TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2014

Prepared for	
	Disabled American Veterans 3725 Alexandria Pike Cold Spring, KY 41076
Prepared by	Deloitte Tax LLP 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Overpayment of \$20,259. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 16, 2015
Special Instructions	The return should be signed and dated.

Form	990-T	E	Exempt Orgai				ax Return	۱ L	OMB No. 1545-0687
		F	•	nd proxy tax und					0044
		For cal	endar year 2014 or other tax yea			, and ending		- ·	2014
Depar Interna	tment of the Treasury al Revenue Service		Information about Fo Do not enter SSN number					Ę	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (and see instructions.)		DEmplo	yer identification number
	address changed								oyees' trust, see ctions.)
	empt under section	Print	Disabled American	Veterans					-0263158
x	501(c)(4)	or Type	Number, street, and room	or suite no. If a P.O. box	k, see ir	structions.			ted business activity codes structions.)
	408(e) 220(e)		3725 Alexandria P						
	408A 530(a) 529(a)		City or town, state or prov Cold Spring, KY		r foreig	n postal code			
C Bo	ok value of all assets and of year	F Group	o exemption number (See ii	nstructions.)		0557			
	478,150,098.	G Check	🕻 organization type 🕨	X 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust
			ary unrelated business activ						
			ooration a subsidiary in an a		nt-subs	diary controlled group?	► L	Ye	s X No
			tifying number of the paren	t corporation. 🕨					
			Barry A. Jesinoski				one number 🕨 (8		
			de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		0.	a Balanca	10				
-	Less returns and allo				1c 2				
2 3			A, line 7) rom line 1c		2				
			h Schedule D)		4a				
			art II, line 17) (attach Form		4b				
			sts		4c				
5			ips and S corporations (att		5				
	Rent income (Schedu				6				
7		, ,	ne (Schedule E)		7				
8			and rents from controlled or		8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9				
10	Exploited exempt act	ivity inco	me (Schedule I)		10				
11	Advertising income (Schedule	e J)		11				
12	Other income (See in	structior	is; attach schedule)		12				
13			gh 12		13	0.			
Pa			ot Taken Elsewher						
			utions, deductions must				,		
14			rectors, and trustees (Sche					14	
15								15	
16 17								16 17	
18								18	
19								19	
20	Charitable contribut	ions (Se	e instructions for limitation	rules)				20	
21			562)						
22			n Schedule A and elsewhere					22b	
23								23	
24	Contributions to def	ferred co	mpensation plans					24	
25								25	
26	Excess exempt expe	enses (So	chedule I)					26	
27	Excess readership c	costs (Sc	hedule J)					27	
28	Other deductions (a	ttach sch	nedule)					28	
29	Total deductions	s. Add lin	es 14 through 28					29	0.
30			ncome before net operating					30	0.
31	Net operating loss d	leductior	(limited to the amount on	line 30)		~~~		31	
32			ncome before specific dedu					32	0.
33			y \$1,000, but see line 33 in:					33	1,000.
34			income. Subtract line 33 f		•			34	0.
42370 01-13			Reduction Act Notice, see					34	Form 990-T (2014)
U1-13		P01 1011			11	.5			

08320805 099907	DISA3158CIN0	2014.04010	Disabled	Am

merican Veterans DISA3151

Dort III									
rart III	Tax Computation								
35 0	rganizations Taxable as Corpo	orations. See instructions	for tax computation.						
Co	ontrolled group members (secti	ions 1561 and 1563) chec	ck here 🕨 🛄 See	instructions and	1:				
	nter your share of the \$50,000,	,							
	I) \$		(3)		/-	I			
•	nter organization's share of: (1)			\$					
		· · · · ·							
	2) Additional 3% tax (not more							NF .	
	come tax on the amount on line						. 🏲 🗳	35c	
36 TI	rusts Taxable at Trust Rates. S								
L	Tax rate schedule or							36	
	roxy tax. See instructions							37	
38 AI	ternative minimum tax							38	
	otal. Add lines 37 and 38 to line		plies					39	
Part IV	Tax and Payments								
40a Fo	preign tax credit (corporations a	attach Form 1118; trusts a	ttach Form 1116)		40a				
b Ot	ther credits (see instructions)				40b				
	eneral business credit. Attach F				40c				
d Cr	redit for prior year minimum tax	x (attach Form 8801 or 88	27)		40d				
	otal credits. Add lines 40a throu							10e	
								41	
	ther taxes. Check if from:	Form 40EE				Othor (
								42	
							······	43	
	ayments: A 2013 overpayment				44a				
	014 estimated tax payments				44b				
	ax deposited with Form 8868 $_{\dots}$				44c				
d Fo	oreign organizations: Tax paid o	or withheld at source (see	instructions)		44d				
e Ba	ackup withholding (see instruct	ions)			44e	20	,259.		
	redit for small employer health i				44f				
g Ot	ther credits and payments:								
		Form 243	39		44a				
	Form 4136	Form 243	39	Total 🕨	44g			45	20
45 To	Form 4136 otal payments. Add lines 44a th	Form 243	39	Total ▶				45	20
45 To 46 Es	Form 4136 Form 4136 Stimated tax penalty (see instruct	Form 243	20 is attached >					46	20
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Form 990-T (2014) Disat	led American Veterans
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31-0263158

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3) (4) Total Total 0. 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0 0 Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-(b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property financed property (attach schedule) (1) (2) (3) (4) Average adjusted basis of or allocable to debt-financed property (attach schedule) **4.** Amount of average acquisition debt on or allocable to debt-financed 6. Column 4 divided 7 Gross income 8 Allocable deductions by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) % (1) % (2) (3) % % (4) Enter here and on page 1. Enter here and on page 1. Part I, line 7, column (A), Part I, line 7, column (B), Totals 0 Ο. 0. Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 2. 4. 5. Part of column 4 that is included in the controlling 6. Deductions directly 1. Name of controlled organization 3. Employer identification number Net unrelated income (loss) (see instructions) Total of specified payments made connected with income in column 5 organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 10. Part of column 9 that is included in the controlling organization's gross income 8 Net unrelated income (loss) 9. Total of specified payments **11.** Deductions directly connected with income in column 10 (see instructions) made (1) (2)(3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A). line 8, column (B). 0 Totals 0. Form 990-T (2014) 423721 01-13-15 117 2014.04010 Disabled American Veterans 08320805 099907 DISA3158CIN0 DISA3151

Page 3

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ►	0.	0.				0.
Schedule I - Advertisi	na Income (asa	notructions)				

- Advertising Income (see instructions) schedule J

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	٥.	٥.				٥.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical			B. Direct trising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.						(0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) 🕨	٥.		0.						(Ο.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructic	ons)				
1. Name				2. Title		3. Percer time devot busines	ed to		eensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	ine 14						►			Ο.

Form 990-T (2014)

423731 01-13-15

08320805 099907 DISA3158CIN0 2014.04010 Disabled American Veterans DISA3151

(Rev. January 2014) Ex		Exe	mpt Organ	ion of Time To File	e an	OMB No. 1545-1709
Department of the Treasury Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868						
 If you are If you are If you are Do not con Electronic required to of time to f Personal B visit www.i Part I A corporat Part I only All other co to file inco. 	e filing for an Aut e filing for an Ado nplete Part II unle filing (e-file) • Yoo file Form 990-T), file any of the form Benefit Contracts, irs.gov/efile and c Automati tion required to fil porporations (inclu- me tax returns.	matic 3-Month Extension itional (Not Automatic) 3-N you have already been u can electronically file Form or an additional (not automa is listed in Part I or Part II w which must be sent to the I ick on e-file for Charities & N c 3-Month Extension Form 990-T and requesting ding 1120-C filers), partners.	, complete only Par Month Extension, co granted an automat a 8868 if you need a attic) 3-month extensi ith the exception of RS in paper format (Nonprofits. of Time. Only Si g an automatic 6-mo	t I and check this box omplete only Part II (on page 2 of 3-month extension on a previo 3-month automatic extension of ion of time. You can electronically Form 8870, Information Return for see instructions). For more detail <u>ubmit original (no copies n</u> nth extension - check this box an <i>susts must use Form 7004 to requi</i>	of this form). usly filed Form time to file (6 i r Transfers As s on the electric eeded). d complete rest an extens. Enter filer	n 8868. months for a corporation 58 to request an extension ssociated With Certain ronic filing of this form, <i>ion of time</i> 's identifying number
Type or print	Name of exemp	t organization or other filer,	see instructions.		Employer i	identification number (EIN) or
File by the due date for filing your return. See instructions.	Disabled American Veterans Disabled American Veterans Number, street, and room or suite no. If a P.O. box, see instructions. 3725 Alexandria Pike					31-0263158 urity number (SSN)
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Application	on	<u></u>	Return Code	Application Is For		Return Code
	or Form 990-EZ		01	Form 990-T (corporation)		07
Form 990			02	Form 1041-A		08
	0 (individual)		03	Form 4720 (other than individua	al)	09
Form 990			04	Form 5227		10
	-T (sec. 401(a) or	408(a) trust)	05	Form 6069		11
	-T (trust other tha		06	Form 8870		12
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Teleph If the c	organization does is for a Group Rei	not have an office or place urn, enter the organization's	s four digit Group Ex	emption Number (GEN)	If this is for	r the whole group, check this
Teleph If the c	organization does is for a Group Rei	not have an office or place urn, enter the organization's	s four digit Group Ex	emption Number (GEN)	If this is for s of all memb	r the whole group, check this
Teleph ● If the c ● If this i box ▶ [1 I re	organization does is for a Group Ref	not have an office or place urn, enter the organization's rt of the group, check this b ic 3-month (6 months for a c 2015, to file	four digit Group Ex ox	emption Number (GEN) ach a list with the names and EIN to file Form 990-T) extension of t ation return for the organization n	s of all memb ime until	r the whole group, check this ers the extension is for.

2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fir	nal retur	n	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			0
	nonrefundable credits. See instructions.	<u>3a</u>	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			•
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	30	\$	0.
	the second se	53-EO a	nd Form 8879-E	O for payment

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for paymen instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14 Form 8868 (Rev. 1-2014)

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