

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABLED AMERICAN VETERANS Doing business as		D Employer identification number 31-0263158
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3725 ALEXANDRIA PIKE		E Telephone number (859) 441-7300
	City or town, state or province, country, and ZIP or foreign postal code COLD SPRING, KY 41076		G Gross receipts \$ 209,279,080.
	F Name and address of principal officer: BARRY A. JESINOSKI 3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> ◀ (insert no.) 4947(a)(1) or 527		J Website: WWW.DAV.ORG H(c) Group exemption number ▶ 0557	
K Form of organization: Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶			L Year of formation: 1932 M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SINCE 1920, EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	741.
	6	Total number of volunteers (estimate if necessary)	6	23,647.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	115,556,772.	108,186,529.
	9	Program service revenue (Part VIII, line 2g)	6,991,371.	7,024,988.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,817,498.	20,413,138.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,519,987.	1,444,865.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,885,628.	137,069,520.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,461,154.	7,397,405.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,065,702.	50,370,852.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,815,153.	1,778,917.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,361,054.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,371,820.	84,304,672.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	146,713,829.	143,851,846.
	19	Revenue less expenses. Subtract line 18 from line 12	-11,828,201.	-6,782,326.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	452,980,926.	485,328,214.
	21	Total liabilities (Part X, line 26)	135,166,890.	143,592,189.
	22	Net assets or fund balances. Subtract line 21 from line 20	317,814,036.	341,736,025.

Part II Signature Block

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

Sign Here	Signature of officer	Date 7/9/18
	BARRY A. JESINOSKI EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name AARON HERSHBERGER	Preparer's signature 	Date 6/29/2018	Check <input type="checkbox"/> if self-employed	PTIN P00961884
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
Firm's address ▶ 312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202			Phone no. 513-621-8300		

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 45,103,783. including grants of \$ 6,030,569.) (Revenue \$)

SERVICE PROGRAM: SERVICES ARE OFFERED AT NO COST OR OBLIGATION TO VETERANS, THEIR FAMILIES AND SURVIVORS. -NSO'S PROVIDED REPRESENTATION FOR NEARLY 250,000 PENDING CLAIMS FOR VETERANS AND THEIR FAMILIES BEFORE THE VA, OBTAINING FOR THEM MORE THAN \$4.3 BILLION IN NEW AND RETROACTIVE BENEFITS. -TSO'S CONDUCTED 1,076 PRESENTATIONS TO HELP PREPARE 42,229 TRANSITIONING SERVICE MEMBERS FOR CIVILIAN LIFE. TSO'S FILED 24,200 CLAIMS FOR VA BENEFITS AND CONNECTED VETERANS WITH FREE RESOURCES AVAILABLE THROUGH DAV. -MSO'S TRAVELED 56,318 MILES TO 665 SITES WHERE NSO'S INTERVIEWED 6,335 VETERANS AND POTENTIAL CLAIMANTS. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 2,765,959. including grants of \$ 1,351,786.) (Revenue \$)

VOLUNTARY SERVICES PROGRAM: BY PROVIDING VETERANS WITH TRANSPORTATION TO MEDICAL APPOINTMENTS, COORDINATING IN-HOSPITAL VOLUNTEER OPPORTUNITIES AND ENCOURAGING AND SUPPORTING EFFORTS TO HONOR THE SACRIFICES OF DISABLED VETERANS, DAV ENHANCES THE QUALITY OF LIFE OF VETERANS, THEIR FAMILIES AND SURVIVORS. -IN 2017, VOLUNTEERS TRAVELED 18,452,374 MILES, PROVIDING 615,000 RIDES TO VETERANS AND DONATING 1,493,050 HOURS OF THEIR TIME. -THE VALUE OF VOLUNTEER HOURS AND SERVICES AMOUNTED TO MORE THAN \$36 MILLION. -TO INCENTIVIZE YOUTH VOLUNTEERS, DAV AWARDED \$75,000 THROUGH ITS SCHOLARSHIP PROGRAM. (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 1,449,858. including grants of \$) (Revenue \$)

EMPLOYMENT PROGRAM: DAV IS COMMITTED TO ENSURING TRANSITIONING MILITARY MEMBERS AND THEIR FAMILIES SECURE THE TOOLS, RESOURCES AND OPPORTUNITIES THEY NEED TO ADVANCE THEIR EMPLOYMENT GOALS. SINCE THE PROGRAM'S INCEPTION IN 2014, DAV CO-HOSTED 318 ALL VETERANS' TRADITIONAL AND VIRTUAL CAREER FAIRS ACROSS THE COUNTRY, CREATING EMPLOYMENT OPPORTUNITIES FOR NEARLY 57,000 ACTIVE-DUTY, GUARD AND RESERVE PERSONNEL, VETERANS AND THEIR SPOUSES. - DAV CONNECTS VETERANS WITH EMPLOYMENT RESOURCES AND OPPORTUNITIES THROUGH ITS WEBSITE WWW.JOBS.DAV.ORG. (SEE SCHEDULE O)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 48,743,775. including grants of \$ 15,050.) (Revenue \$ 7,024,988.)

4e Total program service expenses 98,063,375.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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

Table with columns for line number, description, and Yes/No boxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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 in 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 (or 1024 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 in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BARRY A. JESINOSKI, 3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076 859-441-7300

Part VII 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.

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

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

(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				299,536.	0.	250,988.
(2) DAVID W. RILEY CHAIRMAN (8/17-12/31)	25.00 0.	X						0.	0.	0.
(3) MOSES A. MCINTOSH JR. CHAIRMAN (1/17-8/17)	25.00 0.	X						0.	0.	0.
(4) FRANK MAUGHAN DIRECTOR (1/17-8/17)	5.00 0.	X						0.	0.	0.
(5) DELPHINE METCALF-FOSTER VICE-CHAIRMAN (1/17-8/17)	25.00 0.	X						0.	0.	0.
(6) DENNIS R. NIXON VICE-CHAIRMAN (8/17-12/17)	25.00 0.	X						0.	0.	0.
(7) ALFRED C. REYNOLDS (DIR. 1/17-8/17 TREAS. 8/17-12/17)	5.00 0.	X						0.	0.	0.
(8) RICHARD TOLFA TREASURER (1/17-8/17)	5.00 0.	X						0.	0.	0.
(9) JIM SHUEY DIRECTOR (8/17-12/17)	5.00 0.	X						0.	0.	0.
(10) COLEMAN FRANCIS NEE DIRECTOR (8/17-12/17)	5.00 0.	X						0.	0.	0.
(11) IDALIS M. MARQUEZ DIRECTOR (1/17-12/17)	5.00 0.	X						0.	0.	0.
(12) BARRY A. JESINOSKI EXEC. DIR. NATL. HQ	55.00 0.				X			243,298.	0.	168,806.
(13) GARRY AUGUSTINE EXEC. DIR. NATL. LHQ	50.00 0.				X			196,259.	0.	90,023.
(14) ANITA BLUM COMPTROLLER	50.00 0.					X		194,800.	0.	124,019.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) CHRISTOPHER CLAY GENERAL COUNSEL	40.00 0.					X	233,225.	0.	71,234.	
(16) BRIAN COWART CHIEF DEV. OFFICER	50.00 0.					X	221,311.	0.	69,081.	
(17) EDWARD R. REESE JR. NATL HUMAN RESOURCES DIRECTOR	50.00 0.					X	177,594.	0.	112,825.	
(18) SUSAN LOTH SR. CHIEF DEV. OFFICER	40.00 0.					X	188,434.	0.	148,632.	
1b Sub-total							933,893.	0.	633,836.	
c Total from continuation sheets to Part VII, Section A							820,564.	0.	401,772.	
d Total (add lines 1b and 1c)							1,754,457.	0.	1,035,608.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	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	108,186,529.					
	g Noncash contributions included in lines 1a-1f: \$		483,859.					
	h Total. Add lines 1a-1f ▶			108,186,529.				
Program Service Revenue				Business Code				
	2a MEMBERSHIP DUES		900099	6,951,769.	6,951,769.			
	b REGISTRATION INCOME		900099	73,219.	73,219.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			7,024,988.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			9,026,644.			9,026,644.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			1,242,145.			1,242,145.	
	6a Gross rents	(i) Real	(ii) Personal					
		15,000.						
		b Less: rental expenses						
		c Rental income or (loss)		15,000.				
	d Net rental income or (loss) ▶			15,000.			15,000.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		83,508,646.	87,408.					
		b Less: cost or other basis and sales expenses		72,122,687.	86,873.			
		c Gain or (loss)		11,385,959.	535.			
	d Net gain or (loss) ▶			11,386,494.			11,386,494.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
		b Less: direct expenses b						
c Net income or (loss) from fundraising events. ▶				0.				
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a OTHER		900099	187,720.			187,720.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶			187,720.					
12 Total revenue. See instructions. ▶			137,069,520.	7,024,988.		21,858,003.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,976,685.	5,976,685.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,420,720.	1,420,720.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,344,510.	974,106.	370,404.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	118,428.		118,428.	
7 Other salaries and wages	36,800,335.	31,848,138.	3,037,137.	1,915,060.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,650,536.	1,957,996.	425,663.	266,877.
9 Other employee benefits	6,537,569.	5,633,397.	474,586.	429,586.
10 Payroll taxes	2,919,474.	2,525,006.	241,821.	152,647.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	170,270.	22,322.	121,322.	26,626.
c Accounting	183,749.		183,749.	
d Lobbying	597,818.	597,818.		
e Professional fundraising services. See Part IV, line 17.	1,778,917.			1,778,917.
f Investment management fees	226,909.		226,909.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,933,698.	4,783,590.	1,390,645.	759,463.
12 Advertising and promotion	5,550,067.	4,195,515.	19,767.	1,334,785.
13 Office expenses	58,184,162.	28,923,418.	1,085,319.	28,175,425.
14 Information technology	1,410,701.	922,937.	474,885.	12,879.
15 Royalties	2,475,075.	1,149,242.	111.	1,325,722.
16 Occupancy	474,565.	312,113.	162,452.	
17 Travel	2,039,612.	1,885,561.	55,230.	98,821.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,437,018.	1,437,018.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,611,342.	1,193,829.	350,075.	67,438.
23 Insurance	324,862.	216,920.	106,001.	1,941.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RELOCATION	498,140.	498,140.		
b PROJECT COSTS	775,000.	775,000.		
c SETTLEMENT FEES	111,633.	106,633.	5,000.	
d TRAINING	85,049.	55,391.	19,289.	10,369.
e All other expenses	1,215,002.	651,880.	558,624.	4,498.
25 Total functional expenses. Add lines 1 through 24e	143,851,846.	98,063,375.	9,427,417.	36,361,054.
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)	55,546,202.	28,154,479.		27,391,723.

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	12,160,672.	2	8,266,849.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	2,381,834.	4	4,948,375.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	1,196,586.	8	1,676,069.
	9 Prepaid expenses and deferred charges	4,215,856.	9	5,383,381.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,195,523.		
	b Less: accumulated depreciation	10b 32,276,761.	10,441,365.	10c 7,918,762.
	11 Investments - publicly traded securities	422,335,613.	11	456,751,778.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	249,000.	15	383,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	452,980,926.	16	485,328,214.	
Liabilities	17 Accounts payable and accrued expenses	26,687,631.	17	30,306,459.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	5,305,483.	19	5,882,379.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	103,173,776.	25	107,403,351.
	26 Total liabilities. Add lines 17 through 25	135,166,890.	26	143,592,189.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	317,814,036.	27	341,736,025.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	317,814,036.	33	341,736,025.
34 Total liabilities and net assets/fund balances	452,980,926.	34	485,328,214.	

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	137,069,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,851,846.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,782,326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,814,036.
5	Net unrealized gains (losses) on investments	5	33,188,221.
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 in Schedule O)	9	-2,483,906.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	341,736,025.

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

2017

▶ 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
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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, 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
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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
1	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 405,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 6,052.	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
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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
7	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 117,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 56,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 7,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 30,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 15,000.	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		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 175,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 121,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 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
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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
19	_____	\$ 56,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____	\$ 37,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____	\$ 7,000.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 52,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 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
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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
31	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 18,516.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 18,500.	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
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 7,000.	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
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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
49	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 9,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 6,289.	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
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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
55	_____ _____ _____	\$ 25,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 21,840.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 30,000.	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
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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
61	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____	\$ 30,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____	\$ 441,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____	\$ 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
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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
67	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____	\$ 19,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____	\$ 10,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____	\$ 10,077.	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
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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
73	_____	\$ 13,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____	\$ 8,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____	\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____	\$ 40,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____	\$ 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
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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	_____	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____	\$ 22,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____	\$ 40,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____	\$ 27,522.	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
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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	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ 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	Employer identification number 31-0263158
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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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 5,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ _____	\$ 9,000.	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
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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
97	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 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 31-0263158
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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
103	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____	\$ 9,500.	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
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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
109	_____	\$ 2,737,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____	\$ 12,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____	\$ 81,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____	\$ 15,000.	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		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 500,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 7,500.	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
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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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____	\$ 8,500.	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
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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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 8,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 31,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 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	Employer identification number 31-0263158
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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	_____	\$ 14,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____	\$ 11,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____	\$ 53,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____	\$ 27,300.	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
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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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ 15,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____ _____ _____	\$ 25,000.	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
145		\$ 67,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 48,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 6,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 6,500.	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
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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	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____	\$ 10,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____	\$ 16,484.	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
157		\$ 5,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 120,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 8,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 27,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 29,000.	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
163		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 8,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 10,200.	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
169		\$ 23,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 5,758.	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
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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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ 141,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ 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
181		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183		\$ 7,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186		\$ 25,985.	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
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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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ 10,053.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ 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	Employer identification number 31-0263158
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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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	_____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	_____	\$ 57,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	_____	\$ 40,000.	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
199		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 54,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 7,220.	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
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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	_____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	_____	\$ 262,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	_____	\$ 147,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	_____	\$ 7,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	_____	\$ 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	Employer identification number 31-0263158
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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	_____	\$ 16,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____	\$ 44,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____	\$ 62,205.	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
217		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 20,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 8,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 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
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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
223	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____	\$ 32,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	_____	\$ 9,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	_____	\$ 17,000.	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
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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	_____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	_____	\$ 48,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	_____	\$ 6,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	_____	\$ 750,000.	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
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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	_____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____	\$ 14,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____	\$ 502,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____	\$ 172,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____	\$ 74,665.	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
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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	_____	\$ 6,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____	\$ 22,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____	\$ 11,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____	\$ 7,250.	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
247		\$ 385,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 72,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 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**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 174,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 15,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 23,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 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
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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	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	_____ _____ _____	\$ 11,065.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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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	_____	\$ 9,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
266	_____	\$ 74,816.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
267	_____	\$ 14,946.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
268	_____	\$ 15,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	_____	\$ 5,314.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
270	_____	\$ 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	Employer identification number 31-0263158
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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	_____	\$ 62,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	_____	\$ 42,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	_____	\$ 5,103.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
276	_____	\$ 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
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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	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	_____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	_____	\$ 162,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	_____	\$ 5,727.	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
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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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	_____	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	_____	\$ 27,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	_____	\$ 250,000.	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
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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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ 6,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ 24,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ 14,993.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ 7,000.	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
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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	_____	\$ 195,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	_____	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	_____	\$ 72,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	_____	\$ 9,751.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
300	_____	\$ 7,000.	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
301		\$ 7,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305		\$ 5,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306		\$ 7,000.	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
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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	_____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	_____	\$ 10,162.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
312	_____	\$ 52,000.	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
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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	_____	\$ 60,890.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____	\$ 13,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	_____	\$ 60,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	_____	\$ 6,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	_____	\$ 6,687.	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
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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	_____	\$ 57,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	_____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	_____	\$ 22,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	_____	\$ 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	Employer identification number 31-0263158
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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	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	_____ _____ _____	\$ 10,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	_____ _____ _____	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	_____ _____ _____	\$ 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
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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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	_____ _____ _____	\$ 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
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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	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ 97,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ 12,528.	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
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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	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	_____	\$ 16,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	_____	\$ 6,000.	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
349		\$ 10,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354		\$ 56,081.	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
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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	_____	\$ 454,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	_____	\$ 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
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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	_____ _____ _____	\$ 81,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365	_____ _____ _____	\$ 63,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366	_____ _____ _____	\$ 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**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369		\$ 10,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371		\$ 34,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372		\$ 20,000.	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
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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
373	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374	_____	\$ 15,736.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378	_____	\$ 13,952.	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
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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	_____ _____ _____	\$ 55,614.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384	_____ _____ _____	\$ 6,000.	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
385		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387		\$ 5,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390		\$ 34,800.	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
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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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393	_____	\$ 6,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396	_____	\$ 20,000.	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
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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	_____	\$ 30,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398	_____	\$ 10,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402	_____	\$ 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
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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	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408	_____	\$ 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
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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	_____ _____ _____	\$ 9,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411	_____ _____ _____	\$ 7,127.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
412	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414	_____ _____ _____	\$ 6,920.	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
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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
415	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
416	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
417	_____ _____ _____	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
418	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
419	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
420	_____ _____ _____	\$ 12,307.	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
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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
421	_____ _____ _____	\$ 21,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422	_____ _____ _____	\$ 27,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
423	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
424	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426	_____ _____ _____	\$ 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**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428		\$ 42,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429		\$ 22,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431		\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432		\$ 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 31-0263158
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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
433	_____ _____ _____	\$ 5,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
434	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
435	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
436	_____ _____ _____	\$ 31,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
437	_____ _____ _____	\$ 9,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
438	_____ _____ _____	\$ 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
439		\$ 149,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
440		\$ 19,745.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
441		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
442		\$ 5,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
443		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
444		\$ 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
445		\$ 115,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
446		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
447		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
448		\$ 38,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
449		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
450		\$ 737,500.	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
451		\$ 23,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
452		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
453		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
454		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
455		\$ 8,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
456		\$ 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
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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	_____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
458	_____	\$ 145,422.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
459	_____	\$ 66,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
460	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
461	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
462	_____	\$ 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**

Employer identification number
31-0263158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
464		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
465		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
466		\$ 35,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
467		\$ 22,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
468		\$ 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
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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	_____	\$ 7,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
470	_____	\$ 272,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
471	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
472	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
473	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
474	_____	\$ 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
475		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
476		\$ 14,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
477		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
478		\$ 34,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
479		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
480		\$ 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
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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	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
482	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
483	_____ _____ _____	\$ 8,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
484	_____ _____ _____	\$ 95,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
485	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
486	_____ _____ _____	\$ 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
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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
487	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
488	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
489	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
490	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
491	_____ _____ _____	\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
492	_____ _____ _____	\$ 55,000.	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
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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	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
494	_____	\$ 96,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
495	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
496	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
497	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
498	_____	\$ 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
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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	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
500	_____ _____ _____	\$ 16,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
501	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
502	_____ _____ _____	\$ 24,955.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
503	_____ _____ _____	\$ 57,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
504	_____ _____ _____	\$ 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	Employer identification number 31-0263158
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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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
506	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
507	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
508	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
509	_____	\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
510	_____	\$ 63,082.	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
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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
511	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512	_____	\$ 370,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
515	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516	_____	\$ 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
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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
517	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518	_____ _____ _____	\$ 29,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input 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
56	400 SHARES WESTAR ENERGY INC _____ _____ _____	\$ <u>21,840.</u>	<u>02/03/2017</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
188	37 SHARES S&P GLOBAL INC 37 SHARES THE ALLSTATE CORP _____ _____	\$ <u>10,053.</u>	<u>12/06/2017</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
264	165 SHARES FRANKLIN DYNATECH FUND _____ _____	\$ <u>9,289.</u>	<u>12/11/2017</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
265	1300 SHARES SORL AUTO PARTS INC _____ _____	\$ <u>9,289.</u>	<u>07/25/2017</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
266	430 SHARES MCDONALDS CORP _____ _____	\$ <u>74,816.</u>	<u>12/20/2017</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
267	74 SHARES HUMANA INC. _____ _____	\$ <u>14,946.</u>	<u>01/10/2017</u>

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
<u>269</u>	<u>70 SHARES DXC TECHNOLOGY CO</u> _____ _____	\$ <u>5,314.</u>	<u>04/27/2017</u>
<u>275</u>	<u>45 SHARES UNION PACIFIC CO</u> _____ _____	\$ <u>5,103.</u>	<u>10/10/2017</u>
<u>293</u>	<u>86 SHARES APPLE INC.</u> _____ _____	\$ <u>14,993.</u>	<u>12/20/2017</u>
<u>299</u>	<u>40 SHARES UNITED TECHNOLOGIES CORP</u> <u>65 SHARES YUM! BRANDS INC</u> _____ _____	\$ <u>9,751.</u>	<u>10/25/2017</u>
<u>311</u>	<u>106 SHARES HASBRO</u> _____ _____	\$ <u>10,162.</u>	<u>02/08/2017</u>
<u>313</u>	<u>1000 SHARES REYNOLDS AMERICAN INC</u> _____ _____	\$ <u>60,890.</u>	<u>03/15/2017</u>

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
<u>374</u>	<u>200 SHARES CABOT MICROELECTRONICS CORP</u> _____ _____	\$ <u>15,736.</u>	<u>06/13/2017</u>
<u>379</u>	<u>1450 SHARES AT&T INC</u> _____ _____	\$ <u>55,614.</u>	<u>12/09/2017</u>
<u>411</u>	<u>310 SHARES USAA VALUE FUND</u> _____ _____	\$ <u>7,127.</u>	<u>02/01/2017</u>
<u>440</u>	<u>11000 SHARES RITE AID CORP</u> _____ _____	\$ <u>19,745.</u>	<u>10/23/2017</u>
<u>458</u>	<u>VARIOUS MARKETABLE SECURITIES</u> _____ _____	\$ <u>145,422.</u>	<u>08/02/2017</u>
<u>502</u>	<u>567 SHARES WINNEBAGO INDUSTRIES INC</u> _____ _____	\$ <u>24,955.</u>	<u>10/17/2017</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

2017

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

Employer identification number

DISABLED AMERICAN VETERANS

31-0263158

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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 are a 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 programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) RESERVE FOR LIFE MEMBERSHIP DUES	53,313,972.	
(3) POSTRETIREMENT BENEFIT OBLIGATION	52,326,224.	
(4) OTHER LIABILITIES	1,763,155.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		107,403,351.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 137,069,520.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 143,851,846.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$88,394,489.

PART XII, LINE 2D

OTHER ADJUSTMENTS:

CONTRIBUTED MEDIA AND MATERIALS \$88,394,489.

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.

2017

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 the latest instructions.

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

31-0263158

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 PUBLIC INTEREST COMMUNICATION	SEE PART IV		X	171,273.	287,262.	-115,989.
2 SD & A TELESERVICES, INC	SEE PART IV		X	23,492.	135,331.	-111,839.
3 INFOCISION	SEE PART IV		X	66,978.	38,980.	27,998.
4 CREATIVE DIRECT RESPONSE	SEE PART IV		X	3,169,009.	594,494.	2,574,515.
5 MINDSET	SEE PART IV		X	63,344,361.	566,850.	62,777,511.
6 MEYER PARTNERS, LLC	SEE PART IV		X	2,015,517.	105,500.	1,910,017.
7 SOCIAL CAPITAL	SEE PART IV		X		50,500.	-50,500.
8						
9						
10						
Total				68,790,630.	1,778,917.	67,011,713.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I, LINE 2B

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATION

(I) ADDRESS: 7700 LEESBURG PIKE STE 301, NORTH FALLS CHURCH, VA 22043

(II) ACTIVITY: TELEMARKETING - RECURRING GIFTS

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

(I) NAME OF FUNDRAISER: SD & A TELESERVICES, INC.

(I) ADDRESS: 5757 WEST CENTURY BLVD, STE 300, LOS ANGELES, CA 90045

(II) ACTIVITY: TELEMARKETING - RECURRING GIFTS

(I) NAME OF FUNDRAISER: INFOCISION

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

(II) ACTIVITY: TELEMARKETING - RECURRING GIFTS

- 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: CREATIVE DIRECT RESPONSE

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

(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

- 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: MEYER PARTNERS

(I) ADDRESS: 1701 E. WOODFIELD RD. STE 425, SCHAUMBURG, IL 60173

(II) ACTIVITY: CONSULTS MAJOR GIFTS AND PLANNED GIVING

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS: 980 N. MICHIGAN AVE. STE 1610, CHICAGO, IL 60611

(II) ACTIVITY: STRATEGIC ADVISOR ON CORP PARTNER PLANNING

- 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DAV DEPT. OF ALABAMA 7538 MISTY LANE PINSON, AL 35126-0000	63-0421186	501(C)(4)	84,199.				VETERANS SERVICES
(2) DAV DEPT. OF ALASKA P.O. BOX 74603 FAIRBANKS, AK 99707-0000	52-1648345	501(C)(4)	12,271.				VETERANS SERVICES
(3) DAV DEPT. OF ARIZONA 38 W DUNLAP AVENUE PHOENIX, AZ 85021-0000	86-0191627	501(C)(4)	94,863.				VETERANS SERVICES
(4) DAV DEPT. OF ARKANSAS P.O. BOX 1620 N LITTLE ROCK, AR 72115-0000	38-6143144	501(C)(4)	48,428.				VETERANS SERVICES
(5) DAV DEPT. OF CALIFORNIA 13733 ROSECRANS SANTA FE SPRINGS, CA 90670	95-06884372	501(C)(4)	418,133.				VETERANS SERVICES
(6) DAV DEPT. OF COLORADO 1485 HOLLAND STREET LAKEWOOD, CO 80215-0000	84-0388439	501(C)(4)	116,832.				VETERANS SERVICES
(7) DAV DEPT. OF CONNECTICUT 35 COLD SPRING RD ROCKY HILL, CT 06067	06-6050968	501(C)(4)	43,709.				VETERANS SERVICES
(8) DAV DEPT. OF DC P.O. BOX 70737 WASHINGTON, DC 20024-0000	31-1017322	501(C)(4)	9,056.				VETERANS SERVICES
(9) DAV DEPT. OF DELAWARE P.O. BOX 407 CAMDEN, DE 19934-0000	23-7169083	501(C)(4)	10,655.				VETERANS SERVICES
(10) DAV DEPT. OF FLORIDA 2015 SW 75TH ST GAINESVILLE, FL 32607	59-0915376	501(C)(4)	272,209.				VETERANS SERVICES
(11) DAV DEPT. OF GEORGIA 4462 HOUSTON AVENUE MACON, GA 31206-0000	58-6043522	501(C)(4)	94,141.				VETERANS SERVICES
(12) DAV DEPT. OF HAWAII 2685 N NIMITZ HWY HONOLULU, HI 96819-0000	99-0105357	501(C)(4)	24,076.				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) (2017)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

31-0263158

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DAV DEPT. OF IDAHO 55 ROSE CIRCLE MERIDIAN, ID 83642-2936	82-6013538	501(C)(4)	22,231.				VETERANS SERVICES
(2) DAV DEPT. OF ILLINOIS 809 S GRAND AVE WEST SPRINGFIELD, IL 62704	36-2026733	501(C)(4)	92,958.				VETERANS SERVICES
(3) DAV DEPT. OF INDIANA P.O. BOX 508 GREENWOOD, IN 46142-0000	35-0269110	501(C)(4)	77,882.				VETERANS SERVICES
(4) DAV DEPT. OF IOWA 2245 KERPER BLVD DUBUQUE, IA 52001	42-0218615	501(C)(4)	29,413.				VETERANS SERVICES
(5) DAV DEPT. OF KANSAS 805 MINNESOTA AVE KANSAS CITY, KS 66101	48-06669371	501(C)(4)	30,792.				VETERANS SERVICES
(6) DAV DEPT. OF KENTUCKY P.O. BOX 129 SHEPHERDSVILLE, KY 40165-0129	61-0574614	501(C)(4)	86,612.				VETERANS SERVICES
(7) DAV DEPT. OF LOUISIANA P.O. BOX 1271 BATON ROUGE, LA 70821-0000	72-6023897	501(C)(4)	50,817.				VETERANS SERVICES
(8) DAV DEPT. OF MAINE P.O. BOX 3415 AUGUSTA, ME 04330-0000	51-0169791	501(C)(4)	30,704.				VETERANS SERVICES
(9) DAV DEPT. OF MARYLAND 101 N GAY ST BALTIMORE, MD 21202	52-6055613	501(C)(4)	77,281.				VETERANS SERVICES
(10) DAV DEPT. OF MASSACHUSETTS 24 BEACON ST. STE 546 BOSTON, MA 02133-0000	04-2170836	501(C)(4)	128,008.				VETERANS SERVICES
(11) DAV DEPT. OF MICHIGAN 17779 E 14TH MILE RD FRASER, MI 48026	38-0489155	501(C)(4)	129,739.				VETERANS SERVICES
(12) DAV DEPT. OF MINNESOTA 20 WEST 12TH ST ST. PAUL, MN 55155-0000	41-0641627	501(C)(4)	101,223.				VETERANS SERVICES

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

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

Schedule I (Form 990) (2017)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

31-0263158

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DAV DEPT. OF MISSISSIPPI P.O. BOX 1579 JACKSON, MS 39215-0000	64-6034899	501(C)(4)	27,586.				VETERANS SERVICES
(2) DAV DEPT. OF MISSOURI 413 WEST HICKORY KIRKSVILLE, MO 63501-0000	43-1428547	501(C)(4)	86,799.				VETERANS SERVICES
(3) DAV DEPT. OF MONTANA 8245 HALF MOON COURT HELENA, MT 59602-9769	81-0245122	501(C)(4)	17,415.				VETERANS SERVICES
(4) DAV DEPT. OF NEBRASKA 3107 25TH STREET COLUMBUS, NE 68601-0000	47-0462717	501(C)(4)	31,300.				VETERANS SERVICES
(5) DAV DEPT. OF NEVADA 2775 MEADOW PARK AVE HENDERSON, NV 89052	88-0191079	501(C)(4)	31,355.				VETERANS SERVICES
(6) DAV DEPT. OF NEW HAMPSHIRE P.O. BOX 2051 DOVER, NH 03820-0000	02-6018967	501(C)(4)	24,724.				VETERANS SERVICES
(7) DAV DEPT. OF NEW JERSEY 171 JERSEY ST TRENTON, NJ 08611	31-1017334	501(C)(4)	85,947.				VETERANS SERVICES
(8) DAV DEPT. OF NEW MEXICO 2511 UTAH STREET ALBUQUERQUE, NM 87110	85-0131116	501(C)(4)	45,003.				VETERANS SERVICES
(9) DAV DEPT. OF NEW YORK 162 ATLANTIC AVENUE LYNBROOK, NY 11563-0000	11-2248726	501(C)(4)	200,838.				VETERANS SERVICES
(10) DAV DEPT. OF NORTH CAROLINA P.O. BOX 28146 RALEIGH, NC 27611-0000	56-6061261	501(C)(4)	160,602.				VETERANS SERVICES
(11) DAV DEPT. OF NORTH DAKOTA 2009 4TH STREET NE JAMESTOWN, ND 58401-3926	45-0232777	501(C)(4)	20,335.				VETERANS SERVICES
(12) DAV DEPT. OF OHIO P.O. BOX 15099 COLUMBUS, OH 43215-0000	31-4166963	501(C)(4)	140,193.				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) (2017)

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

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

31-0263158

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DAV DEPT. OF OKLAHOMA 2311 N CENTRAL AVE OKLAHOMA CITY, OK 73105	73-6112085	501(C)(4)	83,458.				VETERANS SERVICES
(2) DAV DEPT. OF OREGON 5922 NE 55TH AVE PORTLAND, OR 97218	93-0155562	501(C)(4)	39,863.				VETERANS SERVICES
(3) DAV DEPT. OF PENNSYLVANIA 4219 TRINDLE RD CAMP HILL, PA 17011	23-0520283	501(C)(4)	135,278.				VETERANS SERVICES
(4) DAV DEPT. OF PUERTO RICO P.O. BOX 363604 SAN JUAN, PR 00936-0000	23-7352551	501(C)(4)	36,123.				VETERANS SERVICES
(5) DAV DEPT. OF RHODE ISLAND 1 CAPITAL HILL PROVIDENCE, RI 02908-0000	05-6023646	501(C)(4)	20,423.				VETERANS SERVICES
(6) DAV DEPT. OF SOUTH CAROLINA P.O. BOX 5317 WEST COLUMBIA, SC 29171-0000	57-0600471	501(C)(4)	79,145.				VETERANS SERVICES
(7) DAV DEPT. OF SOUTH DAKOTA 1519 WEST 51ST ST SIOUX FALLS, SD 57105	46-6016959	501(C)(4)	20,170.				VETERANS SERVICES
(8) DAV DEPT. OF TENNESSEE P.O. BOX 296 LAWRENCEBURG, TN 38464-0000	62-6074303	501(C)(4)	76,454.				VETERANS SERVICES
(9) DAV DEPT. OF TEXAS 1015 LEE AVENUE LUFKIN, TX 75901-0000	75-6053959	501(C)(4)	296,770.				VETERANS SERVICES
(10) DAV DEPT. OF UTAH 273 E 800 SOUTH SALT LAKE CITY, UT 84111	87-6151236	501(C)(4)	24,313.				VETERANS SERVICES
(11) DAV DEPT. OF VERMONT P.O. BOX 828 WHITE RIVER JCT, VT 05001	03-6015639	501(C)(4)	12,104.				VETERANS SERVICES
(12) DAV DEPT. OF VIRGINIA P.O. BOX 7176 ROANOKE, VA 24019-0000	54-0697376	501(C)(4)	187,757.				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) (2017)

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

31-0263158

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DAV DEPT. OF WASHINGTON 2315 BURWELL ST BREMERTON, WA 98312-0000	91-0544487	501(C)(4)	105,516.				VETERANS SERVICES
(2) DAV DEPT. OF WEST VIRGINIA P.O. BOX 605 ELKVIEW, WV 25071-0000	55-0521769	501(C)(4)	34,121.				VETERANS SERVICES
(3) DAV DEPT. OF WISCONSIN 1253 SCHEURING RD DEPERE, WI 54115-0000	39-0244255	501(C)(4)	67,298.				VETERANS SERVICES
(4) DAV DEPT. OF WYOMING 219 AMES AVENUE CHEYENNE, WY 82007-2218	23-7041066	501(C)(4)	7,823.				VETERANS SERVICES
(5) DEPARTMENT OF VETERANS AFFAIRS 50 IRVING STREET NW WASHINGTON, DC 20422	52-1688621	GOV'T ENTITY	888,496.				WINTER SPORTS CLINIC
(6) DEPARTMENT OF VETERANS AFFAIRS 51 IRVING STREET NW WASHINGTON, DC 20423	52-1688621	GOV'T ENTITY	216,981.				TEE TOURNAMENT
(7) COLUMBIA TRUST SERVICE PROGRAMS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1516071	501(C)(4)	240,499.				VA TRANSPORTATION NETWORK
(8) CAMP CORRAL 5151 GLENWOOD AVE RALEIGH, NC 27612	45-3555807	501(C)(3)	326,340.				VETERANS SERVICES
(9) INTREPID MUSEUM FOUNDATION ONE INTREPID SQUARE NEW YORK, NY 10036	13-3062419	501(C)(3)	15,000.				CHILDREN OF VETERANS
(10) HILLVETS FOUNDATION 625 N. WASHINGTON ALEXANDRIA, VA 22314	47-3616097	501(C)(19)	25,000.				VETERANS SERVICES
(11) VETERANS CONSORTIUM PRO BONO PROGRAM 2101 L STREET NW WASHINGTON, DC 20037		GOV'T ENTITY	6,500.				VETERANS CONSORTIUM SPONSORSHIP
(12) THE AMERICAN LEGION 5413 BACKLICK RD SPRINGFIELD, VA 22151	35-0144250	501(C)(19)	7,500.				COHOST PARTNERSHIP-INAUGURAL BALL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	5.
3 Enter total number of other organizations listed in the line 1 table	5.

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

Schedule I (Form 990) (2017)

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

31-0263158

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 SCHOLARSHIPS	25	57,500.			
2 DISASTER RELIEF	3,994.	1,363,220.			
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

THE PROCEDURE FOR MONITORING THE USE OF GRANTS VARIES DEPENDING ON THE TYPE OF GRANT.

FOR GRANTS TO DAV DEPARTMENTS, EVERY DEPARTMENT IS REQUIRED TO SUBMIT AN ANNUAL FINANCIAL REPORT TO DAV FOR APPROVAL. REVIEW OF ANNUAL FINANCIAL REPORTS ALLOWS DAV TO MONITOR THE PROPER USE OF FUNDS GRANTED BY DAV AND TO ENSURE GOOD STANDING FOR CONTINUED ELIGIBILITY.

EXPENSES FOR THE NATIONAL VETERANS WINTER SPORTS CLINIC AND VAN PROGRAM

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.

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

2017

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

- | | |
|---|---|
| <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) 2017

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)	252,614.	40,668.	245,412.	5,576.	550,524.	
	(ii)	0.	0.	0.	0.	0.	
2 ANITA BLUM COMPTROLLER	(i)	165,803.	25,106.	117,285.	6,734.	318,819.	
	(ii)	0.	0.	0.	0.	0.	
3 CHRISTOPHER CLAY GENERAL COUNSEL	(i)	203,357.	22,474.	65,800.	5,434.	304,459.	
	(ii)	0.	0.	0.	0.	0.	
4 BRIAN COWART CHIEF DEV. OFFICER	(i)	194,974.	21,895.	61,749.	7,332.	290,392.	
	(ii)	0.	0.	0.	0.	0.	
5 EDWARD R. REESE JR. NATL HUMAN RESOURCES DIRECTOR	(i)	130,996.	32,862.	103,093.	9,732.	290,419.	
	(ii)	0.	0.	0.	0.	0.	
6 SUSAN LOTH SR. CHIEF DEV. OFFICER	(i)	165,187.	19,549.	144,198.	4,434.	337,066.	
	(ii)	0.	0.	0.	0.	0.	
7 BARRY A. JESINOSKI EXEC. DIR. NATL. HQ	(i)	202,625.	36,018.	163,099.	5,707.	412,104.	
	(ii)	0.	0.	0.	0.	0.	
8 GARRY AUGUSTINE EXEC. DIR. NATL. LHQ	(i)	184,855.	6,546.	86,319.	3,704.	286,282.	
	(ii)	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.

PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL:

DAV-PAID AIRFARE IS TYPICALLY FOR COACH-CLASS TRAVEL. FIRST-CLASS AIRFARE

MAY BE APPROVED CONSIDERING SUCH FACTORS AS: THE DEGREE TO WHICH THE

TRAVELER IS DISABLED AND THE LENGTH OF THE TRIP. DAV DOES NOT PAY FOR

CHARTER TRAVEL. IN 2017, NO TRIPS MET THE CRITERIA FOR FIRST CLASS TRAVEL

FOR DAV RELATED BUSINESS FOR PERSONS LISTED ON PART II, SECTION A, LINE

1A.

TRAVEL FOR COMPANIONS: DAV PAYS FOR COMPANIONS OF THOSE TRAVELING ON DAV

BUSINESS, BUT ON A VERY LIMITED BASIS. SUCH AUTHORIZATION IS ONLY GRANTED

WHEN THE COMPANION'S PRESENCE EITHER CONFERS AN ACTUAL BENEFIT ON DAV OR

PROVIDES NEEDED AID AND ASSISTANCE FOR A SIGNIFICANTLY DISABLED DAV

TRAVELER. IN THE CASE OF THE DAV TRAVELER REQUIRING AID AND ASSISTANCE,

DAV WILL BEAR THE FULL EXPENSE OF THE COMPANION AND IT IS NOT CONSIDERED

TAXABLE INCOME. IN ALL OTHER SITUATIONS, COMPANION EXPENSES ARE EITHER

REIMBURSED BY THE DAV TRAVELER OR INCLUDED IN TAXABLE INCOME. IN 2017,

DAV DID NOT HAVE COMPANION TRAVEL FOR PERSONS LISTED ON SCHEDULE J, PART

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.

DISCRETIONARY SPENDING ACCOUNT: DURING THEIR ONE-YEAR, NONSUCCESSIVE 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 2017, DAVID W. RILEY, DAV NATIONAL COMMANDER (JANUARY TO AUGUST) RECEIVED \$131,855 AND DELPHINE METCALF-FOSTER, DAV NATIONAL COMMANDER (SEPTEMBER TO DECEMBER) RECEIVED \$93,145 FOR SUCH PAYMENTS.

PART I, LINE 7

DAV HAS A LEADERSHIP INCENTIVE PROGRAM THAT OFFERS AN ADDITIONAL PERCENTAGE OF ANNUAL BASE SALARY TO ABOUT 40 EMPLOYEES - PRIMARILY KEY EXECUTIVES, DIRECTORS AND MANAGERS. THE AWARD PERCENTAGE IS BASED ON THE INDIVIDUAL PARTICIPANT'S POSITION AND THE ORGANIZATION'S MEASURED SUCCESS MEETING 8 GOALS - ONE RELATED TO ACHIEVEMENT OF STANDARD RATIOS PUBLISHED

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.

BY THE BBB WISE GIVING ALLIANCE AND 7 BASED DAY STRATEGIC PLAN GOALS. THE PROGRAM WAS DESIGNED WITH ASSISTANCE FROM AN OUTSIDE, INDEPENDENT CONSULTANT AND APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0263158

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID WILSON	SEE SCH. L. PART V	118,428.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: DAVID WILSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FORMER BOARD

MEMBER AND OFFICER'S FAMILY MEMBER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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 the latest information.

Name of the organization

Employer identification number

DISABLED AMERICAN VETERANS

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	75 .	483,859 .	COST / SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

9118NF D410

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

2017

**Open to Public
Inspection**

Employer identification number

31-0263158

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

SERVICE PROGRAM (CONT):

IN MORE THAN 100 OFFICES THROUGHOUT THE UNITED STATES AND IN PUERTO RICO,
WE EMPLOY A CORPS OF 262 NATIONAL SERVICE OFFICERS (NSOS) AND 33
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.

NSOS FUNCTION AS ATTORNEYS-IN-FACT HOLDING 1.1 MILLION POWERS OF ATTORNEY
TO ASSIST VETERANS AND THEIR FAMILIES IN FILING CLAIMS FOR VA DISABILITY
COMPENSATION; REHABILITATION AND EDUCATION PROGRAMS; PENSIONS; DEATH
BENEFITS; AND EMPLOYMENT AND TRAINING PROGRAMS. THEY PROVIDE FREE
SERVICES SUCH AS INFORMATION SEMINARS AND COUNSELING, AND COMMUNITY
OUTREACH ACTIVITIES THROUGH THE MOBILE SERVICE OFFICE (MSO) PROGRAM AND
OTHER OPPORTUNITIES TO EDUCATE AND INFORM VETERANS ON THE BENEFITS
THEY'VE EARNED. NSOS ALSO REPRESENT VETERANS AND ACTIVE-DUTY MILITARY
PERSONNEL BEFORE DISCHARGE REVIEW BOARDS, BOARDS FOR CORRECTION OF
MILITARY RECORDS, PHYSICAL EVALUATION BOARDS, THE DISABILITY TRANSITION
ASSISTANCE PROGRAM, THE TRANSITION ASSISTANCE PROGRAM AND OTHER OFFICIAL
PANELS. SINCE BEING CHARTERED BY CONGRESS IN 1932, THEY FILED 11.3
MILLION CLAIMS FOR BENEFITS AND SECURED OVER \$100 BILLION IN RETROACTIVE
AND ANNUAL BENEFITS.

FOR SERVICE MEMBERS MAKING THE ALL-IMPORTANT TRANSITION TO CIVILIAN LIFE,

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

DAV CONTINUES ITS PRO BONO REPRESENTATION PROGRAM FOR VETERANS SEEKING REVIEW IN THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS. DAV CURRENTLY WORKS WITH TWO LAW FIRMS THAT ARE HIGHLY ACCOMPLISHED IN DEALING WITH VETERANS' ISSUES AT THE COURT. IN FISCAL YEAR 2017, THE BVA TOOK ACTION 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. THANKS TO DAV AND OUR RELATIONSHIP WITH PRIVATE LAW FIRMS, 1,496 OF THESE CASES PREVIOUSLY DENIED BY THE BVA WERE APPEALED TO THE COURT, AT NO COST TO THE VETERANS.

THE MSO PROGRAM CONTINUES TO SEEK NEW VENUES TO BRING DAV SERVICE TO VETERANS AND DEPENDENTS IN THEIR OWN COMMUNITIES. THE MSO EXTENDS OUR ASSISTANCE TO VETERANS WHO MIGHT NOT BE ABLE TO VISIT A SERVICE OFFICE DUE TO DISTANCE, TRANSPORTATION, HEALTH OR OTHER REASONS.

WE ARE IN OUR THIRD YEAR OF DEPLOYING MSOS TO COLLEGES AND UNIVERSITIES AND CONDUCTING SERVICE SEMINARS FOR STUDENT VETERANS ON CAMPUSES THROUGHOUT THE NATION. IN CALENDAR YEAR 2017, OUR EFFORTS WITH THESE PROGRAMS RESULTED IN MORE THAN 60 EVENTS BEING CONDUCTED THROUGHOUT 41 STATES AND PUERTO RICO. WE INTERVIEWED A TOTAL OF 449 STUDENT VETERANS

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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AND DEPENDENTS, HELPING THEM FILE 236 CLAIMS FOR BENEFITS.

EXPENSES \$39,127,026 INCLUDING GRANTS OF \$58,108. REVENUE \$0.

STATE SERVICES AND DISASTER RELIEF: DURING 2017, THE DAV DISASTER RELIEF PROGRAM DISTRIBUTED 2,215 SUPPLY KITS AND PROVIDED 3,988 PAYMENTS TOTALING IN EXCESS OF \$1.3 MILLION TO SERVICE-INJURED OR ILL VETERANS, SERVICE MEMBERS AND THEIR FAMILIES IN NEED OF RELIEF. SINCE THE PROGRAM'S INCEPTION IN 1968, \$11.5 MILLION HAS BEEN DISBURSED TO VICTIMS. WHEN DISASTER STRIKES, DAV SERVICE OFFICERS AND MEMBERS DEPLOY INTO DEVASTATED AREAS, ENABLING DAV TO PROVIDE MUCH-NEEDED MONETARY ASSISTANCE; CONDUCT BENEFITS COUNSELING; AND OFFER REFERRAL SERVICES FOR VETERANS, SERVICE MEMBERS AND THEIR FAMILIES IN NEED. OUR DISASTER RELIEF PROGRAM PROVIDES GRANTS IN THE AFTERMATH OF NATURAL DISASTERS AND EMERGENCIES IN VARIOUS AREAS AROUND THE NATION TO HELP VETERANS AND THEIR FAMILIES SECURE TEMPORARY LODGING, FOOD AND OTHER NECESSITIES. MOST RECENTLY, DAV SUPPORTED VETERANS AND THEIR FAMILIES IMPACTED BY THE FLOODING THROUGHOUT LOUISIANA, WILDFIRES IN CALIFORNIA, HURRICANE HARVEY IN TEXAS, AND HURRICANE IRMA IN PUERTO RICO AND FLORIDA. SUPPLY KITS-BACKPACKS, BLANKETS AND HYGIENE KITS-ARE PROVIDED AS AN ADDITIONAL RESOURCE FOR SAFETY, COMFORT AND SELF-SUFFICIENCY IN AN EXTENDED EMERGENCY, DISASTER OR EVACUATION. EACH HYGIENE KIT INCLUDES BASIC NECESSITIES SUCH AS A TOOTHBRUSH AND TOOTHPASTE, RAZORS AND SHAVING CREAM, HAND SANITIZER, DEODORANT, SHAMPOO AND SOAP.

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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THE DAV STATE SERVICE PROGRAM GRANTED FUNDS TO DAV STATE-LEVEL DEPARTMENTS UNDER THIS PROGRAM TOTALING \$3,757,753 IN 2017. THIS PROGRAM HELPS FUND SERVICES THAT OUR STATE-LEVEL DEPARTMENTS PROVIDE TO VETERANS AND THEIR FAMILIES. IN SOME CASES THE DEPARTMENT PROGRAMS DOVETAIL OR SUPPLEMENT THOSE OF OUR NATIONWIDE PROGRAMS. IN OTHER CASES THEY ARE UNIQUE FOR VETERANS IN THEIR STATE.

DAV ALSO DONATED TO THE DAV JUST B KIDS SCHOLARSHIP FUND SUPPORTING CAMP CORRAL. THE SCHOLARSHIPS HELPED 1,000 CHILDREN OF WOUNDED DISABLED OR FALLEN MILITARY MEMBERS ATTEND A FREE WEEK OF SUMMER CAMP AT CAMP CORRAL AND CONNECT WITH OTHER CAMPERS WHO SHARE SIMILAR BACKGROUNDS AND EXPERIENCES.

EXPENSES \$5,976,757 INCLUDING GRANTS OF \$5,972,461. REVENUE \$0.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VOLUNTARY SERVICES PROGRAM (CONT):

THE DAV TRANSPORTATION NETWORK IS THE LARGEST PROGRAM OF ITS KIND FOR VETERANS IN THE NATION. THIS UNIQUE INITIATIVE HELPS GET VETERANS TO AND FROM VA MEDICAL APPOINTMENTS BY PROVIDING VEHICLES AND A TEAM OF VOLUNTEER DRIVERS. IT'S MANAGED BY 162 HOSPITAL SERVICE COORDINATORS LOCATED AT 197 VA MEDICAL CENTERS AND OUTPATIENT CLINICS, AND IS OPERATED BY COMMITTED DAV VOLUNTEER DRIVERS. SINCE THE PROGRAM'S INCEPTION IN 1987, DAV DEPARTMENTS AND CHAPTERS HAVE DONATED 3,178 VEHICLES AND FORD MOTOR CO. HAS DONATED 215 VEHICLES AT A TOTAL COMBINED COST OF MORE THAN \$76.3 MILLION.

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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THE AMOUNT OF HOURS DAV VOLUNTEERS DEDICATE, THE MILES THEY DRIVE AND THE NUMBER OF RIDES THEY PROVIDE TO VETERANS REFLECT PROMISES WE'VE ENSURED WERE KEPT. TO PUT THIS INTO PERSPECTIVE, DAV VOLUNTEER DRIVERS HAVE DRIVEN 717,288,217 MILES SINCE THE PROGRAM BEGAN. IN 2017, VOLUNTEERS TRAVELED 18,452,374 MILES, PROVIDING NEARLY 615,000 RIDES TO VETERANS AND DONATING 1,493,050 HOURS OF THEIR TIME. THE VALUE OF THESE CONTRIBUTED SERVICES IS REPORTED AS REVENUE ON DAV'S FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, BUT IS NOT RECORDED AS REVENUE ON THIS FORM 990 IN ACCORDANCE WITH INTERNAL REVENUE SERVICE GUIDELINES.

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

EXPENSES \$2,765,959 INCLUDING GRANTS OF \$1,351,786. REVENUE \$0.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EMPLOYMENT PROGRAM (CONT):

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 A LEADER AMONG VETERANS SERVICE ORGANIZATIONS IN PROVIDING ASSISTANCE TO VETERANS AND THEIR SPOUSES SEEKING NEW OR BETTER JOBS. ONE PRIMARY COMPONENT OF THIS MISSION WAS FORMING STRATEGIC

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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PARTNERSHIPS WITH RECRUIT MILITARY, A FULL-SERVICE MILITARY-TO-CIVILIAN RECRUITING FIRM THAT IS VETERAN OPERATED, AND VETERAN RECRUITING, WHO HOSTS VIRTUAL CAREER FAIRS THAT ARE ACCESSIBLE TO ALL VETERANS.

IN LESS THAN FOUR YEARS, OUR NATIONAL EMPLOYMENT PROGRAM HAS ALREADY MADE A SIGNIFICANT IMPACT TO REDUCE THE NUMBER OF UNEMPLOYED AND UNDEREMPLOYED VETERANS. IN FACT, FROM JUNE 2014 THROUGH DECEMBER 2017, DAV SPONSORED 318 TRADITIONAL AND VIRTUAL CAREER FAIRS THAT NEARLY 119,000 ACTIVE SERVICE MEMBERS, GUARD AND RESERVE PERSONNEL, VETERANS AND SPOUSES ATTENDED, RESULTING IN MORE THAN 57,000 JOB OFFERS. IN 2018, DAV WILL AGAIN INCREASE OUR EFFORTS BY SPONSORING MORE THAN 150 TRADITIONAL AND VIRTUAL CAREER FAIRS, INCLUDING 20 EVENTS ON MILITARY BASES SUCH AS JOINT BASE LEWIS-MCCHORD, WASH.; FORT BRAGG, N.C.; FORT HOOD, TEXAS; AND CAMP PENDLETON, CALIF.

DAV'S NATIONAL EMPLOYMENT DEPARTMENT ALSO WORKS DIRECTLY WITH COMPANIES SEEKING THE MANY TALENTS AND SKILLS VETERANS POSSESS. OUR PROGRAM PROVIDES A MULTITUDE OF RESOURCES THAT VETERANS CAN ACCESS WITHIN OUR EMPLOYMENT RESOURCES WEBPAGE (JOBS.DAV.ORG), INCLUDING A JOB SEARCH BOARD THAT BOASTS MORE THAN 250,000 CURRENT EMPLOYMENT OPPORTUNITIES AROUND THE WORLD AND DIRECT LINKS TO COMPANY WEBSITE JOB BOARDS. WE ARE HAPPY TO REPORT THAT OUR EMPLOYMENT RESOURCES WEBSITE HAS GROWN BY 617 USERS MONTHLY.

THROUGH EFFORTS STARTED IN 2017, WE WILL BE EXPANDING OUR ASSISTANCE BY

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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ADDING THE VETERAN ADVANTAGE: DAV GUIDE TO HIRING & RETAINING VETERANS WITH DISABILITIES. WITH OUR GUIDE, WE AIM 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 2017, DAV LAUNCHED A NEW PARTNERSHIP WITH "HIRING AMERICA," THE FOREMOST VOICE IN TELEVISED PROGRAMS DEDICATED SOLELY TO HELPING VETERANS SECURE MEANINGFUL EMPLOYMENT. EACH EPISODE FEATURES COMPANIES WITH OUTSTANDING VETERAN HIRING INITIATIVES; SHARES INSIGHTS FROM CEOS, CAREER COUNSELORS AND HUMAN RESOURCES SPECIALISTS; AND PROVIDES VALUABLE INFORMATION TO HELP EASE THE TRANSITION FOR VETERANS ENTERING THE CIVILIAN WORKFORCE.

EXPENSES \$1,449,858 INCLUDING GRANTS OF \$0. REVENUE \$0.

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

COMMUNICATIONS PROGRAM:

THE NATIONAL COMMUNICATIONS DEPARTMENT OVERSEES INTERNAL AND EXTERNAL COMMUNICATIONS PROGRAMS, INCLUDING MEDIA RELATIONS, PUBLICATIONS, DIGITAL CONTENT AND A VARIETY OF PUBLIC OUTREACH INITIATIVES, TO TELL DAV'S STORY AND SUPPORT ITS KEY INITIATIVES. A BIMONTHLY MAGAZINE KEEPS OUR MEMBERS INFORMED ABOUT IMPORTANT ISSUES AND OUR GOVERNMENT'S POLICIES AFFECTING THE FEDERAL BENEFITS AND SERVICES VETERANS HAVE EARNED. THIS PUBLICATION ALSO SHOWCASES THE MANY SUCCESSFUL SERVICE PROGRAMS OF OUR STATE-LEVEL DEPARTMENTS AND LOCAL DAV CHAPTERS-AND THUS ENCOURAGES EFFECTIVE

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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STRATEGIES IN COMMUNITIES NATIONWIDE.

DAV'S COMMUNICATIONS STAFF PRODUCES NEWS RELEASES, SPEECHES, OP-EDS, BROCHURES, PRINT MESSAGES, PUBLIC SERVICE ANNOUNCEMENTS, VIDEOS AND OTHER MATERIALS THAT PROVIDE INFORMATION ABOUT DAV AND THE FULL RANGE OF FREE SERVICES THAT EMPOWER VETERANS TO LIVE HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY. ADDITIONALLY, WE HAVE SIGNIFICANTLY GROWN OUR SOCIAL MEDIA COMMUNITY USING FACEBOOK, TWITTER AND INSTAGRAM. THROUGH THIS UNIQUE OUTREACH PROGRAM, DAV HAS BEEN ABLE TO REACH MILLIONS OF AMERICANS WITH OUR MESSAGE OF SERVICE AND VOLUNTEERISM IN SUPPORT OF INJURED AND ILL VETERANS.

WITH SUCH A VAST ARRAY OF PROGRAMS, DAV IS ABLE TO PROVIDE IN-DEPTH RESEARCH AND RESOURCES TO BEST EXPLAIN ISSUES WITH FACTS, RELEVANT EXAMPLES AND MEANINGFUL 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 \$8,820,976 INCLUDING GRANTS OF \$15,000. REVENUE \$0.

MEMBERSHIP PROGRAM:

DAV HAS NEARLY 4,600 MEMBERS DEDICATED TO RECRUITING VETERANS SO THAT WE CAN MAINTAIN OUR STRONG VOICE AND CREDIBILITY WITH LAWMAKERS NOW AND WELL INTO THE FUTURE. WITH 52 STATE-LEVEL DEPARTMENTS AND 1,283 ACTIVE CHAPTERS NATIONWIDE, WE CLOSED THE 2016-2017 MEMBERSHIP YEAR WITH MORE

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

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 VETERANS SERVICE ORGANIZATION, AND OUR COMMITMENT HAS SPANNED NEARLY A CENTURY.

DAV IS THE LEADING VOICE FOR THE NATION'S INJURED AND ILL VETERANS, REGARDLESS OF SERVICE ERA. THIS COMMITMENT IS EXPRESSED IN OUR MISSION STATEMENT AND MAKES DAV UNIQUE AMONG OTHER ORGANIZATIONS.

DAV WAS FOUNDED IN THE IMMEDIATE AFTERMATH OF WORLD WAR I, AS NO GROUP THEN EXISTED TO PROVIDE AND ADVOCATE FOR VETERANS FOREVER CHANGED BY MILITARY SERVICE. OUR LEGACY HAS EVOLVED TO MEET THE CHANGING NEEDS OF MEMBERS, FAMILIES AND CAREGIVERS AMID THE HISTORICAL JOURNEY OF OUR NATION. OUR MILITARY AND AMERICAN SOCIETY CONTINUES TO CHANGE, AND DAV EMBRACES THOSE CHANGES TO ENSURE VETERANS OF ALL SERVICE ERAS AND GENDERS ARE ABLE TO HAVE THEIR CHANCE AT THE AMERICAN DREAM.

TODAY, SOCIAL NETWORKING AND OTHER CHANGES TO THE WAYS AMERICANS COMMUNICATE ALLOW DAV MEMBERS TO PLAY A LARGER ROLE THAN EVER AS SPOKESPEOPLE ADVOCATING FOR THE UNIQUE NEEDS OF THE VETERAN COMMUNITY. WE

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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CONTINUE TO RESPOND TO THE NEEDS OF THE CURRENT GENERATION OF VETERANS AND ALSO ARE STEADFAST IN OUR RESOLUTION TO ENSURE EQUITABLE SUPPORT FOR ANOTHER VITAL PART OF OUR COMMUNITY-VETERAN CAREGIVERS.

EXPENSES \$6,915,659 INCLUDING GRANTS OF \$50. REVENUE \$6,951,769.

LEGISLATIVE PROGRAM:

DAV HAS PROMOTED STRONGER, MORE EFFECTIVE PUBLIC POLICIES FOR VETERANS INJURED OR MADE ILL DURING WARTIME SERVICE, AS WELL AS THEIR FAMILIES AND SURVIVORS. DAV WORKS TO ACHIEVE OUR PUBLIC POLICY OBJECTIVES, PRIMARILY THROUGH THE EFFORTS OF OUR NATIONAL LEGISLATIVE DEPARTMENT, TO STRENGTHEN, EXPAND AND REFORM FEDERAL LAWS, POLICIES, PROGRAMS AND BENEFITS FOR SERVICE-DISABLED VETERANS. THE GUIDING PRINCIPLES OF OUR ADVOCACY EFFORTS COME DIRECTLY FROM THE RESOLUTIONS ADOPTED BY DELEGATES TO OUR ANNUAL NATIONAL CONVENTIONS, GROUNDED BY THE DAV CONSTITUTION AND BYLAWS.

ALTHOUGH OUR LEGISLATIVE PROGRAM ACCOUNTED FOR LESS THAN 1 PERCENT OF DAV'S TOTAL EXPENDITURES IN 2017, WE WERE ABLE TO ACHIEVE REMARKABLE RESULTS FOR THE MEN AND WOMEN WHO SERVED, THANKS TO THE STRENGTH AND ACTIVISM OF DAV'S GRASSROOTS MEMBERS AND SUPPORTERS ACROSS THE COUNTRY.

IN 2017, AT THE BEGINNING OF THE 115TH CONGRESS, DAV MET WITH THE SENATE AND HOUSE VETERANS' AFFAIRS COMMITTEES (SVAC AND HVAC) TO SHARE OUR HIGHEST LEGISLATIVE PRIORITIES: REFORMING THE DEPARTMENT OF VETERANS

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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AFFAIRS HEALTH CARE SYSTEM AND COMMUNITY CARE PROGRAMS, INCLUDING THE CHOICE PROGRAM; ELIMINATING THE INEQUITY IN ELIGIBILITY FOR THE VA'S COMPREHENSIVE CAREGIVER SUPPORT PROGRAM; MODERNIZING THE CLAIMS AND APPEALS PROCESS FOR VETERANS BENEFITS; AND IMPROVING ACCESS TO CARE AND BENEFITS FOR WOMEN VETERANS.

EXPENSES \$ 2,033,071 INCLUDING GRANTS OF \$ 0. REVENUE \$0

PUBLIC AWARENESS OUTREACH:

VETERANS TRANSITIONING TO CIVILIAN LIFE MUST NAVIGATE HURDLES MOST AMERICANS CANNOT BEGIN TO FATHOM. UNLIKE WARS IN THE NATION'S PAST, MULTIPLE COMBAT TOURS ARE SHOULDERED BY AN INCREASINGLY SMALL NUMBER-LESS THAN ONE-HALF OF 1 PERCENT OF OUR POPULATION-WHO VOLUNTEER TO WEAR AMERICA'S UNIFORM. THE BURDEN OF DEFENDING THE HOMELAND CONTINUES TO BE BORNE BY A FEW OF THE BRAVEST SONS AND DAUGHTERS OUR COUNTRY HAS TO OFFER.

AT THE SAME TIME, MOST CITIZENS REMAIN UNAFFECTED BY THE INCREASING MILITARY-CIVILIAN GAP. A RECENT STUDY BY THE PEW RESEARCH CENTER CONCLUDED THAT ADULTS UNDER AGE 50 IN THE UNITED STATES ARE CONSIDERABLY LESS LIKELY THAN PAST GENERATIONS TO HAVE A CLOSE RELATIVE WHO SERVED IN THE MILITARY. THAT NUMBER SHRINKS EVEN FURTHER AMONG THE ADULT POPULATION AGES 18 TO 29, CAUSING AN INEVITABLE DISCONNECT-DESPITE 17 CONSECUTIVE YEARS AT WAR-BETWEEN THE SMALL NUMBER OF WARRIOR CITIZENS AND THE POPULATION OF THE HOMELAND THEY'VE SWORN TO PROTECT.

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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THIS EFFORT INCREASES PUBLIC AWARENESS OF VETERANS' ISSUES AND PROVIDES AMERICANS AN OPPORTUNITY TO BECOME INVOLVED IN RELATING WITH AND HELPING THE MEN AND WOMEN WHO SERVED OUR NATION AND PRESERVED THE WAY OF LIFE FELLOW AMERICANS HOLD DEAR.

DAV 5KS CONTINUE TO INSPIRE FEELINGS OF GENUINE PATRIOTISM ACROSS MANY COMMUNITIES IN OUR NATION. THESE EVENTS SHOWCASE OUR HEROES, HELP BRIDGE THE MILITARY-CIVILIAN GAP AND RAISE AWARENESS ABOUT ISSUES FACING VETERANS DAILY. THIS PAST YEAR, WE HELD DAV 5K EVENTS IN ATLANTA; BOSTON; CINCINNATI; SAN ANTONIO; NEWPORT NEWS, VA.; AND TULSA, OKLA. IN TOTAL, MORE THAN 9,000 PEOPLE AND NEARLY 900 VOLUNTEERS PERSONALLY HONORED AND THANKED FRIENDS AND FAMILY MEMBERS WHO SERVED OR ARE CURRENTLY SERVING OUR COUNTRY. IN 2018, WE LOOK FORWARD TO EVEN GREATER PARTICIPATION AS WE CONTINUE TO EXPLORE OPPORTUNITIES TO EXPAND THE 5K EVENTS TO OTHER CITIES.

EXPENSES \$ 29,394,824 INCLUDING GRANTS OF \$ 0. REVENUE \$ 73,219.

PUBLIC SERVICE ANNOUNCEMENT PROGRAM:

DAV PUBLIC SERVICE ANNOUNCEMENT CAMPAIGNS HELP HIGHLIGHT OUR MISSION AND RAISE AWARENESS OF THE PROGRAMS AND NO-COST SERVICES WE PROVIDE TO VETERANS AND THEIR FAMILIES. THESE MESSAGES ALSO EDUCATE THE GENERAL PUBLIC AS TO WHAT THE DAV IS--AN ORGANIZATION OF VETERANS SERVING VETERANS.

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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WHEN DAV'S MESSAGE IS SEEN, IT'S A VICTORY FOR DAV AND ALL VETERANS. IN 2017, OUR PROGRAM GREW TO \$89.7 MILLION, REPRESENTING 18 PERCENT GROWTH FROM 2016. OF THIS, \$88.1 MILLION REPRESENTS A DONATION FROM TELEVISION, RADIO, PRINT, OUTDOOR AND TRANSIT MEDIA OUTLETS. THE EXTENSIVE MEDIA EXPOSURE RESULTED IN MORE THAN 6.5 BILLION IMPRESSIONS. SOME OF OUR TOP-VALUED NATIONAL TELEVISION PLACEMENTS INCLUDED AIRINGS ON ABC, CBS AND FOX; AND OUR TOP PRINT PLACEMENTS INCLUDED FIELD & STREAM, FOOD & WINE, MONEY, AND TIME MAGAZINES, AS WELL AS THE WALL STREET JOURNAL.

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

EXPENSES \$ 1,579,245 INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6

DAV IS A NOT-FOR-PROFIT ORGANIZATION WITH MEMBERS THAT HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. THEY, OR THEIR DELEGATES, ELECT FOUR MEMBERS OF DAV'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A

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

FORM 990, PART VI, SECTION B, LINE 11B

FOLLOWING COMPLETION OF FORM 990 BY THE DAV'S TAX PREPARER, IT IS REVIEWED BY DAV'S ACCOUNTING DEPARTMENT STAFF AND EXECUTIVE DIRECTOR. ONCE RESULTING REVISIONS ARE MADE, THE FORM IS MAILED TO THE BOARD OF

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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DIRECTORS FOR THEIR REVIEW AND QUESTIONS. IT IS SUBSEQUENTLY FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

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

FORM 990, PART VI, SECTION B, LINE 15

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. 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

Name of the organization DISABLED AMERICAN VETERANS	Employer identification number 31-0263158
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EVENTS. THIS IS PRIMARILY TO COVER MEALS AND LODGING.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE DAV ANNUAL REPORT AND MOST RECENT FORM 990 ARE AVAILABLE ON DAV'S WEBSITE (WWW.DAV.ORG) AND ALSO UPON REQUEST OR PUBLIC INSPECTION AT DAV NATIONAL HEADQUARTERS. FORM 1024 IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES:

PENSION LIABILITY AND OTHER POSTRETIREMENT BENEFIT OBLIGATION ADJUSTMENT
\$(2,483,906)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK, AR, CA, CT,

GA, HI, KS, KY, LA, MD,

MN, MS, MO, NH, NJ, NM, NY, NC, OK, OR, PA,

RI, SC, TN, TX, UT, VA, WV,

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CROSBY MARKETING COMMUNICATIONS INC. 705 MELVIN AVENUE ANNAPOLIS, MD 21401	PROFESSIONAL	2,950,600.
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE, STE 210 BOWIE, MD 20715	PROFESSIONAL	940,553.
KELLY SERVICES INC. P.O. BOX 530437 ATLANTA, GA 30353	TEMP SERVICES	842,162.
MINDSET DIRECT 12110 SUNSET HILLS ROAD, STE 600 RESTON, VA 20190	PROFESSIONAL	542,490.
HOLLAND & KNIGHT, LLP 1180 WEST PEACHTREE ST. NW, STE 1800 ATLANTA, GA 30309	CONSULTING SERVICES	529,124.