTUNITIES.

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

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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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, DUE TO OVERWHELMINGLY POSITIVE RESPONSE FOLLOWING THE ITS INITIAL LAUNCH IN 2018 DAV RE-RELEASED THE HIRING GUIDE IN OCTOBER 2019 AND HAD NEARLY 60,000 VIEWS OF THE DIGITAL VERSION IN THE FIRST TWO MONTHS ALONE, 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 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

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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.

EXPENSES \$1,521,454 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.

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FURTHERMORE, DAV HAS CONTINUED TO GROW ITS SOCIAL MEDIA PRESENCE THROUGH FACEBOOK, TWITTER LINKEDIN AND INSTAGRAM. ON FACEBOOK, DAV PROVIDES DAILY INFORMATION TO MORE THAN 1.4 MILLION FOLLOWERS, AND DAV'S POSTS REACH MORE THAN 145,000 PEOPLE EACH DAY. IN 2019, OUR TWITTER PAGE GREW BY MORE THAN 3% TO REACH OVER 103,600 FOLLOWERS. DAV TWEETS WERE SEEN BY MORE THAN 4.7 MILLION INDIVIDUALS THROUGHOUT THE YEAR. DAV'S INSTAGRAM FOLLOWING BROKE THE 43,000-FOLLOWER THRESHOLD, REPRESENTING A 39% INCREASE FROM 2018. DAV'S INSTAGRAM POSTS REACHED NEARLY 3 MILLION IN 2019. FINALLY, A STRATEGIC EMPHASIS WAS PLACED ON LINKEDIN, AND OUR FOLLOWING GREW TO OVER 55,000. THIS HIGHLIGHTS AN ASTOUNDING 152% INCREASE FROM 2018.

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, 2019, THE THANK A VET PROGRAM SAW OVER 256,000 PAGE VIEWS ON ITS SITE; MORE THAN 143,000 OF THEM WERE FROM DAV'S SOCIAL MEDIA PLATFORMS. NEARLY 4,700 SUBMISSIONS WERE RECEIVED.

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

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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THEIR VOICES HEARD ON IMPORTANT PUBLIC-POLICY ISSUES THROUGH AN EMAIL FEEDBACK FEATURE. IN 2019, THE ORGANIZATION'S OFFICIAL WEBSITE WAS VISITED MORE THAN 3 MILLION TIMES AND RECEIVED NEARLY 6.5 MILLION PAGE VIEWS.

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 \$9,333,423 INCLUDING GRANTS OF \$15,000. REVENUE \$0.

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

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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MILITARY SERVICE. OUR LEGACY HAS EVOLVED TO MEET THE CHANGING NEEDS OF MEMBERS, FAMILIES AND CAREGIVERS AMID THE HISTORICAL JOURNEY OF OUR NATION. OUR MILITARY AND AMERICAN SOCIETY CONTINUES TO CHANGE, AND DAV EMBRACES THOSE CHANGES TO ENSURE VETERANS OF ALL SERVICE ERAS AND GENDERS ARE ABLE TO HAVE THEIR CHANCE AT THE AMERICAN DREAM.

TODAY, SOCIAL NETWORKING AND OTHER CHANGES TO THE WAYS AMERICANS COMMUNICATE ALLOW DAV MEMBERS TO PLAY A LARGER ROLE THAN EVER AS SPOKESPEOPLE ADVOCATING FOR THE UNIQUE NEEDS OF THE VETERAN COMMUNITY. WE CONTINUE TO RESPOND TO THE NEEDS OF THE CURRENT GENERATION OF VETERANS AND ARE ALSO STEADFAST IN OUR RESOLUTION TO ENSURE EQUITABLE SUPPORT FOR ANOTHER VITAL PART OF OUR COMMUNITY, VETERAN CAREGIVERS. THESE UNSUNG HEROES PROVIDE UNFALTERING DEDICATION TO DISABLED VETERANS, OFTEN ASSUMING A LIFE OF HEAVY RESPONSIBILITY AND SACRIFICE TO CARE FOR THEIR LOVED ONES AFFECTED BY DEVASTATING ILLNESS OR INJURY.

DAV HAS ALMOST 3,300 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 OVER 1,300 ACTIVE CHAPTERS NATIONWIDE, WE CLOSED THE 2018-2019 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.

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EXPENSES \$6,535,172 INCLUDING GRANTS OF \$50. REVENUE \$0.

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 2019, 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 2019, 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 2019 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

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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.

EXPENSES \$ 2,022,774 INCLUDING GRANTS OF \$ 0. REVENUE \$0

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES (CONT)
PUBLIC AWARENESS OUTREACH: DAV'S PUBLIC OUTREACH CAMPAIGN CONTINUES TO ENSURE VETERANS, THEIR CAREGIVERS AND FAMILIES ARE FULLY AWARE OF THE WIDE RANGE OF OTHER PROGRAMS WE OFFER. THIS EFFORT PROVIDES AMERICANS AN OPPORTUNITY TO BECOME INVOLVED IN RELATING WITH AND HELPING THE MEN AND WOMEN WHO SERVED OUR NATION AND PRESERVED THE WAY OF LIFE FELLOW AMERICANS HOLD DEAR. IN 2019, A NEW SERIES OF MESSAGES WAS PRODUCED FEATURING MORE VETERANS WHO HAVE ACHIEVED PERSONAL VICTORIES WITH THE HELP OF DAV. THE ORGANIZATION DEDICATED \$27.7 MILLION TO THIS LARGE-SCALE EFFORT, AN INVESTMENT THAT'S MAKING A REAL DIFFERENCE IN THE LIVES OF VETERANS AND THEIR FAMILIES.

IN NOVEMBER OF 2019, DAV HOSTED THE ANNUAL DAV 5K HOSTED IN CINCINNATI, BRINGING TOGETHER MORE THAN 2,500 PEOPLE AND NEARLY 100 VOLUNTEERS WHO PERSONALLY HONORED AND THANKED FRIENDS AND FAMILY MEMBERS WHO SERVED OR ARE CURRENTLY SERVING OUR COUNTRY. IN 2020, WE LOOK FORWARD TO ANOTHER YEAR OF HONORING VETERANS THROUGH THIS MUCH-ANTICIPATED COMMUNITY OUTREACH EVENT.

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EXPENSES \$ 27,677,170 INCLUDING GRANTS OF \$ 0. REVENUE \$ 75,845.

PUBLIC SERVICE ANNOUNCEMENT PROGRAM: IN 2019, DAV'S MISSION OF SERVICE TO ALL VETERANS WAS FRONT AND CENTER IN OUR NATIONAL AND LOCAL PLACEMENTS THANKS TO OUR PUBLIC SERVICE ANNOUNCEMENT CAMPAIGN. TELEVISION, PRINT, RADIO AND OUT OF HOME MESSAGES HELPED RAISE AWARENESS OF THE PROGRAMS AND FREE SERVICES WE PROVIDE TO VETERANS AND THEIR FAMILIES. THESE TIMELY AND INSPIRING MESSAGES ALSO 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 2019, OUR PROGRAM GREW TO \$117.7 MILLION IN ESTIMATED DONATED MEDIA VALUE, REPRESENTING 29 PERCENT GROWTH OVER 2018. THIS PROGRAM RELIES ON DONATED MEDIA FROM TELEVISION, RADIO, PRINT, OUTDOOR AND TRANSIT OUTLETS. THE WIDESPREAD MEDIA EXPOSURE RESULTED IN MORE THAN 8.7 BILLION IMPRESSIONS. THIS WAS MADE POSSIBLE THROUGH EXTENSIVE OUTREACH, RELATIONSHIP BUILDING AND CULTIVATION WITH TOP BROADCAST AND PRINT OUTLETS, AND INCLUDES SUPPORT FROM NATIONAL TELEVISION NETWORKS ABC AND CBS; NATIONAL PRINT PLACEMENTS IN THE WALL STREET JOURNAL AND FIRST FOR WOMEN; AND REGIONAL PLACEMENTS IN MONEY, BLOOMBERG BUSINESSWEEK AND SPORTS ILLUSTRATED.

THE CAMPAIGN, FIRST RELEASED IN 2016, IS NOW IN ITS THIRD ITERATION TO CONTINUE INSPIRING VETERANS TO OVERCOME CHALLENGES AND ACHIEVE THEIR OWN

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PERSONAL VICTORIES WHILE EMPHASIZING THE LIFE-CHANGING SERVICES DAV PROVIDES TO VETERANS AND THEIR FAMILIES AT NO COST. AS THE GAP BETWEEN OUR MILITARY AND CIVILIAN POPULATIONS CONTINUES TO WIDEN, THESE MESSAGES HELP TO SERVE AS TESTAMENT TO AN AMERICAN PUBLIC TOO OFTEN UNAWARE OF THE SACRIFICES OF MEN AND WOMEN IN UNIFORM.

TO VIEW OR DOWNLOAD DAV'S PUBLIC SERVICE MESSAGES, VISIT DAVPSA.ORG.

EXPENSES \$1,401,886 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 MEMBERS OF THE BOARD OF DIRECTORS (BOARD). ANY SUBSEQUENT CHANGES IN COMPENSATION, TYPICALLY ANNUAL AND WITHIN THE ESTABLISHED RANGES, ARE ALSO APPROVED BY THE BOARD.

NON-EMPLOYEE MEMBERS OF DAV'S BOARD RECEIVE AN IRS APPROVED DAILY PER DIEM WHEN ATTENDING MEETINGS OR REPRESENTING DAV AT VARIOUS RELATED

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EVENTS. THIS IS PRIMARILY TO COVER MEALS AND LODGING.

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.

FORM 990, PART VII, LINE 1A(10)

OFFICER NAME AND TITLE

ROBERT D. COX: DIRECTOR 1/2019 - 8/2019; TREASURER 8/2019 - 12/2019

FORM 990, PART XI, LINE 9

OTHER CHANGES

PROCEEDS FROM SALE OF ARTWORKS \$9,825,030

PENSION LIAB & OTHER POSTRETIREMENT BENEFIT OBLIGATION ADJ \$(9,549,219)

TOTAL \$275,811

ATTACHMENT 1

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,

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CROSBY MARKETING COMMUNICATIONS INC. 705 MELVIN AVENUE ANNAPOLIS, MD 21401	PROFESSIONAL	2,138,215.
CHISHOLM CHISHOLM AND KILPATRICK LTD 321 SOUTH MAIN STREET PROVIDENCE, RI 02903	PROFESSIONAL	910,983.
MINDSET DIRECT 12110 SUNSET HILLS ROAD, STE 600 RESTON, VA 20190	PROFESSIONAL	834,000.
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE, STE 210 BOWIE, MD 20715	PROFESSIONAL	674,134.
CINCINNATI BELL TECHNOLOGY SOLUTIONS 1507 SOLUTION CENTER CHICAGO, IL 60677-1005	TEMP/CONSULTING SVS	418,643.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 01/01, 2019, and ending 12/31, 20 19

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Name and title of officer

BARRY A. JESINOSKI, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>145388158.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 4 5 2 0 2 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 9/3/2020


Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 1 0 2 5 4 4 5 2 0 2

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ 9/2/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.