

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (DISABLED AMERICAN VETERANS), EIN (31-0263158), address (860 DOLWICK DRIVE, ERLANGER, KY 41018), and principal officer (BARRY A. JESINOSKI).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue breakdown, and total assets.

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.

Signature block containing the signature of Barry A. Jesinoski, Executive Director, dated 8/23/21.

Preparer information section for Aaron Hershberger, Preparer of the return, dated 8/6/2021.

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 37,976,172. including grants of \$ 75,123.) (Revenue \$)

SERVICE PROGRAM: DAV'S PROFESSIONAL BENEFITS ADVOCATES OFFER SERVICES AT NO COST OBLIGATION TO VETERANS, THEIR FAMILIES AND SURVIVORS. VETERANS DO NOT HAVE TO BE DAV MEMBER TO TAKE ADVANTAGE OF THE FREE ASSISTANCE.

-NSOS FILED NEARLY 140,000 NEW CLAIMS AND OBTAINED MORE THAN \$23 BILLION IN NEW AND RETROACTIVE BENEFITS FOR VETERANS AND THEIR FAMILIES BEFORE THE VA.

-TSOS CONDUCTED OVER 300 PRESENTATIONS TO 10,000 SEPARATING SERVICE MEMBERS. THEY COUNSELED OVER 21,000 SERVICE MEMBERS AND PRESENTED ALMOST 17,000 APPLICATIONS FOR EARNED VA BENEFITS. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 2,140,402. including grants of \$ 402,949.) (Revenue \$)

VOLUNTARY SERVICES PROGRAM:

BY PROVIDING VETERANS WITH TRANSPORTATION TO MEDICAL APPOINTMENTS, COORDINATING IN-HOSPITAL VOLUNTEERING OPPORTUNITIES AND ENCOURAGING AND SUPPORTING EFFORTS AND EVENTS TO PROVIDE THE BEST POSSIBLE CARE, MORALE AND ASSISTANCE TO OUR NATION'S HEROES, DAV ENHANCES THE QUALITY OF LIFE OF VETERANS, THEIR FAMILIES AND SURVIVORS.

-IN 2020, TRANSPORTATION VOLUNTEERS TRAVELED 9.6 MILLION MILES, PROVIDING MORE THAN 243,000 RIDES TO VETERANS AND DONATING OVER 677,000 HOURS OF THEIR TIME. (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 1,121,220. 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 THROUGH DECEMBER 2020, DAV SPONSORED 699 IN-PERSON AND VIRTUAL CAREER FAIRS THAT NEARLY 240,000 ACTIVE-DUTY, GUARD AND RESERVE PERSONNEL, VETERANS AND THEIR SPOUSES ATTENDED, RESULTING IN MORE THAN 151,000 JOB OFFERS.

-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 \$ 48,520,922. including grants of \$ 7,081,829.) (Revenue \$ 40,259.)

4e Total program service expenses 89,758,716.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 counts, 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				321,307.	0.	282,089.
(2) EDWARD R. REESE EXEC. DIR. NATL LHQ	55.00 0.				X			239,472.	0.	307,217.
(3) BARRY A. JESINOSKI EXEC. DIR. NATL HQ	55.00 0.				X			254,343.	0.	252,202.
(4) SUSAN LOTH SR. CHIEF DEV. OFFICER	40.00 0.					X		195,174.	0.	235,398.
(5) ANITA BLUM COMPTROLLER	50.00 0.					X		196,783.	0.	216,755.
(6) BRIAN COWART CHIEF DEV. OFFICER	50.00 0.					X		236,526.	0.	122,354.
(7) JAMES MARSZALEK NATIONAL SERVICE DIRECTOR	50.00 0.					X		190,127.	0.	116,636.
(8) CHRISTOPHER CLAY GENERAL COUNSEL	40.00 0.					X		233,376.	0.	61,661.
(9) ROBERT D. COX TREASURER	5.00 0.	X		X				0.	0.	0.
(10) ANDREW MARSHALL VICE CHAIRMAN OF THE BOARD	5.00 0.	X		X				0.	0.	0.
(11) JOHN F. DONOVAN DIRECTOR	5.00 0.	X						0.	0.	0.
(12) DENNIS R. NIXON CHAIRMAN OF THE BOARD	5.00 0.	X		X				0.	0.	0.
(13) TERRY W. SANDERS DIRECTOR	5.00 0.	X						0.	0.	0.
(14) KEVIN J. WALKOWSKI DIRECTOR	5.00 0.	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	8,989,607.				
	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	121,190,048.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 528,522.				
	h	Total. Add lines 1a-1f		130,179,655.				
	Program Service Revenue	2a	REGISTRATION INCOME	Business Code	900099	40,259.	40,259.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			40,259.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			9,331,722.		9,331,722.
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			368,682.		368,682.	
	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			
						195,382,568.	66,446.	
	b	Less: cost or other basis and sales expenses . .	7b	181,729,976.	1,020.			
	c	Gain or (loss)	7c	13,652,592.	65,426.			
	d	Net gain or (loss)				13,718,018.	13,718,018.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
					0.			
					0.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
					0.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	293,620.		293,620.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				293,620.		
12	Total revenue. See instructions				153,931,956.	40,259.	23,712,042.	

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	4,644,470.	4,644,470.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,915,431.	2,915,431.		
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	126,297.	126,297.		
5 Compensation of current officers, directors, trustees, and key employees	1,722,290.	1,266,878.	455,412.	
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	38,581,772.	32,880,435.	3,697,880.	2,003,457.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,797,004.	2,807,921.	460,887.	528,196.
9 Other employee benefits	7,056,293.	6,048,775.	592,065.	415,453.
10 Payroll taxes	2,807,257.	2,421,726.	254,068.	131,463.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	322,425.	50,413.	252,978.	19,034.
c Accounting	228,404.		228,404.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	1,378,245.			1,378,245.
f Investment management fees	296,530.		296,530.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,709,456.	2,975,656.	923,754.	810,046.
12 Advertising and promotion	8,609,299.	5,764,482.	70,128.	2,774,689.
13 Office expenses	47,627,332.	22,614,929.	1,079,656.	23,932,747.
14 Information technology	523,109.	347,355.	156,121.	19,633.
15 Royalties	1,389,596.	621,362.		768,234.
16 Occupancy	388,196.	257,150.	131,046.	
17 Travel	40,089.	9,896.	9,978.	20,215.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	469,000.	469,000.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,796,541.	1,526,173.	235,789.	34,579.
23 Insurance	355,946.	201,962.	151,825.	2,159.
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	40,643.	21,608.	13,868.	5,167.
b RELOCATION	639,134.	621,662.	7,084.	10,388.
c PROJECT COSTS	365,000.	365,000.		
d OTHER EXPENSES	1,748,817.	800,135.	616,611.	332,071.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	132,578,576.	89,758,716.	9,634,084.	33,185,776.
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)	47,383,333.	23,689,186.		23,694,147.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	21,328,810.	2	15,802,402.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	6,348,036.	4	6,893,777.
	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	103,112.	8	33,251.
	9 Prepaid expenses and deferred charges	7,708,082.	9	9,521,286.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,175,618.		
	b Less: accumulated depreciation.	10b 36,962,922.	9,560,712.	10c 14,212,696.
	11 Investments - publicly traded securities.	456,494,990.	11	502,312,991.
	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	1,170,145.
	15 Other assets. See Part IV, line 11	368,750.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	501,912,492.	16	549,946,548.	
Liabilities	17 Accounts payable and accrued expenses	31,886,361.	17	34,683,711.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	3,803,428.	19	319,214.
	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	101,347,499.	25	99,693,076.
	26 Total liabilities. Add lines 17 through 25.	137,037,288.	26	134,696,001.
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	351,869,166.	27	399,236,337.
	28 Net assets with donor restrictions.	13,006,038.	28	16,014,210.
	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	364,875,204.	32	415,250,547.
33 Total liabilities and net assets/fund balances.	501,912,492.	33	549,946,548.	

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	153,931,956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,578,576.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,353,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	364,875,204.
5	Net unrealized gains (losses) on investments	5	31,274,156.
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	-2,252,193.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	415,250,547.

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		

Schedule of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

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31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	N/A	\$ 5,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	N/A	\$ 5,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150	N/A	\$ 5,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	\$ 5,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	N/A	\$ 5,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
153	N/A	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	N/A	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	N/A	\$ 5,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	N/A	\$ 5,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	N/A	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$ 5,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	N/A	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	N/A	\$ 5,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	N/A	\$ 5,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	N/A	\$ 5,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	N/A	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	N/A	\$ 5,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
176	N/A	\$ 5,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	N/A	\$ 5,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	N/A	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	N/A	\$ 5,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	N/A	\$ 5,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	N/A	\$ 5,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	N/A	\$ 5,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	N/A	\$ 5,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	N/A	\$ 5,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	N/A	\$ 6,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	N/A	\$ 6,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	N/A	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	N/A	\$ 6,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	N/A	\$ 6,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	N/A	\$ 6,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	N/A	\$ 6,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	\$ 6,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
212	N/A	\$ 6,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	N/A	\$ 7,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	N/A	\$ 7,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	N/A	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	N/A	\$ 7,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	N/A	\$ 7,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	\$ 7,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	N/A	\$ 7,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	N/A	\$ 7,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	N/A	\$ 7,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	N/A	\$ 7,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	N/A	\$ 7,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	N/A	\$ 7,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	N/A	\$ 7,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	N/A	\$ 7,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	N/A	\$ 7,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	N/A	\$ 7,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
243	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	N/A	\$ 8,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
251	N/A	\$ 8,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	N/A	\$ 8,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	N/A	\$ 8,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
254	N/A	\$ 8,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	N/A	\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	N/A	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	N/A	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	N/A	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	N/A	\$ 9,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	N/A	\$ 9,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	N/A	\$ 9,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	N/A	\$ 9,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	N/A	\$ 9,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	N/A	\$ 9,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	N/A	\$ 9,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	N/A	\$ 9,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	N/A	\$ 9,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	N/A	\$ 9,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
269	N/A	\$ 9,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	N/A	\$ 9,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	N/A	\$ 10,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	N/A	\$ 10,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	N/A	\$ 10,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	N/A	\$ 10,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349	N/A	\$ 10,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
350	N/A	\$ 10,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
351	N/A	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352	N/A	\$ 10,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
353	N/A	\$ 10,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354	N/A	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	N/A	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356	N/A	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357	N/A	\$ 11,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358	N/A	\$ 11,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359	N/A	\$ 11,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	N/A	\$ 11,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	N/A	\$ 11,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362	N/A	\$ 11,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363	N/A	\$ 11,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364	N/A	\$ 11,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365	N/A	\$ 11,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366	N/A	\$ 11,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367	N/A	\$ 11,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	N/A	\$ 11,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378	N/A	\$ 12,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380	N/A	\$ 12,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381	N/A	\$ 12,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382	N/A	\$ 12,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383	N/A	\$ 12,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384	N/A	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385	N/A	\$ 13,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386	N/A	\$ 13,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387	N/A	\$ 13,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388	N/A	\$ 13,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389	N/A	\$ 13,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390	N/A	\$ 13,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391	N/A	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392	N/A	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393	N/A	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394	N/A	\$ 14,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395	N/A	\$ 14,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396	N/A	\$ 14,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411	N/A	\$ 15,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
412	N/A	\$ 16,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413	N/A	\$ 16,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414	N/A	\$ 17,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415	N/A	\$ 17,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
416	N/A	\$ 17,388.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
417	N/A	\$ 17,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
418	N/A	\$ 17,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
419	N/A	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
420	N/A	\$ 18,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421	N/A	\$ 19,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422	N/A	\$ 19,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
423	N/A	\$ 19,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
424	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
434	N/A	\$ 20,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
435	N/A	\$ 20,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
436	N/A	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
437	N/A	\$ 21,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
438	N/A	\$ 21,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439	N/A	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
440	N/A	\$ 22,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
441	N/A	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
442	N/A	\$ 22,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
443	N/A	\$ 22,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
444	N/A	\$ 22,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445	N/A	\$ 22,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
446	N/A	\$ 23,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
447	N/A	\$ 23,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
448	N/A	\$ 24,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
449	N/A	\$ 24,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
450	N/A	\$ 24,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
452	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
453	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
454	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
455	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
456	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
458	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
459	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
460	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
461	N/A	\$ 25,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
462	N/A	\$ 25,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463	N/A	\$ 25,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
464	N/A	\$ 25,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
465	N/A	\$ 25,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
466	N/A	\$ 25,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
467	N/A	\$ 27,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
468	N/A	\$ 27,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469	N/A	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
470	N/A	\$ 28,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
471	N/A	\$ 28,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
472	N/A	\$ 29,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
473	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
474	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
476	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
477	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
478	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
479	N/A	\$ 31,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
480	N/A	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481	N/A	\$ 32,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
482	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
483	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
484	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
485	N/A	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
486	N/A	\$ 35,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487	N/A	\$ 35,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
488	N/A	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
489	N/A	\$ 36,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
490	N/A	\$ 36,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
491	N/A	\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
492	N/A	\$ 39,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493	N/A	\$ 39,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
494	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
495	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
496	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
497	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
498	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
500	N/A	\$ 40,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
501	N/A	\$ 41,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
502	N/A	\$ 41,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
503	N/A	\$ 42,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
504	N/A	\$ 42,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505	N/A	\$ 43,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
506	N/A	\$ 44,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
507	N/A	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
508	N/A	\$ 45,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
509	N/A	\$ 47,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
510	N/A	\$ 48,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
515	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521	N/A	\$ 51,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
522	N/A	\$ 52,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	N/A	\$ 52,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
524	N/A	\$ 53,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
525	N/A	\$ 54,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
526	N/A	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
527	N/A	\$ 57,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
528	N/A	\$ 58,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529	N/A	\$ 58,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
530	N/A	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
531	N/A	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
532	N/A	\$ 61,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
533	N/A	\$ 65,952.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
534	N/A	\$ 70,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535	N/A	\$ 70,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
536	N/A	\$ 71,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
537	N/A	\$ 73,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
538	N/A	\$ 74,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
539	N/A	\$ 74,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
540	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541	N/A	\$ 75,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
542	N/A	\$ 77,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
543	N/A	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
544	N/A	\$ 82,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
545	N/A	\$ 83,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
546	N/A	\$ 83,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547	N/A	\$ 88,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
548	N/A	\$ 89,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
549	N/A	\$ 91,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
550	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
551	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
552	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
554	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
555	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
556	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
557	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
558	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
560	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
561	N/A	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
562	N/A	\$ 107,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
563	N/A	\$ 111,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
564	N/A	\$ 113,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565	N/A	\$ 113,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
566	N/A	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
567	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
568	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
569	N/A	\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
570	N/A	\$ 130,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571	N/A	\$ 137,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
572	N/A	\$ 138,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
573	N/A	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
574	N/A	\$ 145,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
575	N/A	\$ 155,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
576	N/A	\$ 163,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577	N/A	\$ 166,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
578	N/A	\$ 196,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
579	N/A	\$ 208,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
580	N/A	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
581	N/A	\$ 224,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
582	N/A	\$ 232,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583	N/A	\$ 234,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
584	N/A	\$ 236,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
585	N/A	\$ 242,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
586	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
587	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
588	N/A	\$ 255,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589	N/A	\$ 256,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
590	N/A	\$ 278,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
591	N/A	\$ 278,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
592	N/A	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
593	N/A	\$ 333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
594	N/A	\$ 346,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**Employer identification number
31-0263158**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595	N/A	\$ 372,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
596	N/A	\$ 410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
597	N/A	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
598	N/A	\$ 503,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
599	N/A	\$ 546,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
600	N/A	\$ 646,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601	N/A	\$ 697,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
602	N/A	\$ 807,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
603	N/A	\$ 905,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
604	N/A	\$ 945,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
605	N/A	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
606	N/A	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABLED AMERICAN VETERANS

Employer identification number

31-0263158**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
149	15 SHARES MASTERCARD INC _____ _____ _____	\$ 5,038.	12/17/2020
152	73 SHARES EXXON MOBIL _____ _____ _____	\$ 5,051.	01/16/2020
156	25 SHARES UNION PACIFIC CORP _____ _____ _____	\$ 5,102.	11/17/2020
175	37 SHARES FIRST TRUST DOW _____ _____ _____	\$ 5,508.	01/24/2020
199	37 SHARES LOWES CO INC _____ _____ _____	\$ 6,112.	09/14/2020
211	190 SHARES CORNING INC _____ _____ _____	\$ 6,874.	12/22/2020

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number

31-0263158

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
242	200 SHARES CONOCOPHILLIPS _____ _____ _____	\$ 7,897.	12/24/2020
250	300 SHARES BANK AMER CORP _____ _____ _____	\$ 8,565.	12/18/2020
253	30 SHARES INVESCO QQQ _____ _____ _____	\$ 8,811.	11/05/2020
268	169 SHARES SCHWAB US LARGE CAP VALUE _____ _____ _____	\$ 9,921.	12/10/2020
348	34 SHARES SPDR DOW JONES INDL AVERAGE _____ _____ _____	\$ 10,127.	12/02/2020
349	33 SHARES INVESCO QQQ _____ _____ _____	\$ 10,223.	12/18/2020

Name of organization DISABLED AMERICAN VETERANS

Employer identification number

31-0263158**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
350	100 SHARES TRAVELERS CO _____ _____ _____	\$ 10,280.	04/08/2020
352	250 SHARES WALGREENS BOOTS ALLIANCE INC _____ _____ _____	\$ 10,646.	12/04/2020
367	2336 SHARES ISHARES CORE MSCI _____ _____ _____	\$ 11,841.	02/25/2020
378	100 SHARES AMERICAN EXPRESS CO _____ _____ _____	\$ 12,459.	12/04/2020
390	165 SHARES MERCK & CO INC _____ _____ _____	\$ 13,730.	12/09/2020
422	110 SHARES VANGUARD MID CAP _____ _____ _____	\$ 19,392.	02/25/2020

Name of organization DISABLED AMERICAN VETERANS

Employer identification number

31-0263158**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
423	163 SHARES APPLE INC _____ _____ _____	\$ <u>19,917.</u>	<u>12/04/2020</u>
438	100 SHARES INVESCO QQQ _____ _____ _____	\$ <u>21,937.</u>	<u>02/25/2020</u>
449	197 SHARES APPLE INC _____ _____ _____	\$ <u>24,798.</u>	<u>12/21/2020</u>
462	121 SHARES MICROSOFT CORP _____ _____ _____	\$ <u>25,190.</u>	<u>07/15/2020</u>
464	447 SHARES CROCS INC _____ _____ _____	\$ <u>25,309.</u>	<u>11/13/2020</u>
502	800 SHARES ORACLE CORP _____ _____ _____	\$ <u>41,608.</u>	<u>02/25/2020</u>

Name of organization **DISABLED AMERICAN VETERANS**

Employer identification number

31-0263158

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art, historical treasures, and similar assets held for public exhibition.

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

Schedule D (Form 990) 2020

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,392,382.	3,172,223.			
b Contributions	254,912.	5,178,716.	3,386,166.		
c Net investment earnings, gains, and losses	1,411,173.	1,041,443.	-213,943.		
d Grants or scholarships					
e Other expenditures for facilities and programs	158,647.				
f Administrative expenses					
g End of year balance	10,899,820.	9,392,382.	3,172,223.		

- 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,689,553.		2,689,553.
b Buildings		7,005,995.	6,221,042.	784,953.
c Leasehold improvements		5,390,518.	4,386,348.	1,004,170.
d Equipment		28,779,288.	26,355,532.	2,423,756.
e Other		7,310,264.		7,310,264.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,212,696.

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	53,980,066.
(3) OTHER LIABILITIES	204,755.
(4) RESERVE FOR LIFE MEMB DUES	45,508,255.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 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 \$70,815,048.

PART XII, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$70,815,048.

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.

2020

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 INT COMMUNICATIONS	SEE PART IV		X	70,902.	54,336.	16,566.
2 CREATIVE DIRECT RESPONSE	SEE PART IV		X	5,971,269.	816,485.	5,154,784.
3 MINDSET	SEE PART IV		X	68,083,358.	893,446.	67,189,912.
4 GRANTS PLUS	SEE PART IV		X	40,000.	40,600.	-600.
5 SOCIAL CAPITAL	SEE PART IV		X		60,000.	-60,000.
6 HARNESS CHANGE	SEE PART IV		X	914.	60,500.	-59,586.
7						
8						
9						
10						
Total				74,166,443.	1,925,367.	72,241,076.

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

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

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

- 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).

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

(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: GRANTS PLUS

- 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) ADDRESS: 1422 EUCLID AVE. #650, CLEVELAND, OH 44115

(II) ACTIVITY: STRATEGIC GRANT PROGRAM ADVISOR

(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).

(I) NAME OF FUNDRAISER: HARNESS CHANGE

(I) ADDRESS: 100 N. TAMPA ST., TAMPA, FL 33602

(II) ACTIVITY: RECURRING GIVING ADVISOR

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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 ALABAMA 634 HALLIANA RD ALEXANDER CITY, AL 35010	63-0421186	501(C)(4)	72,975.				VETERANS SERVICES
(2) DEPT. OF ALASKA 3413 CONIFER DR NORTH POLE, AK 99705	52-1648345	501(C)(4)	10,268.				VETERANS SERVICES
(3) DEPT. OF ARIZONA 38 W DUNLAP AVE PHOENIX, AZ 85021	86-0191627	501(C)(4)	98,776.				VETERANS SERVICES
(4) DEPT. OF ARKANSAS P.O. BOX 1620 N LITTLE ROCK, AR 72115	38-6143144	501(C)(4)	40,672.				VETERANS SERVICES
(5) DEPT. OF CALIFORNIA 13733 ROSECRANS SANTA FE SPRINGS, CA 90670	95-0684372	501(C)(4)	388,382.				VETERANS SERVICES
(6) DEPT. OF COLORADO 1485 HOLLAND ST LAKEWOOD, CO 80215	84-0388439	501(C)(4)	87,652.				VETERANS SERVICES
(7) DEPT. OF CONNECTICUT 35 COLD SPRING RD ROCKY HILL, CT 06067	06-6050968	501(C)(4)	42,216.				VETERANS SERVICES
(8) DEPT. OF D C P.O. BOX 70737 WASHINGTON, DC 20024	31-1017322	501(C)(4)	8,339.				VETERANS SERVICES
(9) DEPT. OF DELAWARE 183 SOUTH ST. CAMDEN, DE 19934	23-7169083	501(C)(4)	10,833.				VETERANS SERVICES
(10) DEPT. OF FLORIDA 2015 SW 75TH ST GAINESVILLE, FL 32607	59-0915376	501(C)(4)	261,770.				VETERANS SERVICES
(11) DEPT. OF GEORGIA 4462 HOUSTON AVE MACON, GA 31206	58-6043522	501(C)(4)	90,540.				VETERANS SERVICES
(12) DEPT. OF HAWAII 2685 N NIMITZ HWY HONOLULU, HI 96819	99-0105357	501(C)(4)	21,318.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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 IDAHO P.O. BOX 1597 MERIDIAN, ID 83869	82-6013538	501(C)(4)	19,222.				VETERANS SERVICES
(2) DEPT. OF ILLINOIS 3740 WABASH AVE SPRINGFIELD, IL 62704	36-2026733	501(C)(4)	84,286.				VETERANS SERVICES
(3) DEPT. OF INDIANA 170 AIRPORT PARKWAY GREENWOOD, IN 46143	35-0269110	501(C)(4)	68,513.				VETERANS SERVICES
(4) DEPT. OF IOWA 2245 KERPER BLVD DUBUQUE, IA 52001	42-0218615	501(C)(4)	27,094.				VETERANS SERVICES
(5) DEPT. OF KANSAS PO BOX 67684 TOPEKA, KS 66667	48-0669371	501(C)(4)	33,181.				VETERANS SERVICES
(6) DEPT. OF KENTUCKY P.O. BOX 129 SHEPHERDSVILLE, KY 40165	61-0574614	501(C)(4)	77,368.				VETERANS SERVICES
(7) DEPT. OF LOUISIANA P.O. BOX 1271 BATON ROUGE, LA 70821	72-6023897	501(C)(4)	45,079.				VETERANS SERVICES
(8) DEPT. OF MAINE P.O. BOX 3415 AUGUSTA, ME 04330	51-0169791	501(C)(4)	27,365.				VETERANS SERVICES
(9) DEPT. OF MARYLAND 101 N GAY BALTIMORE, MD 21202	52-6055613	501(C)(4)	92,850.				VETERANS SERVICES
(10) DEPT. OF MASSACHUSETTS 24 BEACON ST BOSTON, MA 02133	04-2170836	501(C)(4)	120,864.				VETERANS SERVICES
(11) DEPT. OF MICHIGAN 17779 E FOURTEEN MILE RD FRASER, MI 48026	38-0489155	501(C)(4)	107,760.				VETERANS SERVICES
(12) DEPT. OF MINNESOTA 20 WEST 12TH ST ST. PAUL, MN 55155	41-0641627	501(C)(4)	103,167.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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 MISSISSIPPI P.O. BOX 1579 JACKSON, MS 39215	64-6034899	501(C)(4)	19,457.				VETERANS SERVICES
(2) DEPT. OF MISSOURI 411 E. NORTHTOWN RD KIRKSVILLE, MO 63501	43-1428547	501(C)(4)	82,610.				VETERANS SERVICES
(3) DEPT. OF MONTANA P.O. BOX 201 HELENA, MT 59624	81-0245122	501(C)(4)	14,965.				VETERANS SERVICES
(4) DEPT. OF NEBRASKA 3107 25TH ST COLUMBUS, NE 68601	47-0462717	501(C)(4)	30,837.				VETERANS SERVICES
(5) DEPT. OF NEVADA 2775 MEADOW PARK AVE HENDERSON, NV 89052	88-0191079	501(C)(4)	30,717.				VETERANS SERVICES
(6) DEPT. OF NEW HAMPSHIRE P.O. BOX 5184 MANCHESTER, NH 03108	02-6018967	501(C)(4)	25,953.				VETERANS SERVICES
(7) DEPT. OF NEW JERSEY 171 JERSEY ST TRENTON, NJ 08611	31-1017334	501(C)(4)	87,951.				VETERANS SERVICES
(8) DEPT. OF NEW MEXICO 2511 UTAH ST NE ALBUQUERQUE, NM 87110	85-0131116	501(C)(4)	36,504.				VETERANS SERVICES
(9) DEPT. OF NEW YORK 162 ATLANTIC AVE LYNBROOK, NY 11563	11-2248726	501(C)(4)	180,352.				VETERANS SERVICES
(10) DEPT. OF NORTH CAROLINA P.O. BOX 90968 RALEIGH, NC 27675	56-6061261	501(C)(4)	85,323.				VETERANS SERVICES
(11) DEPT. OF NORTH DAKOTA 3812 LAKEWOOD DR MANDAN, ND 58554	45-0232777	501(C)(4)	16,346.				VETERANS SERVICES
(12) DEPT. OF OHIO 35 E. CHESTNUT ST COLUMBUS, OH 43215	31-4166963	501(C)(4)	135,024.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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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 OKLAHOMA 14083 S STATE HWY 51 COWETA, OK 74429	73-6112085	501(C)(4)	69,073.				VETERANS SERVICES
(2) DEPT. OF OREGON 37615 SE GORDON CREEK RD CORBETT, OR 97019	93-0155562	501(C)(4)	37,198.				VETERANS SERVICES
(3) DEPT. OF PENNSYLVANIA 4219 TRINDLE RD CAMP HILL, PA 17011	23-0520283	501(C)(4)	158,181.				VETERANS SERVICES
(4) DEPT. OF PUERTO RICO P.O. BOX 363604 SAN JUAN, PR 00936	23-7352551	501(C)(4)	32,161.				VETERANS SERVICES
(5) DEPT. OF RHODE ISLAND 1 CAPITAL HILL PROVIDENCE, RI 02908	05-6023646	501(C)(4)	16,747.				VETERANS SERVICES
(6) DEPT. OF SOUTH CAROLINA P.O. BOX 5317 WEST COLUMBIA, SC 29171	57-0600471	501(C)(4)	73,777.				VETERANS SERVICES
(7) DEPT. OF SOUTH DAKOTA 1519 WEST 51ST ST SIOUX FALLS, SD 57105	46-6016959	501(C)(4)	17,932.				VETERANS SERVICES
(8) DEPT. OF TENNESSEE P.O. BOX 296 LAWRENCEBURG, TN 38464	62-6074303	501(C)(4)	64,433.				VETERANS SERVICES
(9) DEPT. OF TEXAS 1015 LEE AVE LUFKIN, TX 75901	75-6053959	501(C)(4)	278,311.				VETERANS SERVICES
(10) DEPT. OF UTAH 273 E 800 SOUTH SALT LAKE CITY, UT 84111	87-6151236	501(C)(4)	19,981.				VETERANS SERVICES
(11) DEPT. OF VERMONT P.O. BOX 828 WHITE RIVER JCT., VT 05001	03-6015639	501(C)(4)	9,818.				VETERANS SERVICES
(12) DEPT. OF VIRGINIA P.O. BOX 7176 ROANOKE, VA 24019	54-0697376	501(C)(4)	153,151.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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 WASHINGTON 4980 AUTO CENTER WAY BREMERTON, WA 98312	91-0544487	501(C)(4)	88,343.				VETERANS SERVICES
(2) DEPT. OF WEST VIRGINIA P.O. BOX 605 ELKVIEW, WV 25071	55-0521769	501(C)(4)	26,949.				VETERANS SERVICES
(3) DEPT. OF WISCONSIN 1253 SCHEURING RD DEPERE, WI 54115	39-0244255	501(C)(4)	59,492.				VETERANS SERVICES
(4) DEPT. OF WYOMING 219 AMES AVE CHEYENNE, WY 82007	23-7041066	501(C)(4)	11,432.				VETERANS SERVICES
(5) DEPARTMENT OF VETERANS AFFAIRS 51 IRVING ST WASHINGTON, DC 20423	52-1688621	GOV'T ENTITY	201,374.				VA TRANSPORTATION NETWORK
(6) COLUMBIA TRUST SERVICE PROGRAMS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1516071	501(C)(4)	23,450.				VETERANS SERVICES
(7) BOULDER CREST RETREAT 33735 SNICKERSVILLE TPKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	125,000.				RETREATS FOR VETERANS
(8) CAMP CORRAL 5151 GLENWOOD AVE RALEIGH, NC 27612	45-3555807	501(C)(3)	356,250.				CHILDREN OF VETERANS
(9) HILLVETS FOUNDATION 625 N. WASHINGTON ST ALEXANDRIA, VA 22314	47-3616097	501(C)(19)	25,000.				VETERANS SERVICES
(10) SIX AND TWENTY DISTILLERY 3109 HIGHWAY 153 PIEDMONT, SC 29673	45-3090614		10,000.				ARTHUR H. & MARY WILSON AWARD
(11) THE AMERICAN LEGION P.O. BOX 1055 INDIANAPOLIS, IN 46206	35-0144250	501(C)(19)	25,000.				SALUTE TO HEROES INAUGURAL GALA
(12) MILITARY VETERANS IN JOURNALISM INC 100 K ST WASHINGTON, DC 20002	83-4253287	501(C)(3)	7,600.				NAB SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶ 56.

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

Schedule I (Form 990) 2020

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 & COVID-19 UNEMPLOYMENT RELIEF	9,190.	2,862,303.			
2 SCHOLARSHIPS	26.	53,125.			
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

2020

**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
1b	X	
2	X	
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) 2020

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	J. MARC BURGESS NATL ADJUTANT/CEO/SEC.	(i) 263,725.	(ii) 50,065.	(iii) 7,517.	252,926.	29,163.	603,396.	49,565.
	(ii)	0.	0.	0.	0.	0.	0.	
2	ANITA BLUM COMPTROLLER	(i) 172,261.	(ii) 19,585.	(iii) 4,937.	173,059.	43,696.	413,538.	19,085.
	(ii)	0.	0.	0.	0.	0.	0.	
3	CHRISTOPHER CLAY GENERAL COUNSEL	(i) 206,433.	(ii) 12,798.	(iii) 14,145.	27,508.	34,153.	295,037.	12,798.
	(ii)	0.	0.	0.	0.	0.	0.	
4	BRIAN COWART CHIEF DEV. OFFICER	(i) 212,497.	(ii) 19,310.	(iii) 4,719.	85,674.	36,680.	358,880.	18,810.
	(ii)	0.	0.	0.	0.	0.	0.	
5	SUSAN LOTH SR. CHIEF DEV. OFFICER	(i) 170,097.	(ii) 20,144.	(iii) 4,933.	193,892.	41,506.	430,572.	19,644.
	(ii)	0.	0.	0.	0.	0.	0.	
6	JAMES MARSZALEK NATIONAL SERVICE DIRECTOR	(i) 161,116.	(ii) 25,660.	(iii) 3,351.	95,285.	21,351.	306,763.	25,160.
	(ii)	0.	0.	0.	0.	0.	0.	
7	BARRY A. JESINOSKI EXEC. DIR. NATL HQ	(i) 211,694.	(ii) 37,930.	(iii) 4,719.	209,603.	42,599.	506,545.	37,430.
	(ii)	0.	0.	0.	0.	0.	0.	
8	EDWARD R. REESE EXEC. DIR. NATL LHQ	(i) 198,994.	(ii) 35,749.	(iii) 4,729.	261,205.	46,012.	546,689.	35,249.
	(ii)	0.	0.	0.	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.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL:

DAV-PAID AIRFARE IS TYPICALLY FOR COACH-CLASS TRAVEL. FIRST-CLASS AIRFARE MAY BE APPROVED ON A CASE BY CASE BASIS CONSIDERING SUCH FACTORS AS: (A) DISABILITY OF THE TRAVELER (B) SIZE OF THE TRAVELER; (C) DISTANCE TRAVELED; (D) COST ANALYSIS; AND (E) OTHER REASONABLE FACTORS. DAV DOES NOT PAY FOR CHARTER TRAVEL. IN 2020, 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 2020, 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 2020, STEPHEN WHITEHEAD, DAV NATIONAL COMMANDER, RECEIVED \$225,000 FOR SUCH PAYMENTS.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

DAV HAS A LEADERSHIP INCENTIVE PROGRAM THAT OFFERS AN ADDITIONAL PERCENTAGE OF ANNUAL BASE SALARY TO ABOUT 60 EMPLOYEES - PRIMARILY KEY EXECUTIVES, DIRECTORS AND MANAGERS. THE AWARD PERCENTAGE IS BASED ON THE INDIVIDUAL PARTICIPANT'S POSITION AND THE ORGANIZATION'S MEASURED SUCCESS MEETING 8 GOALS - ONE RELATED TO ACHIEVEMENT OF STANDARD RATIOS PUBLISHED BY THE BBB WISE GIVING ALLIANCE AND 7 BASED DAV STRATEGIC PLAN GOALS. THE

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.

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

2020

**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	96 .	528,522 .	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 V, 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) 2020

JSA

OE1298 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

2020

**Open to Public
Inspection**

Employer identification number

31-0263158

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

SERVICE PROGRAM (CONT)

NATIONAL SERVICE OFFICES - IN MORE THAN 100 OFFICES THROUGHOUT THE UNITED STATES AND IN PUERTO RICO, WE EMPLOY A CORPS OF NATIONAL BENEFITS ADVOCATES, NATIONAL SERVICE OFFICERS (NSOS) AND 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.

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 COUNSELING AND COMMUNITY OUTREACH ACTIVITIES THROUGH THE INFORMATION SEMINAR 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 REGARDS TO THE TRANSITION ASSISTANCE PROGRAM. SINCE BEING CHARTERED BY CONGRESS IN 1932, THEY FILED 11.8 MILLION CLAIMS FOR BENEFITS.

TRAINING - DAV'S NATIONAL BENEFITS ADVOCATES TRAIN THROUGHOUT THEIR CAREERS TO STAY CURRENT WITH THE CHANGES IN LAWS AND REGULATIONS AFFECTING VETERANS' BENEFITS. THE INTERACTIVE TRAINING, RESEARCH,

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ADVOCACY AND KNOWLEDGE SYSTEM, KNOWN AS ITRAK, HAS MADE THE INSTITUTIONAL KNOWLEDGE OF DAV'S NATIONAL SERVICE OFFICER PROGRAM ACCESSIBLE NATIONWIDE. THIS SYSTEM REVOLUTIONIZES HOW DAV SERVES VETERANS, TRAINS SERVICE OFFICERS, AND RESEARCHES AND COLLABORATES TO REPRESENT VETERANS IN THEIR CLAIMS FOR BENEFITS.

THIS ONGOING TRAINING ENSURES THAT ALL DAV NATIONAL SERVICE OFFICERS ARE AT THE FOREFRONT OF VETERANS' ADVOCACY AND THAT THE MOST RIGOROUS PROFESSIONAL STANDARDS ARE MAINTAINED. NATIONAL SERVICE OFFICERS ARE EDUCATED PROFESSIONALS AND SKILLED EXPERTS IN DEVELOPING AND PROSECUTING VETERANS' CLAIMS THROUGH IN-DEPTH REVIEWS OF MEDICAL HISTORIES ALONG WITH CURRENT LAWS AND REGULATIONS. ADDITIONALLY, THEY REVIEW RATING BOARD DECISIONS AND INFORM VETERANS AND THEIR FAMILIES OF THE APPEALS PROCESS AND OF THEIR APPELLATE RIGHTS. DAV EQUIPS SERVICE OFFICERS WITH STATE-OF-THE-ART COMPUTER RESOURCES TO KEEP THEIR CUTTING-EDGE ADVOCACY SKILLS UP TO DATE.

THE EXTENSIVE PREPARATION REQUIRED FOR THESE CRUCIAL SERVICES BEGINS WITH A 16-MONTH, ON-THE-JOB TRAINING PROGRAM. THIS INTERACTIVE, SELF-DIRECTED TRAINING PROGRAM PROVIDES THE FOUNDATION FOR APPRENTICES TO BECOME EFFECTIVE ADVOCATES. APPRENTICES ARE INSTRUCTED AND MENTORED BY TENURED SUPERVISORS.

DAV IS THE ONLY VETERANS SERVICE ORGANIZATION TO HAVE A TRAINING PROGRAM CERTIFIED FOR COLLEGE CREDIT BY THE AMERICAN COUNCIL ON EDUCATION IN

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HEALTH LAW AND ETHICS, HEALTHCARE SYSTEMS, ANATOMY AND PHYSIOLOGY, PATHOPHYSIOLOGY, MEDICAL TERMINOLOGY AND INTRODUCTION TO PUBLIC POLICY, TOPICS IN PUBLIC ADMINISTRATION, AND ADMINISTRATIVE LAW.

IN ADDITION TO THESE TRAINING PROGRAMS, SUPERVISORY STAFF AND SELECTED VETERAN ADVOCATES FROM FIELD OFFICES ACROSS THE COUNTRY RECEIVE SPECIALIZED INSTRUCTION IN MANAGEMENT AND LEADERSHIP DEVELOPMENT. OUR GOAL IS TO CONTINUE PRODUCING THE MOST HIGHLY TRAINED REPRESENTATIVES POSSIBLE TO BEST SERVE VETERANS AND THEIR FAMILIES.

NATIONAL APPEALS OFFICE - THE BOARD OF VETERANS' APPEALS (BVA) IS THE HIGHEST APPELLATE-LEVEL COURT WITHIN THE VA AND IS RESPONSIBLE FOR THE FINAL DECISION CONCERNING VETERANS' BENEFITS. MORE THAN 96% OF THE CLAIMS BEFORE THE BVA INVOLVE DISABILITY COMPENSATION ISSUES. OUR HIGHLY SKILLED NATIONAL APPEALS OFFICERS SERVE APPELLANTS IN THE PREPARATION OF WRITTEN BRIEFS FOR BVA REVIEW AND CONDUCT FORMAL HEARINGS BEFORE VETERANS' LAW JUDGES. DAV'S EFFORTS HAVE RESULTED IN APPROXIMATELY 77% OF DECISIONS BEING OVERTURNED OR CASES BEING REMANDED TO THE REGIONAL OFFICE FOR ADDITIONAL DEVELOPMENT AND RE-ADJUDICATION. WE MAINTAIN THE LARGEST STAFF OF ANY ADVOCACY GROUP AND REPRESENTED 19.5% OF ALL CASES DECIDED BY THE BVA IN 2020.

JUDICIAL APPEALS - DAV CONTINUES ITS PRO BONO REPRESENTATION PROGRAM FOR VETERANS SEEKING REVIEW IN THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS. DAV CURRENTLY WORKS WITH TWO LAW FIRMS THAT SPECIALIZE

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IN REPRESENTING VETERANS' ISSUES AT THE COURT. IN FISCAL YEAR 2020, THE BVA ACTED ON MORE THAN 16,400 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 OVER 1,200 CASES PREVIOUSLY DENIED BY THE BVA BEING APPEALED TO THE COURT AT NO COST TO THE VETERANS. THESE DEDICATED LEGAL PARTNERS HAVE ENABLED THIS PROGRAM TO GROW EXPONENTIALLY OVER THE PAST FEW YEARS.

TRANSITION ASSISTANCE - DAV CONTINUES TO PROVIDE DIRECT ON-SITE ASSISTANCE TO INJURED AND ILL ACTIVE-DUTY MILITARY PERSONNEL THROUGH OUR TRANSITION SERVICE PROGRAM, CURRENTLY IN ITS 19TH YEAR. THIS PROGRAM PROVIDES BENEFITS COUNSELING AND ASSISTANCE TO SEPARATING SERVICE MEMBERS SEEKING TO FILE INITIAL CLAIMS FOR BENEFITS ADMINISTERED THROUGH THE VA.

OUR TRANSITION SERVICE OFFICERS ARE TRAINED SPECIFICALLY TO EDUCATE TRANSITIONING VETERANS, REVIEW MILITARY SERVICE TREATMENT RECORDS AND INITIATE CLAIMS ACTIVITIES AT NEARLY 100 MILITARY INSTALLATIONS WITHIN THE CONTINENTAL UNITED STATES AND HAWAII. IN 2020, DAV CONDUCTED OVER 300 BRIEFINGS TO SEPARATING SERVICE MEMBERS, REACHING OVER 10,000 TOTAL PARTICIPANTS IN THOSE SESSIONS. THEY ALSO COUNSELED OVER 21,000 SEPARATING SERVICE MEMBERS, REVIEWED MORE THAN 19,000 MILITARY SERVICE TREATMENT RECORDS AND PRESENTED ALMOST 17,000 VA BENEFITS APPLICATIONS.

DAV REMAINS COMMITTED TO ADVOCATING FOR TRANSITIONING SERVICE MEMBERS TO

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ENSURE ALL ARE BETTER INFORMED ABOUT THE BENEFITS THEY HAVE EARNED AS A RESULT OF THEIR MILITARY SERVICE. IT IS THROUGH THIS PROGRAM DAV IS ABLE TO ADVISE SERVICE MEMBERS OF THEIR BENEFITS AND ENSURE THAT THEY KNOW ABOUT THE FREE SERVICES DAV IS ABLE TO PROVIDE DURING EVERY STAGE OF THE CLAIMS AND APPEALS PROCESS.

GRASSROOTS BENEFITS ADVOCACY - NATIONAL DAV BENEFITS ADVOCATES HAVE THE COOPERATION, SUPPORT AND ASSISTANCE OF DEPARTMENT AND CHAPTER SERVICE OFFICERS ACROSS THE COUNTRY. PARTICIPATING DEPARTMENTS AND CHAPTERS RECEIVE TRAINING AND INFORMATION NECESSARY TO ASSIST THOSE WE SERVE. OUR DEPARTMENT AND CHAPTER SERVICE OFFICER CERTIFICATION TRAINING PROGRAM GUARANTEES THE VITALITY AND GROWTH OF OUR LOCAL SERVICE PROGRAMS, WHICH PROVIDE AN ENVIRONMENT WHERE OUR HOSPITAL SERVICE COORDINATORS, DEPARTMENT AND CHAPTER SERVICE OFFICERS, AND VOLUNTEERS WORK TOGETHER FOR THE COMMON GOAL OF SERVICE TO INJURED AND ILL VETERANS.

CURRENTLY, DAV HAS TRAINED AND CERTIFIED DEPARTMENT AND CHAPTER SERVICE OFFICERS IN ALL 50 STATES AS WELL AS WASHINGTON, D.C., AND PUERTO RICO. THE PROGRAM ALLOWS FOR LEVEL I AND LEVEL II CERTIFICATION TRAINING FOR DEPARTMENT AND CHAPTER SERVICE OFFICERS. LEVEL I TRAINING IS DESIGNED TO TEACH AND FAMILIARIZE THE ROLE OF A CHAPTER OR DEPARTMENT SERVICE OFFICER BY INTRODUCING BASIC CLAIM INFORMATION AND THE DIFFERENT APPLICATIONS REQUIRED TO APPLY FOR A WIDE ARRAY OF BENEFITS. LEVEL II CERTIFICATION IS MORE IN-DEPTH TRAINING IN SPECIFIC CLAIM INFORMATION ON TOPICS INCLUDING THE THREE ELEMENTS OF SERVICE CONNECTION, THE PROCESS AND REQUIREMENTS

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FOR HAVING A DECISION RECONSIDERED, PRESUMPTIVE CONDITIONS AND HOW THEY RELATE WITH DIFFERENT PERIODS OF SERVICE AND CONFLICTS, THE IMPORTANCE OF MEDICAL EVIDENCE AND THE USE OF THE COMBINED RATING TABLE.

DEPARTMENT AND CHAPTER SERVICE OFFICERS PROVIDE A UNIQUE OPPORTUNITY FOR VETERANS TO DISCUSS VA BENEFITS IN THEIR OWN COMMUNITIES WITHOUT MAKING A TRIP INTO A NATIONAL SERVICE OFFICE, WHICH ALSO GIVES CHAPTERS AN OPPORTUNITY TO CONNECT WITH VETERANS. VETERANS ARE ALSO INFORMED OF LOCAL RESOURCES AND OPPORTUNITIES TO GIVE BACK AND SUPPORT THEIR FELLOW VETERANS THROUGH THEIR LOCAL DAV DEPARTMENT OR CHAPTER.

COUNTING ALL NATIONAL, TRANSITION, DEPARTMENT, CHAPTER AND COUNTY VETERAN SERVICE OFFICERS, DAV HAS OVER 4,000 EXPERT BENEFITS ADVOCATES NATIONWIDE WHO PROVIDE REPRESENTATION FOR VETERANS.

EXPENSES \$37,976,172 INCLUDING GRANTS OF \$75,123. REVENUE \$0.

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

- THE VALUE OF VOLUNTEER HOURS AND SERVICES AMOUNTED TO OVER \$18 MILLION.

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

DAV TRANSPORTATION NETWORK - A UNIQUE PROGRAM THAT HAS SUCCESSFULLY

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HELPED VETERANS GET TO AND FROM THEIR MEDICAL APPOINTMENTS AND THROUGHOUT THEIR DAILY LIVES FOR NEARLY 35 YEARS. THE PROGRAM IS THE LARGEST OF ITS KIND FOR VETERANS IN THE NATION. OPERATED BY DEDICATED DAV VOLUNTEER DRIVERS, THE PROGRAM PROVIDES TRANSPORTATION TO AND FROM 228 VA MEDICAL CENTERS AND OUTPATIENT CLINICS. IT IS MANAGED BY A TEAM OF 155 HOSPITAL SERVICE COORDINATORS. SINCE THE PROGRAM'S INCEPTION IN 1987, DAV DEPARTMENTS AND CHAPTERS HAVE DONATED 3,558 VEHICLES AND FORD MOTOR CO. HAS DONATED 239 VEHICLES, AT A TOTAL COMBINED COST OF MORE THAN \$88 MILLION.

THE AMOUNT OF HOURS DAV VOLUNTEERS DEDICATE, THE MILES THEY DRIVE AND THE NUMBER OF RIDES THEY PROVIDE TO VETERANS ARE A TESTAMENT TO THE PROMISES WE'VE ENSURED WERE KEPT. TO PUT THIS INTO PERSPECTIVE, DAV VOLUNTEERS HAVE DRIVEN 760,547,592 MILES SINCE THE PROGRAM BEGAN. THE BENEFIT OF DAV'S TRANSPORTATION NETWORK GOES BEYOND ENSURING VETERANS IN NEED ARE ABLE TO GET THE CARE THEY DESERVE AND HAVE EARNED. WITHOUT THIS PROGRAM, MANY VETERANS WOULD HAVE NO WAY TO ACCESS THEIR HEALTH CARE. ACCORDING TO NONPROFIT COALITION INDEPENDENT SECTOR'S METHODOLOGY, THE DEPARTMENT OF VETERANS AFFAIRS HAS VALUED THE DAV TRANSPORTATION NETWORK'S HOURS OF VOLUNTEER SERVICE AT OVER \$18 MILLION, BASED ON THE CURRENT FORMULA OF \$27.20 PER HOUR. ADDITIONALLY, EACH VETERAN PASSENGER COULD POTENTIALLY COST THE VA \$0.415 PER MILE IN BENEFICIARY TRAVEL EXPENSE REIMBURSEMENT FOR TRAVEL TO AN APPOINTMENT OR TREATMENT. THE TRANSPORTATION NETWORK CONTINUES TO PROVIDE A SUBSTANTIAL NEED FOR VETERANS, WHILE DELIVERING A POWERFUL IMPACT ON LOCAL COMMUNITIES AND AN INDISPENSABLE RESOURCE FOR

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VETERANS.

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.

NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC - FOR 36 YEARS, DAV AND THE VA HAVE COLLABORATED TO HELP CREATE "MIRACLES ON A MOUNTAINSIDE" AT THE NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC IN SNOWMASS, COLORADO, NEAR ASPEN, THIS UNIQUE PHYSICAL REHABILITATION PROGRAM, LAUNCHED IN 1985, ANNUALLY HELPS NEARLY 400 SEVERELY INJURED VETERANS REBUILD CONFIDENCE AND REGAIN STABILITY IN THEIR LIVES, ALL WHILE OVER 1,000 VOLUNTEERS HELP PROVIDE A FUN AND FULFILLING WEEK OF WINTER SPORTS.

ALTHOUGH THIS EVENT WAS CANCELED IN 2020 DUE TO HEALTH AND SAFETY CONCERNS AMID THE COVID-19 PANDEMIC, WE RECOGNIZE ITS VAST POSITIVE IMPACT AND LOOK FORWARD TO ONCE AGAIN INVITING VETERANS FROM ACROSS THE NATION WITH MULTIPLE AMPUTATIONS, TRAUMATIC BRAIN AND SPINAL CORD INJURIES, SEVERE NEUROLOGICAL DEFICITS OR EVEN TOTAL BLINDNESS TO TAKE PART IN THE CLINIC TO DEVELOP WINTER SPORTS SKILLS AND TAKE PART IN A VARIETY OF WORKSHOPS AND EDUCATIONAL SESSIONS.

THE EVENT ENCOURAGES VETERANS TO CHALLENGE THEIR PERCEIVED LIMITATIONS

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AND PROMOTES BOTH MENTAL AND PHYSICAL REHABILITATION AND RESTORATION THROUGH ADAPTIVE SKIING, ROCK WALL CLIMBING, ICE HOCKEY AND OTHER SPORTS. BY EXAMPLE, THESE ACTIVITIES SHOW VETERANS THEY ARE NOT LIMITED TO ADAPTIVE RECREATIONAL ACTIVITIES OR SPORTS OF ANY KIND. VETERANS OF ALL ERAS, INCLUDING WORLD WAR II, KOREA, VIETNAM, THE GULF WAR AND THE WARS IN IRAQ AND AFGHANISTAN, ATTEND THE CLINIC, ENJOYING THE CAMARADERIE AND REASSURANCE OF THOSE WHO ALSO SERVED.

NATIONAL DISABLED VETERANS TEE TOURNAMENT, - DAV TAKES GREAT PRIDE IN PRESENTING THE NATIONAL DISABLED VETERANS TEE (TRAINING, EXPOSURE, EXPERIENCE) TOURNAMENT IN IOWA CITY, IOWA, WITH OUR PARTNERS AT THE VA. THE FOUR-DAY CLINIC CONSISTS OF GOLF, HORSEBACK RIDING AND OTHER ADAPTIVE SPORTS WORKSHOPS. THE CLINIC THAT ANNUALLY WELCOMES NEARLY 300 INJURED AND DISABLED VETERANS WOULD NOT BE ABLE TO HAPPEN WITHOUT THE HELP OF THE OVER 1,000 VOLUNTEERS WHO ATTEND THE EVENT EVERY YEAR. UNFORTUNATELY, THIS EVENT WAS ALSO CANCELED DUE TO THE ONGOING PANDEMIC IN 2020. WE LOOK FORWARD TO CO-PRESENTING THIS EVENT WHEN IT IS ONCE AGAIN SAFE TO DO SO.

MENTORING RETREATS - DAV, IN ASSOCIATION WITH BOULDER CREST RETREAT AND THE GARY SINISE FOUNDATION, IS COMMITTED TO IMPROVING THE PHYSICAL, EMOTIONAL, SPIRITUAL AND MONETARY WELL-BEING OF OUR NATION'S MILITARY MEMBERS, VETERANS, FIRST RESPONDERS AND THEIR FAMILY MEMBERS. DAV PARTICIPATES IN FIVE RETREATS ANNUALLY FOR ILL AND INJURED VETERANS, INCLUDING ONE ALL-FEMALE VETERAN RETREAT, AT BOULDER CREST'S LOCATIONS IN BLUEMONT, VIRGINIA, AND SONOITA, ARIZONA. DAV IS PROUD TO DISCOVER AND

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WORK TOGETHER ON NEW AND HOLISTIC WAYS TO HELP THE VETERANS WE SERVE OVERCOME THE CHALLENGES THAT OFTEN FOLLOW MILITARY SERVICE. DAV LEADERS, INCLUDING SEVERAL DAV PAST NATIONAL COMMANDERS, HAVE ASSISTED AS MENTORS TO THE LATEST GENERATION OF SERIOUSLY INJURED VETERANS. THEIR SPOUSES HAVE ALSO SERVED AS MENTORS TO THE CAREGIVERS OF PARTICIPANTS AND IMPARTED THE KNOWLEDGE AND UNDERSTANDING THAT COMES WITH DECADES OF SERVICE AS CAREGIVERS TO THEIR INJURED HEROES.

AMONG MANY PROGRAMS DESIGNED TO HELP MILITARY MEMBERS, VETERANS AND THEIR FAMILIES DEAL WITH THE CHALLENGES THEY FACE AFTER ILLNESS OR INJURY IS THE PROGRAM PRESENTED BY BOULDER CREST, THE WARRIOR PATHH (PROGRESSIVE AND ALTERNATIVE TRAINING FOR HEALING HEROES). WARRIOR PATHH IS THE NATION'S FIRST NONCLINICAL PROGRAM DESIGNED TO CULTIVATE AND FACILITATE GROWTH AMONG THOSE STRUGGLING WITH POST-TRAUMATIC STRESS DISORDER. WARRIOR PATHH ENABLES THESE REMARKABLE MEN AND WOMEN TO TRANSFORM MOMENTS OF DEEP STRUGGLE INTO PROFOUND STRENGTH AND GROWTH. IT DELIVERS SHORT-DURATION, HIGH-IMPACT PROGRAMS BASED ON THE SCIENCE OF POST-TRAUMATIC GROWTH. SINCE ITS INCEPTION, THIS PROGRAM HAS BEEN CRUCIAL IN HELPING INJURED VETERANS THROUGH A WEEKLONG PROGRAM WHERE THEY ARE INTRODUCED TO YOGA, MEDITATION, EQUINE THERAPY, ARCHERY AND CAREER-BUILDING EXERCISES.

YOUTH VOLUNTEERS - THE SIGNIFICANCE OF YOUNG VOLUNTEERS PROVIDING CARE TO OUR NATION'S HEROES AND STRENGTHENING THEIR LOCAL COMMUNITIES IS EVER-PRESENT AND REPRESENTED THROUGH DAV'S JESSE BROWN MEMORIAL YOUTH

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SCHOLARSHIP PROGRAM. ANNUALLY, OUR SCHOLARSHIP PROGRAM RECOGNIZES OUTSTANDING YOUNG VOLUNTEERS WHO PARTICIPATE IN THE VA VOLUNTARY SERVICE (VAVS) PROGRAM, DAV'S LOCAL VETERANS ASSISTANCE PROGRAM (LVAP) OR BOTH. LAST YEAR, DAV DEDICATED \$75,000 TO YOUTH VOLUNTEERS WHO DONATED THEIR TIME AND COMPASSION TO INJURED AND ILL VETERANS. SINCE THE PROGRAM'S COMMENCEMENT, DAV HAS AWARDED 203 INDIVIDUAL SCHOLARSHIPS, VALUED AT \$1,568,000, TO ENABLE THESE EXTRAORDINARY YOUNG PEOPLE TO PURSUE THEIR GOALS IN HIGHER EDUCATION.

LAST YEAR'S TOP HONOR OF \$20,000 WENT TO TANNER JOHNSON, OF CHEYENNE, WYOMING. JOHNSON HAS BEEN A DAV VOLUNTEER SINCE 2018 AND HAS CONTRIBUTED 1,624 HOURS TO THE CHEYENNE VA MEDICAL CENTER.

THE PROGRAM EMPOWERS AND INCENTIVIZES STUDENT VOLUNTEERS TO GAIN LIFE AND JOB EXPERIENCE, STRIVE TO BE SUCCESSFUL STUDENTS AND BECOME ACTIVE COMMUNITY MEMBERS.

VA VOLUNTARY SERVICE PROGRAM - THE VAVS PROGRAM PROVIDES AN EXTENSIVE ARRAY OF SERVICES TO VETERANS IN VA HEALTH CARE FACILITIES THROUGHOUT OUR NATION. DAV VOLUNTEERS PERFORM ESSENTIAL DUTIES, FROM BEING A COMPANION TO A VETERAN DURING DAYS OF RECOVERY OR THERAPY TO DOING TASKS THAT REQUIRE HIGHLY TECHNICAL AND PROFESSIONAL SKILLS. DAV, ALONG WITH THE AUXILIARY, TOTALED OVER 603,000 HOURS OF VOLUNTEERING IN 2020. ACCORDING TO THE PAST VA FISCAL YEAR, THOSE HOURS COULD BE ACCUMULATED TO \$16.4 MILLION IN COMPENSATION VALUE, SAVING TAXPAYERS FROM FOOTING THE BILL.

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THE VALUE OF THESE SERVICE HOURS DON'T MEET THE REQUIREMENTS OF GENERALLY REPORTED ACCOUNTING PRINCIPLES TO BE REPORTED AS REVENUE ON DAV'S FINANCIAL STATEMENT NOR THE INTERNAL REVENUE SERVICE GUIDELINES FOR THE FORM 990.

THROUGH THE PROGRAM, DAV VOLUNTEERS PROVIDE SERVICES TO OUR NATION'S HEROES AT VA MEDICAL CENTERS, COMMUNITY LIVING CENTERS AND CLINICS. VOLUNTEERS OFFER MEANINGFUL EXPERIENCES AND ASSIST VETERANS IN LIVING HEALTHY AND FULFILLED LIVES. ON TOP OF THAT, DAV CHAPTERS AND DAV AUXILIARY UNITS CUMULATIVELY BROUGHT IN NEARLY \$2.6 MILLION IN DONATIONS TO VA HEALTH CARE FACILITIES' VOLUNTEER INITIATIVES IN 2020.

STRENGTHENING COMMUNITIES - THE LOCAL VETERANS ASSISTANCE PROGRAM (LVAP) WAS ESTABLISHED TO FACILITATE AND RECOGNIZE INITIATIVES IN WHICH VOLUNTEERS CAN CONTRIBUTE THEIR SERVICES, TALENTS, PROFESSIONAL ABILITIES AND TIME IN WAYS THAT BENEFIT VETERANS RESIDING WITHIN THE VOLUNTEERS' LOCAL COMMUNITIES. THE PROGRAM EMPOWERS INDIVIDUALS TO FIND AND DEVELOP NEW AND UNIQUE WAYS TO SUPPORT THE SERVICE AND SACRIFICE OF VETERANS AND THEIR FAMILIES. BY PROVIDING RESOURCES OR ASSISTANCE WITH EVERYDAY NEEDS, VOLUNTEERS ALLOW THESE HEROES AND THEIR FAMILIES TO ENJOY THE BEST POSSIBLE QUALITY OF LIFE.

THE PROGRAM INITIATIVES ARE MANAGED BY STATE-LEVEL DAV DEPARTMENTS AND ARE CARRIED OUT THROUGH OUR DEPARTMENTS, CHAPTERS, AUXILIARY UNITS, ASSOCIATED ORGANIZATIONS, CORPORATIONS AND INDIVIDUAL VOLUNTEERS. LVAP

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INITIATIVES RANGE FROM HOMELESS VETERAN STAND DOWNS TO DISASTER CLEANUPS TO THE UPKEEP OF VETERANS CEMETERIES. OTHER VOLUNTEER ACTIVITIES INCLUDE PERFORMING HOUSEHOLD CHORES, PROVIDING RESPITE FOR CAREGIVERS, AND HELPING PROMOTE DAV PROGRAMS AND INITIATIVES IN THEIR LOCAL COMMUNITIES.

IN 2020, OVER 2 MILLION HOURS WERE DONATED BY DEPARTMENTS, CHAPTERS AND VOLUNTEERS TO HELP VETERANS, EVEN DURING THE COVID-19 PANDEMIC, WHEN MANY VETERANS NEEDED THEIR HELP MORE THAN EVER BEFORE. BASED ON THE INDEPENDENT SECTOR'S METHODOLOGY, THE OVER 134,000 HOURS OF SERVICE CONTRIBUTED BY DEPARTMENT AND CHAPTER SERVICE OFFICERS IN 2020 ARE VALUED AT \$3.6 MILLION. SINCE THE 2007 INCEPTION OF LVAP, 57,513 VOLUNTEERS HAVE DONATED 11,480,931 HOURS OF SERVICE TO VETERANS RESIDING WITHIN THEIR LOCAL COMMUNITIES.

VOLUNTEER FOR VETERANS - MANY VETERANS ACROSS THE NATION COULD USE A HELPING HAND FROM SOMEONE, AND PLENTY OF PEOPLE WANT TO STEP UP BUT DON'T QUITE KNOW HOW. LINKING VETERANS TO THOSE WHO WANT TO HELP IS THE REASON DAV DEVELOPED VOLUNTEERFORVETERANS.ORG. IN 2018, DAV BEGAN IN EARNEST TO PROMOTE THE NEW ONLINE RESOURCE THAT CONNECTS VOLUNTEERS WITH THOSE WHO'VE SERVED. THIS IMPORTANT PROGRAM CROWDSOURCES OPPORTUNITIES FOR VETERANS AND NONVETERANS ALIKE TO HELP VETERANS IN THEIR NEIGHBORHOODS IN ANY WAY THAT IS NEEDED. THIS PROGRESSIVE AND UNIQUE PLATFORM IS THE FIRST OF ITS KIND, AND WE HOPE IT WILL HELP CONNECT VETERANS TO THEIR COMMUNITIES IN NEW AND MEANINGFUL WAYS.

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EXPENSES \$2,140,402 INCLUDING GRANTS OF \$402,949. REVENUE \$0.

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

DAV IS AN ORGANIZATION OF VETERANS SERVING VETERANS. SOMETIMES, THE SHARED EXPERIENCES ARE ALL IT TAKES TO REMIND VETERANS THEY ARE NOT ALONE AND THAT THERE IS A NEXT CHAPTER IN THEIR LIFE. DAV FULLY UNDERSTANDS THAT RECOVERY FROM SERIOUS INJURY OR ILLNESS CANNOT BE COMPLETE UNTIL A VETERAN CAN FIND MEANING IN LIFE AND REGAIN A SENSE OF PURPOSE. FOR THOSE WHO ARE ABLE, WORKING TO CARE AND PROVIDE FOR THEMSELVES AND THEIR FAMILIES IS A KEY PART OF THAT JOURNEY.

EACH YEAR, THOUSANDS OF MEN AND WOMEN MAKE THE TRANSITION FROM MILITARY TO CIVILIAN LIFE. DAV REMAINS COMMITTED TO PROVIDING VALUABLE RESOURCES TO ALL THOSE WHO HAVE SERVED, HELPING ENSURE THAT THESE VETERANS GAIN ACCESS TO THE TOOLS AND OPPORTUNITIES THEY NEED TO COMPETITIVELY ENTER THE JOB MARKET AND SECURE MEANINGFUL EMPLOYMENT.

PARTNERING TO HELP VETERANS - WHETHER IT'S UNEMPLOYMENT OR UNDEREMPLOYMENT, DAV REALIZES THE CHALLENGES THAT MANY VETERANS FACE IN PURSUING REWARDING CAREERS. ESTABLISHED IN 2014, THE DAV NATIONAL EMPLOYMENT PROGRAM HAS FIRMLY POSITIONED ITSELF AS THE LEADER AMONG NONPROFITS PROVIDING ASSISTANCE TO TRANSITIONING MILITARY MEMBERS, VETERANS AND THEIR SPOUSES SEEKING NEW OR BETTER JOBS. A PRIMARY COMPONENT OF THIS MISSION IS OUR STRATEGIC PARTNERSHIP WITH

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RECRUITMILITARY, A FULL-SERVICE, MILITARY-TO-CIVILIAN RECRUITING FIRM WHO HOSTS NATIONWIDE IN-PERSON 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-DUTY SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES.

IN JUST OVER SIX YEARS, DAV HAS UNQUESTIONABLY MADE A SIGNIFICANT IMPACT TO REDUCE THE NUMBER OF UNEMPLOYED AND UNDEREMPLOYED VETERANS. IN 2021, DAV'S STEADFAST EFFORTS WILL CONTINUE THROUGH OUR PARTNERSHIP TO PRESENT IN-PERSON AND VIRTUAL CAREER FAIRS NATIONWIDE THAT ENSURE VETERANS HAVE ACCESS TO THESE LIFE-CHANGING EMPLOYMENT OPPORTUNITIES.

AS A NATION, WE ENDURED UNPRECEDENTED TIMES OVER THE PAST YEAR, BUT SERVICE-DISABLED VETERANS ESPECIALLY WERE AFFECTED BY THE COVID-19 PANDEMIC, CAUSING A DRAMATIC SPIKE IN UNEMPLOYMENT THAT CONTINUES TO BE A MAJOR CHALLENGE FOR SO MANY. IN IMMEDIATE RESPONSE TO THE PANDEMIC CHANGING THE LANDSCAPE ON A DAILY BASIS, WE ARE PLEASED TO NOTE THAT IN MID-MARCH, WE WERE ABLE TO QUICKLY PIVOT OUR IN-PERSON JOB FAIRS TO A FULL SCHEDULE OF VIRTUAL JOB FAIRS. IN DOING SO, THIS CREATED POSITIVE CONTINUITY AND A VIABLE PATH FORWARD FOR JOB-SEEKING VETERANS TO ENGAGE WITH MANY PARTICIPATING COMPANIES ON THE ROAD TO SECURING MEANINGFUL EMPLOYMENT.

RESOURCES FOR JOB SEEKERS, EMPLOYERS - LAST YEAR, DAV WORKED DIRECTLY

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WITH MORE THAN 300 COMPANIES SEEKING THE MANY TALENTS AND SKILLS VETERANS POSSESS. OUR PROGRAM PROVIDES NUMEROUS RESOURCES THAT VETERANS CAN ACCESS WITHIN OUR EMPLOYMENT RESOURCES WEBPAGE (JOBS.DAV.ORG), INCLUDING A JOB SEARCH BOARD THAT BOASTS MORE THAN 200,000 CURRENT EMPLOYMENT OPPORTUNITIES AROUND THE WORLD AND DIRECT LINKS TO COMPANY WEBSITE JOB BOARDS. WE ARE VERY HAPPY TO REPORT THAT OUR CONSTANTLY EVOLVING EMPLOYMENT WEBSITE CONTINUES TO GROW A MULTITUDE OF EMPLOYMENT, ENTREPRENEURIAL AND EDUCATIONAL CONTENT AND RESOURCES AVAILABLE TO THE THOUSANDS WHO ACCESS IT MONTHLY.

THROUGH EFFORTS STARTED IN 2017, WE HAVE EXPANDED OUR ASSISTANCE THROUGH THE CREATION OF 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 HAVE BECOME MORE AND MORE COMMON. DAV INITIALLY RELEASED THE GUIDE IN 2018, BUT DUE TO SOME UPDATES AND THE GUIDE'S IMPORTANCE, IT WAS RE-RELEASED IN OCTOBER 2019 AND HAD NEARLY 60,000 VIEWS OF THE FREE DIGITAL VERSION IN THE FIRST TWO MONTHS ALONE. WITH OUR HIRING GUIDE AND DIRECT ENGAGEMENT, DAV CONTINUES TO PROVIDE COMPANIES, HIRING MANAGERS OR OTHER HUMAN RESOURCES PROFESSIONALS A SOLUTION-ORIENTED PRACTICAL AND STRATEGIC APPROACH TO HIRING AND RETAINING VETERANS WITH DISABILITIES.

IN ADDITION TO HELPING VETERANS AND THEIR SPOUSES SECURE MEANINGFUL EMPLOYMENT, DAV CONTINUED ADVANCING OUR EFFORT TO PROVIDE SUPPORT AND

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ASSISTANCE TO SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES THROUGH OUR CONTINUED INVOLVEMENT WITH PROGRAMS LIKE THE INSTITUTE OF VETERANS & MILITARY FAMILIES OR PATRIOT BOOTCAMP (PBC). IN FACT, IN OCTOBER 2020, DAV PARTNERED WITH PBC TO CO-HOST A VIRTUAL VETERAN AND MILITARY SPOUSE ENTREPRENEURSHIP EVENT WITH NEARLY 50 PARTICIPANTS ALONG WITH A FULL CADRE OF MENTORS AND BUSINESS LEADERS PROVIDING FIRST-RATE SUPPORT AND ASSISTANCE TO THESE UP-AND-COMING SMALL BUSINESSES.

LASTLY, DAV CONTINUED ITS ONGOING 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 BUSINESS LEADERS, CAREER COUNSELORS AND HUMAN RESOURCES SPECIALISTS; AND PROVIDES VALUABLE INFORMATION TO HELP EASE THE TRANSITION FOR VETERANS ENTERING THE CIVILIAN WORKFORCE. WITH THE PROGRAM'S PROJECTED REACH OF NEARLY 3 MILLION VIEWERS, WE ARE VERY EXCITED ABOUT ITS ADDITION TO THE GROWING NUMBER OF TOOLS AND RESOURCES DAV PROVIDES TO ACTIVE-DUTY SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES WHO ARE SEEKING EMPLOYMENT, AS WELL AS THE COMPANIES THAT WANT TO HIRE THEM.

EXPENSES \$1,121,220 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

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EFFORTS-TO TELL DAV'S STORY AND SUPPORT ITS KEY OBJECTIVES. A BIMONTHLY MAGAZINE INFORMS OUR MEMBERS ON CRITICAL ISSUES AND POLICIES IMPACTING THE FEDERAL BENEFITS AND SERVICES VETERANS HAVE EARNED THROUGH THEIR SERVICE. IT ALSO BRINGS ATTENTION TO DAV'S STATE-LEVEL DEPARTMENTS AND OUR LOCAL CHAPTERS BY HIGHLIGHTING THEIR MANY SUCCESSFUL SERVICE PROGRAMS AND, THEREFORE, INSPIRING STRONG AND EFFECTIVE STRATEGIES IN COMMUNITIES FROM COAST TO COAST.

BY PRODUCING PUBLIC SERVICE ANNOUNCEMENTS, NEWS RELEASES, BROCHURES, SPEECHES, OP-EDS, PRINT MESSAGES, EDUCATIONAL VIDEOS AND OTHER CONTENT, DAV IS ABLE TO SPREAD INFORMATION ABOUT OUR ORGANIZATION AND THE COMPLETE SCOPE OF FREE SERVICES THAT HELP CREATE MORE VICTORIES FOR VETERANS.

FURTHERMORE, DAV HAS CONTINUED TO GROW ITS SOCIAL MEDIA PRESENCE THROUGH FACEBOOK, TWITTER, LINKEDIN AND INSTAGRAM. ON FACEBOOK, DAV PROVIDES DAILY INFORMATION TO MORE THAN 1.4 MILLION FOLLOWERS, AND IN 2020, DAV'S POSTS RECEIVED MORE THAN 136,000 IMPRESSIONS EACH DAY. ON TWITTER, DAV HAS MORE THAN 100,000 FOLLOWERS AND DAV'S CONTENT ON TWITTER ACHIEVED A 16% INCREASE IN CLICK-THROUGH RATE VERSUS 2019. ALSO, DAV TWEETS WERE SEEN BY MORE THAN 5.6 MILLION INDIVIDUALS, AN INCREASE OF 20% OVER THE YEAR PRIOR. ENGAGEMENT ON TWITTER WAS ALSO UP BY 41% COMPARED TO 2019. DAV'S INSTAGRAM PROFILE SURPASSED THE 53,000-FOLLOWER THRESHOLD, REPRESENTING A 23% INCREASE FROM 2019. DAV'S INSTAGRAM POSTS REACHED OVER 7 MILLION USERS IN 2020. WITH A CONTINUED STRATEGIC EMPHASIS ON THE GROWTH OF DAV'S LINKEDIN PRESENCE, OUR FOLLOWING GREW TO OVER 96,000

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USERS, WHICH HIGHLIGHTS AN ASTOUNDING 75% INCREASE FROM 2019. DAV CONTENT SURPASSED 3 MILLION IMPRESSIONS ON LINKEDIN, MARKING AN 82% INCREASE OVER 2019.

TO ENSURE AMERICA'S FALLEN VETERANS AND SERVICE MEMBERS WERE NOT FORGOTTEN ON MEMORIAL DAY IN THE WAKE OF COVID-19, THE DAV HONOR WALL MOSAIC WAS LAUNCHED DIGITALLY TO BRING TOGETHER THE MILITARY AND VETERAN COMMUNITIES. USERS WERE INVITED TO HONOR A SERVICE MEMBER WHO DIED AS A RESULT OF THEIR SERVICE TO THE NATION BY ADDING A PHOTO AND MESSAGE OF REMEMBRANCE TO THE INTERACTIVE MOSAIC. THE PROGRAM SAW OVER 19,000 SESSIONS ON ITS SITE AND OVER 1,200 SUBMISSIONS. IT WAS PROMOTED THROUGH SOCIAL AND EARNED MEDIA EFFORTS, GENERATING OVER 5 MILLION IMPRESSIONS.

OUR WEBSITE, DAV.ORG, IS ANOTHER VERY VALUABLE INFORMATIONAL AND EDUCATIONAL TOOL FOR VETERANS AND THE GENERAL PUBLIC. THE SITE CONTINUES TO DEVELOP WAYS TO CONNECT VETERANS TO DAV'S FREE SERVICES; SPREAD AWARENESS OF LEGISLATIVE ISSUES; AND EDUCATE AND INFORM OUR MEMBERS, VETERANS AND THE PUBLIC. IT ALSO ALLOWS VETERANS AND CITIZENS TO MAKE THEIR VOICES HEARD ON IMPORTANT PUBLIC-POLICY ISSUES THROUGH AN EMAIL FEEDBACK FEATURE. IN 2020, THE ORGANIZATION'S OFFICIAL WEBSITE WAS VISITED MORE THAN 3.3 MILLION TIMES AND RECEIVED NEARLY 6.5 MILLION PAGE VIEWS.

DAV IS ALWAYS LOOKING FOR NEW AND EXCITING PARTNERSHIPS TO HELP US REACH MORE VETERANS AND THEIR FAMILIES. IN 2020, DAV MAINTAINED A CONSISTENT

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PRESENCE ONLINE THROUGH DIGITAL PLACEMENTS AND EDITORIAL CONTENT ACROSS TOP-TIER PUBLISHERS SUCH AS YOUTUBE, USA TODAY, HEARST, MILITARY.COM AND MILITARY TIMES. AN ABC PARTNERSHIP CONTINUED FOR ITS FIFTH CONSECUTIVE YEAR AND INCLUDED SIGNIFICANT EXPOSURE FOR DAV THROUGH AN INTEGRATED TV, RADIO, ONLINE AND SOCIAL MEDIA PROGRAM. THE RELATIONSHIP WITH ESPN AND THE ULTIMATE FIGHTING CHAMPIONSHIP CONTINUED FOR THE SECOND YEAR, INCLUDING CUSTOM VIDEO CONTENT, SPECIAL DAV SHOUTOUTS AND RECOGNITION DURING TWO BROADCAST PAY-PER-VIEW EVENTS AND SOCIAL MEDIA PROMOTION AROUND DAV'S CENTENNIAL AND VETERANS DAY. ALL IN ALL, THE DIGITAL AND NATIONAL MEDIA CAMPAIGNS GENERATED OVER 692 MILLION IMPRESSIONS AND 15 MILLION VIDEO VIEWS.

DAV'S CENTENNIAL WAS A MOMENTOUS OCCASION THAT WAS MARKED IN PART WITH AN HOUR LONG DOCUMENTARY, "THE BATTLE NEVER ENDS." THE FILM IS NARRATED BY MARINE CORPS LEGEND DALE DYE AND HIGHLIGHTS THE ORIGINS OF DAV AND ITS ACCOMPLISHMENTS THROUGHOUT THE PAST CENTURY. THROUGH A PARTNERSHIP WITH THE HISTORY CHANNEL, THE DOCUMENTARY PREMIERED AROUND THE VETERANS DAY TIME FRAME AND INCLUDED ADDITIONAL AIRINGS ACROSS THE MILITARY HISTORY CHANNEL. THE PARTNERSHIP INCLUDED BROADCAST AND ONLINE PROMOTION, SOCIAL AND EARNED MEDIA SUPPORT, AS WELL AS A CONTINUED ON-DEMAND PLACEMENT THROUGH APRIL 2021. THE FULL-LENGTH DOCUMENTARY CAN ALSO BE FOUND ON DAV'S OFFICIAL WEBSITE AT DAV.ORG/LEARN-MORE/MEDIA. THE PARTNERSHIP HAS RESULTED IN OVER 10 MILLION IMPRESSIONS AND NEARLY 130,000 VIDEO VIEWS.

WITH SUCH AN IMMENSE COLLECTION OF PROGRAMS AND SERVICES, DAV IS ABLE TO

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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 \$9,430,025 INCLUDING GRANTS OF \$7,600. 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 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.

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

DAV HAS OVER 4,500 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 MORE THAN 1,200 CHAPTERS NATIONWIDE, WE CLOSED THE 2019-2020 MEMBERSHIP YEAR WITH MORE THAN 1 MILLION VETERANS IN DAV, ENSURING A STRONG, UNIFIED AND LIVING EMBODIMENT OF DAV'S MISSION OF SERVICE TO VETERANS, THEIR FAMILIES AND SURVIVORS.

EXPENSES \$5,244,617 INCLUDING GRANTS OF \$0. REVENUE \$0.

LEGISLATIVE PROGRAM: FROM ITS INCEPTION, DAV HAS BEEN A LEADER IN THE DEVELOPMENT AND STRENGTHENING OF FEDERAL PROGRAMS, BENEFITS, HEALTH CARE AND TRANSITION SERVICES FOR THE MEN AND WOMEN WHO SERVED, THEIR FAMILIES AND SURVIVORS. OUR ADVOCACY EFFORTS ARE GUIDED BY DAV MEMBERS THROUGH THE

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ADOPTION OF LEGISLATIVE AND POLICY RESOLUTIONS AT OUR NATIONAL CONVENTION. WITH THE STRENGTH OF MORE THAN 1 MILLION MEMBERS, DAV IS ABLE TO ROUTINELY INFLUENCE AND IMPROVE FEDERAL LAWS APPROVED BY CONGRESS AND FEDERAL REGULATIONS AND POLICIES OF THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER FEDERAL AGENCIES AFFECTING ILL AND INJURED VETERANS.

IN 2020, DAV AGAIN PLAYED A MAJOR ROLE IN THE DEVELOPMENT, APPROVAL AND IMPLEMENTATION OF FEDERAL LEGISLATION TO STRENGTHEN PROGRAMS THAT SUPPORT ILL AND INJURED VETERANS, MAKING SIGNIFICANT PROGRESS TOWARD ACHIEVING EACH OF OUR FIVE CRITICAL POLICY GOALS FOR THE YEAR. ALTHOUGH OUR LEGISLATIVE PROGRAM ACCOUNTED FOR LESS THAN 1% OF THE ORGANIZATION'S TOTAL EXPENDITURES, WE WERE ABLE TO LEVERAGE THOSE RESOURCES--THANKS TO THE ACTIVE SUPPORT OF DAV'S NATIONWIDE NETWORK OF GRASSROOTS MEMBERS AND SUPPORTERS--TO ADVANCE OUR PRIORITIES AND ACHIEVE MORE VICTORIES FOR VETERANS.

AT THE 2020 DAV MID-WINTER CONFERENCE IN WASHINGTON, D.C., NEARLY 500 OF DAV'S LEADING ADVOCATES ASSEMBLED TO KICK OFF OUR GRASSROOTS CAMPAIGN TO ADVANCE OUR LEGISLATIVE PRIORITIES FOR THE YEAR: FULL AND TIMELY BENEFITS FOR VETERANS EXPOSED TO TOXIC SUBSTANCES, ENHANCED BENEFITS FOR SURVIVORS OF DISABLED VETERANS, FULL AND FAITHFUL IMPLEMENTATION OF THE VA MISSION ACT, STRENGTHENED VETERANS MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS, AND ENACTMENT OF LEGISLATION TO ADDRESS GAPS AND INEQUITIES FOR WOMEN VETERANS.

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EXPENSES \$1,987,882 INCLUDING GRANTS OF \$5,000. REVENUE \$0

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

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

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

NEITHER ARE THEY AWARE OF THE WIDE RANGE OF OTHER PROGRAMS WE OFFER TO WOUNDED, ILL AND INJURED VETERANS AND THEIR FAMILIES. THIS PROGRAM SUPPLEMENTS THE OUTREACH EFFORTS ALREADY BUILT INTO OUR OTHER PROGRAM SERVICES. IT OFFERS THE AMERICAN PUBLIC AN EVEN GREATER OPPORTUNITY TO BECOME PERSONALLY INVOLVED IN IDENTIFYING AND ASSISTING THE MEN AND WOMEN WHO HAVE SERVED OUR NATION. IN 2020, \$23.9 MILLION WAS SPENT ON THIS LARGE-SCALE OUTREACH EFFORT-AN INVESTMENT THAT'S MAKING A REAL DIFFERENCE IN THE LIVES OF VETERANS AND THEIR FAMILIES.

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EXPENSES \$23,856,630 INCLUDING GRANTS OF \$0. REVENUE \$40,259.

PUBLIC SERVICE ANNOUNCEMENT PROGRAM: IN 2020, 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 PUBLIC AWARENESS OF DAV AND THE SERVICE, SACRIFICES AND NEEDS OF THOSE WE SERVE.

IN THE INCREASINGLY BUSY AND COMPETITIVE AD SPACES OF NETWORK RADIO, TELEVISION AND OTHER MEDIA, DAV STOOD TALL DURING A TIME WHEN IT WAS CRITICAL FOR VETERANS TO KNOW ABOUT RESOURCES AVAILABLE TO THEM. IN 2020, OUR PROGRAM GENERATED \$70 MILLION IN ESTIMATED DONATED MEDIA VALUE. THIS PROGRAM RELIES ON DONATED MEDIA FROM TELEVISION, RADIO, PRINT, OUTDOOR AND TRANSIT OUTLETS. THE WIDESPREAD MEDIA EXPOSURE RESULTED IN MORE THAN 9.7 BILLION IMPRESSIONS, REPRESENTING 12% GROWTH OVER 2019. THIS WAS MADE POSSIBLE THROUGH EXTENSIVE OUTREACH, RELATIONSHIP BUILDING AND CULTIVATION WITH TOP MEDIA OUTLETS, AND IT INCLUDES SUPPORT FROM NATIONAL TELEVISION NETWORKS ABC AND CBS AS WELL AS NATIONAL AND REGIONAL PRINT PLACEMENTS IN THE WALL STREET JOURNAL, USA TODAY, AARP AND FIRST FOR WOMEN.

THE VICTORIES FOR VETERANS CAMPAIGN, FIRST RELEASED IN 2016, IS NOW IN

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ITS THIRD ITERATION TO CONTINUE INSPIRING VETERANS TO OVERCOME CHALLENGES AND ACHIEVE 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 TESTAMENTS 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 \$926,751 INCLUDING GRANTS OF \$0. REVENUE \$0.

RELIEF ASSISTANCE AND PROGRAM GRANTS: VETERANS DISABLED IN WARTIME SERVICE ARE PARTICULARLY VULNERABLE WHEN A CATASTROPHE STRIKES. DAV OPERATES AN EFFECTIVE PROGRAM THAT DELIVERS DIRECT GRANTS TO HELP VETERANS AND THEIR FAMILIES IN TIMES OF NEED, AS WELL AS RESOURCES TO FUND STATE-LEVEL SERVICES.

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. DURING 2020, DAV PROVIDED \$901,000 TO MORE THAN 1,200 VETERANS AFFECTED BY NATURAL DISASTERS, INCLUDING HURRICANES, TORNADOS, FLOODS AND FIRES IN ALABAMA, ARKANSAS, CALIFORNIA, FLORIDA, LOUISIANA, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, OHIO, OKLAHOMA, OREGON, PUERTO RICO, TENNESSEE, TEXAS AND VIRGINIA.

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AS THE COMMERCE OF OUR NATION GRINDED TO A HALT AMID THE CORONAVIRUS PANDEMIC, MANY DISABLED VETERANS WERE FINDING THEMSELVES SUDDENLY UNEMPLOYED AND UNABLE TO PROVIDE FOR THEMSELVES AND THEIR FAMILIES.

FOR OUR NATION'S 4.7 MILLION DISABLED VETERANS, THE CORONAVIRUS CREATED A UNIQUE SET OF CHALLENGES--NOT ONLY DID SERVICE-CONNECTED ILLNESSES PLACE THESE INDIVIDUALS IN A HIGHER RISK CATEGORY, BUT MANY ALSO FACED A DIRE FINANCIAL SITUATION DUE TO LOST INCOME.

WHILE THE DISASTER RELIEF PROGRAM NORMALLY OPERATES IN REACTION TO NATURAL DISASTERS, COVID-19 DEMANDED A PROACTIVE EXPANSION ONCE THE SCALE OF ITS EFFECTS WAS RECOGNIZED. THOUSANDS OF DISABLED VETERANS WERE IN NEED, AND DAV STEPPED IN TO HELP BY ESTABLISHING THE COVID-19 UNEMPLOYMENT RELIEF FUND IN APRIL 2020. THE RELIEF FUND PROVIDED A ONE-TIME FINANCIAL AID PAYMENT TO SERVICE-CONNECTED DISABLED VETERANS WHO LOST EMPLOYMENT OR INCOME IN THE WAKE OF THE VIRUS'S OUTBREAK.

IN 2020, ALMOST \$2 MILLION IN COVID-19 UNEMPLOYMENT RELIEF WAS DISTRIBUTED NATIONWIDE TO NEARLY 8,000 VETERANS IN NEED.

SINCE THE DISASTER RELIEF PROGRAM'S INCEPTION IN 1968, NEARLY \$16 MILLION HAS BEEN DISBURSED AS A RESULT OF OUR RELIEF EFFORTS.

EXPENSES \$7,075,017 INCLUDING GRANTS OF \$7,069,229. REVENUE \$0.

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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.

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.

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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 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.

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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,

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 705 MELVIN AVENUE, SUITE 200 ANNAPOLIS, MD 21401	PROFESSIONAL	2,240,074.
MINDSET DIRECT LLC 12355 SUNRISE VALLEY DRIVE, SUITE 240 RESTON, VA 20191	PROFESSIONAL	893,332.
CHAMPLIN ARCHITECTURE 720 EAST PETE ROSE WAY #140 CINCINNATI, OH 45202	PROFESSIONAL	781,896.
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE BOWIE, MD 20715	PROFESSIONAL	734,577.
CHISHOLM CHISHOLM & KILPATRICK LTD 321 SOUTH MAIN STREET #200 PROVIDENCE, RI 02903	PROFESSIONAL	444,957.