

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# 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  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**Part I Summary**

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

<b>Sign Here</b>	2018-11-15
Signature of officer	Date
BARRY A JESINOSKI EXECUTIVE DIRECTOR	
Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Aaron Hershberger	Preparer's signature Aaron Hershberger	Date	Check <input type="checkbox"/> if self-employed	PTIN P00961884
	Firm's name ▶ BKD LLP			Firm's EIN ▶	
	Firm's address ▶ 312 WALNUT STREET SUITE 3000 CINCINNATI, OH 45202			Phone no (513) 621-8300	

**Part III Statement of Program Service Accomplishments**

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

**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  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 45,103,783 including grants of \$ 6,030,569 ) (Revenue \$ )  
 See Additional Data


















**4b** (Code ) (Expenses \$ 2,765,959 including grants of \$ 1,351,786 ) (Revenue \$ )  
 See Additional Data

**4c** (Code ) (Expenses \$ 1,449,858 including grants of \$ ) (Revenue \$ )  
 See Additional Data

**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
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  . . . . .	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .		No
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .		No
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	Yes	
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . . 	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . 		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . . 		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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> . . . . .	Yes	
<b>22</b> 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> . . . . .	Yes	
<b>23</b> 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> . . . . .	Yes	
<b>24a</b> 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> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b> 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> . . . . .		No
<b>27</b> 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> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b> 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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> 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> . . . . .		No
<b>34</b> 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> . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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 question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 17 (List States), 18 (Public inspection), 19 (Schedule O), 20 (Person with books and records).

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

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

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

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

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

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

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

- List all of the organization's **former** officers, key employees, or 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 0 ..... 0 0	X		X				299,536	0	250,988
(2) DAVID W RILEY ..... CHAIRMAN (8/17-12/31)	25 0 ..... 0 0	X						0	0	0
(3) MOSES A MCINTOSH JR ..... CHAIRMAN (1/17-8/17)	25 0 ..... 0 0	X						0	0	0
(4) FRANK MAUGHAN ..... DIRECTOR (1/17-8/17)	5 0 ..... 0 0	X						0	0	0
(5) DELPHINE METCALF-FOSTER ..... VICE-CHAIRMAN (1/17-8/17)	25 0 ..... 0 0	X						0	0	0
(6) DENNIS R NIXON ..... VICE-CHAIRMAN (8/17-12/17)	25 0 ..... 0 0	X						0	0	0
(7) ALFRED C REYNOLDS DIR 117- ..... 8/17 TREAS 8/17-12/17)	5 0 ..... 0 0	X						0	0	0
(8) RICHARD TOLFA ..... TREASURER (1/17-8/17)	5 0 ..... 0 0	X						0	0	0
(9) JIM SHUEY ..... DIRECTOR (8/17-12/17)	5 0 ..... 0 0	X						0	0	0
(10) COLEMAN FRANCIS NEE ..... DIRECTOR (8/17-12/17)	5 0 ..... 0 0	X						0	0	0
(11) IDALIS M MARQUEZ ..... DIRECTOR (1/17-12/17)	5 0 ..... 0 0	X						0	0	0
(12) BARRY A JESINOSKI ..... EXEC DIR NATL HQ	55 0 ..... 0 0				X			243,298	0	168,806
(13) GARRY AUGUSTINE ..... EXEC DIR NATL LHQ	50 0 ..... 0 0				X			196,259	0	90,023
(14) ANITA BLUM ..... COMPTROLLER	50 0 ..... 0 0					X		194,800	0	124,019
(15) CHRISTOPHER CLAY ..... GENERAL COUNSEL	40 0 ..... 0 0					X		233,225	0	71,234
(16) BRIAN COWART ..... CHIEF DEV OFFICER	50 0 ..... 0 0					X		221,311	0	69,081
(17) EDWARD R REESE JR ..... NATL HUMAN RESOURCES DIRECTOR	50 0 ..... 0 0					X		177,594	0	112,825

**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			
(18) SUSAN LOTH ..... SR CHIEF DEV OFFICER	40 0 ..... 0 0					X		188,434	0	148,632

<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .							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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**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
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, PO 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 180 ATLANTA, GA 30309	CONSULTING SERVICES	529,124

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	108,186,529				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		483,859				
	<b>h Total.</b> Add lines 1a-1f . . . . .		108,186,529				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> Membership Dues	900099	6,951,769	6,951,769			
	<b>b</b> Registration Income	900099	73,219	73,219			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		7,024,988					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		9,026,644			9,026,644	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		1,242,145			1,242,145	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		15,000					
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	15,000	0			
	<b>d</b> Net rental income or (loss) . . . . .			15,000		15,000	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		83,508,646	87,408				
		<b>b</b> Less cost or other basis and sales expenses	72,122,687	86,873			
		<b>c</b> Gain or (loss)	11,385,959	535			
	<b>d</b> Net gain or (loss) . . . . .			11,386,494		11,386,494	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER	900099	187,720			187,720		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		187,720					
<b>12 Total revenue.</b> 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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	12,160,672	<b>2</b>	8,266,849
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	2,381,834	<b>4</b>	4,948,375
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,196,586	<b>8</b>	1,676,069
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,215,856	<b>9</b>	5,383,381
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	40,195,523		
	<b>b</b> Less accumulated depreciation	32,276,761		
		10,441,365	<b>10c</b>	7,918,762
	<b>11</b> Investments—publicly traded securities . . . . .	422,335,613	<b>11</b>	456,751,778
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets See Part IV, line 11 . . . . .	249,000	<b>15</b>	383,000	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	452,980,926	<b>16</b>	485,328,214	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	26,687,631	<b>17</b>	30,306,459
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	5,305,483	<b>19</b>	5,882,379
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	107,403,351
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	135,166,890	<b>26</b>	143,592,189
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	317,814,036	<b>27</b>	341,736,025
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	317,814,036	<b>33</b>	341,736,025	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	452,980,926	<b>34</b>	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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	137,069,520
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	143,851,846
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-6,782,326
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	317,814,036
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,188,221
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,483,906
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> 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	<b>2c</b>	Yes	
<b>3a</b> 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>3a</b>		No
<b>b</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	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0263158

**Name:** DISABLED AMERICAN VETERANS

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

SERVICE PROGRAM Services are offered at no cost or obligation to veterans, their families and survivors -NSOs 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 -TSOs conducted 1,076 presentations to help prepare 42,229 transitioning service members for civilian life TSOs filed 24,200 claims for VA benefits and connected veterans with free resources available through DAV -MSOs traveled 56,318 miles to 665 sites where NSOs interviewed 6,335 veterans and potential claimants (See Schedule O)

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**Form 990, Part III, Line 4b:**

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)

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**Form 990, Part III, Line 4c:**

EMPLOYMENT PROGRAM DAV is committed to ensuring transitioning military members and their families secure the tools, resources and opportunities they need to advance their employment goals. Since the programs inception in 2014, DAV co-hosted 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](http://www.jobs.dav.org) (See Schedule O)

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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► 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.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
DISABLED AMERICAN VETERANS

**Employer identification number**  
31-0263158

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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?  Yes  No

**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)?  Yes  No

**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.

**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 ► \$ \_\_\_\_\_



**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?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>  |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		467,464		467,464
<b>b</b> Buildings . . . . .		7,005,995	5,940,968	1,065,027
<b>c</b> Leasehold improvements		4,458,011	3,358,984	1,099,027
<b>d</b> Equipment . . . . .		27,289,220	22,474,983	4,814,237
<b>e</b> Other . . . . .		974,833	501,826	473,007
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				7,918,762

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	0
Reserve for Life Membership Dues	53,313,972
Postretirement Benefit Obligation	52,326,224
Other Liabilities	1,763,155
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	273,166,103
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	47,929,003	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	88,394,489	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	136,323,492
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	136,842,611
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	226,909	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	226,909
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	279,948,429
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	47,929,003	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	88,394,489	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	136,323,492
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	143,624,937
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	226,909	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	226,909
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0263158

**Name:** DISABLED AMERICAN VETERANS

## Supplemental Information

Return Reference	Explanation
Part XI, Line 2d	Other Adjustments Contributed Media and Materials \$88,394,489

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D	Other Adjustments    Contributed Media and Materials \$88,394,489

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
DISABLED AMERICAN VETERANS

**Employer identification number**  
31-0263158

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|--|
- 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 ten 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 7700 LEESBURG PIKE SUITE 301 FALLS CHURCH, VA 22043	SEE PART IV		No	171,273	287,262	-115,989
2 SD A TELESERVICES INC 5757 W Century Blvd 300  LOS ANGELES, CA 90045	SEE PART IV		No	23,492	135,331	-111,839
3 INFOCISION PO BOX 32441  CLEVELAND, OH 44193	SEE PART IV		No	66,978	38,980	27,998
4 CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	SEE PART IV		No	3,169,009	594,494	2,574,515
5 MINDSET 170 N JEFFERSON STREET SUITE 200 ARLINGTON, VA 22205	SEE PART IV		No	63,344,361	566,850	62,777,511
6 MEYER PARTNERS LLC 1701 E WOODFIELD RD SUITE 425 Schaumburg, IL 60173	SEE PART IV		No	2,015,517	105,500	1,910,017
7 SOCIAL CAPITAL 980 N MICHIGAN AVENUE  CHICAGO, IL 60611	SEE PART IV		No		50,500	-50,500
8						
9						
10						
<b>Total</b>				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)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>Revenue</b>	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

- 15a** 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations 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).

Return Reference	Explanation
PART I, LINE 2B	(i) Name of Fundraiser Public Interest Communication (i) Address 7700 Leesburg Pike Ste 301, North Falls Church, VA 22043 (ii) Activity Telemarketing Recurring Gifts (i) Name of Fundraiser 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 (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 (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
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

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
DISABLED AMERICAN VETERANS

**Employer identification number**  
31-0263158

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	25	57,500			
(2) DISASTER RELIEF	3994	1,363,220			
(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.

Return Reference	Explanation
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 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-0263158  
**Name:** DISABLED AMERICAN VETERANS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Alabama 7538 Misty Lane Pinson, AL 351260000	63-0421186	501(c)(4)	84,199				Veterans Services
DAV Dept of Alaska PO Box 74603 Fairbanks, AK 997070000	52-1648345	501(c)(4)	12,271				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Arizona 38 W Dunlap Avenue Phoenix, AZ 850210000	86-0191627	501(c)(4)	94,863				Veterans Services
DAV Dept of Arkansas PO Box 1620 N Little Rock, AR 721150000	38-6143144	501(c)(4)	48,428				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of California 13733 Rosecrans Santa Fe Springs, CA 90670	95-0684372	501(c)(4)	418,133				Veterans Services
DAV Dept of Colorado 1485 Holland Street Lakewood, CO 802150000	84-0388439	501(c)(4)	116,832				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Connecticut 35 Cold Spring RD Rocky Hill, CT 06067	06-6050968	501(c)(4)	43,709				Veterans Services
DAV Dept of DC PO Box 70737 Washington, DC 200240000	31-1017322	501(c)(4)	9,056				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Delaware PO Box 407 Camden, DE 199340000	23-7169083	501(c)(4)	10,655				Veterans Services
DAV Dept of Florida 2015 SW 75th ST Gainesville, FL 32607	59-0915376	501(c)(4)	272,209				Veterans Services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Georgia 4462 Houston Avenue Macon, GA 312060000	58-6043522	501(c)(4)	94,141				Veterans Services
DAV Dept of Hawaii 2685 N Nimitz Hwy Honolulu, HI 968190000	99-0105357	501(c)(4)	24,076				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Idaho 55 Rose Circle Meridian, ID 836422936	82-6013538	501(c)(4)	22,231				Veterans Services
DAV Dept of Illinois 809 S Grand AVE West Springfield, IL 62704	36-2026733	501(c)(4)	92,958				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Indiana PO Box 508 Greenwood, IN 461420000	35-0269110	501(c)(4)	77,882				Veterans Services
DAV Dept of Iowa 2245 Kerper Blvd Dubuque, IA 52001	42-0218615	501(c)(4)	29,413				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Kansas 805 Minnesota AVE Kansas City, KS 66101	48-0669371	501(c)(4)	30,792				Veterans Services
DAV Dept of Kentucky PO Box 129 Shepherdsville, KY 401650129	61-0574614	501(c)(4)	86,612				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Louisiana PO Box 1271 Baton Rouge, LA 708210000	72-6023897	501(c)(4)	50,817				Veterans Services
DAV Dept of Maine PO Box 3415 Augusta, ME 043300000	51-0169791	501(c)(4)	30,704				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Maryland 101 N Gay St Baltimore, MD 21202	52-6055613	501(c)(4)	77,281				Veterans Services
DAV Dept of Massachusetts 24 Beacon St STE 546 Boston, MA 021330000	04-2170836	501(c)(4)	128,008				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Michigan 17779 E 14TH Mile RD Fraser, MI 48026	38-0489155	501(c)(4)	129,739				Veterans Services
DAV Dept of Minnesota 20 West 12th St St Paul, MN 551550000	41-0641627	501(c)(4)	101,223				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Mississippi PO Box 1579 Jackson, MS 392150000	64-6034899	501(c)(4)	27,586				Veterans Services
DAV Dept of Missouri 413 West Hickory Kirksville, MO 635010000	43-1428547	501(c)(4)	86,799				Veterans Services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Montana 8245 Half Moon Court Helena, MT 596029769	81-0245122	501(c)(4)	17,415				Veterans Services
DAV Dept of Nebraska 3107 25th Street Columbus, NE 686010000	47-0462717	501(c)(4)	31,300				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Nevada 2775 Meadow Park Ave Henderson, NV 89052	88-0191079	501(c)(4)	31,355				Veterans Services
DAV Dept of New Hampshire PO Box 2051 Dover, NH 038200000	02-6018967	501(c)(4)	24,724				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of New Jersey 171 Jersey St Trenton, NJ 08611	31-1017334	501(c)(4)	85,947				Veterans Services
DAV Dept of New Mexico 2511 Utah Street Albuquerque, NM 87110	85-0131116	501(c)(4)	45,003				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of New York 162 Atlantic Avenue Lynbrook, NY 115630000	11-2248726	501(c)(4)	200,838				Veterans Services
DAV Dept of North Carolina PO Box 28146 Raleigh, NC 276110000	56-6061261	501(c)(4)	160,602				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of North Dakota 2009 4th Street NE Jamestown, ND 584013926	45-0232777	501(c)(4)	20,335				Veterans Services
DAV Dept of Ohio PO Box 15099 Columbus, OH 432150000	31-4166963	501(c)(4)	140,193				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Oklahoma 2311 N Central Ave Oklahoma City, OK 73105	73-6112085	501(c)(4)	83,458				Veterans Services
DAV Dept of Oregon 5922 NE 55th Ave Portland, OR 97218	93-0155562	501(c)(4)	39,863				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Pennsylvania 4219 Trindle RD Camp Hill, PA 17011	23-0520283	501(c)(4)	135,278				Veterans Services
DAV Dept of Puerto Rico PO Box 363604 San Juan, PR 009360000	23-7352551	501(c)(4)	36,123				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Rhode Island 1 Capital Hill Providence, RI 029080000	05-6023646	501(c)(4)	20,423				Veterans Services
DAV Dept of South Carolina PO Box 5317 West Columbia, SC 291710000	57-0600471	501(c)(4)	79,145				Veterans Services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of South Dakota 1519 West 51st St Sioux Falls, SD 57105	46-6016959	501(c)(4)	20,170				Veterans Services
DAV Dept of Tennessee PO Box 296 Lawrenceburg, TN 384640000	62-6074303	501(c)(4)	76,454				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Texas 1015 Lee Avenue Lufkin, TX 759010000	75-6053959	501(c)(4)	296,770				Veterans Services
DAV Dept of Utah 273 E 800 South Salt Lake City, UT 84111	87-6151236	501(c)(4)	24,313				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Vermont PO Box 828 White River Jct, VT 05001	03-6015639	501(c)(4)	12,104				Veterans Services
DAV Dept of Virginia PO Box 7176 Roanoke, VA 240190000	54-0697376	501(c)(4)	187,757				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Washington 2315 Burwell St Bremerton, WA 983120000	91-0544487	501(c)(4)	105,516				Veterans Services
DAV Dept of West Virginia PO Box 605 Elkview, WV 250710000	55-0521769	501(c)(4)	34,121				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAV Dept of Wisconsin 1253 Scheuring Rd DePere, WI 541150000	39-0244255	501(c)(4)	67,298				Veterans Services
DAV Dept of Wyoming 219 Ames Avenue Cheyenne, WY 820072218	23-7041066	501(c)(4)	7,823				Veterans Services

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Department of Veterans Affairs 50 Irving Street NW Washington, DC 20422	52-1688621	Gov't Entity	888,496				Winter Sports Clinic/Tee Tournament
Department of Veterans Affairs 51 Irving Street NW Washington, DC 20423	52-1688621	Gov't Entity	216,981				VA Transportation Network

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Columbia Trust Service Programs 3725 Alexandria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	240,499				Veterans Services
Camp Corral 5151 Glenwood Ave Raleigh, NC 27612	45-3555807	501(c)(3)	326,340				Children of Veterans

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Intrepid Museum Foundation One Intrepid Square New York, NY 10036	13-3062419	501(c)(3)	15,000				Veterans Services
Hillvets Foundation 625 N Washington Alexandria, VA 22314	47-3616097	501(c)(19)	25,000				Veterans Services



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VETERANS CONSORTIUM PRO BONO PROGRAM 2101 L Street NW Washington, DC 20037		Gov't Entity	6,500				Veterans Consortium Sponsorship
The American Legion 5413 Backlick RD Springfield, VA 22151	35-0144250	501(c)(19)	7,500				CoHost Partnership- The Veterans Inaugural Ball

**Schedule J**  
(Form 990)

## Compensation Information

OMB No 1545-0047

# 2017

**Open to Public Inspection**

**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.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DISABLED AMERICAN VETERANS

Employer identification number  
31-0263158

### Part I Questions Regarding Compensation

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input checked="" type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in 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.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes			
<p><b>8</b> 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**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 are not 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				
<b>1</b> J MARC BURGESS NATL ADJUTANT/CEO/SEC	(i)	252,614	40,668	6,254	245,412	5,576	550,524	
	(ii)	0	0	0	0	0	0	
<b>2</b> ANITA BLUM COMPTROLLER	(i)	165,803	25,106	3,891	117,285	6,734	318,819	
	(ii)	0	0	0	0	0	0	
<b>3</b> CHRISTOPHER CLAY GENERAL COUNSEL	(i)	203,357	22,474	7,394	65,800	5,434	304,459	
	(ii)	0	0	0	0	0	0	
<b>4</b> BRIAN COWART CHIEF DEV OFFICER	(i)	194,974	21,895	4,442	61,749	7,332	290,392	
	(ii)	0	0	0	0	0	0	
<b>5</b> EDWARD R REESE JR NATL HUMAN RESOURCES DIRECTOR	(i)	130,996	32,862	13,736	103,093	9,732	290,419	
	(ii)	0	0	0	0	0	0	
<b>6</b> SUSAN LOTH SR CHIEF DEV OFFICER	(i)	165,187	19,549	3,698	144,198	4,434	337,066	
	(ii)	0	0	0	0	0	0	
<b>7</b> BARRY A JESINOSKI EXEC DIR NATL HQ	(i)	202,625	36,018	4,655	163,099	5,707	412,104	
	(ii)	0	0	0	0	0	0	
<b>8</b> GARRY AUGUSTINE EXEC DIR NATL LHQ	(i)	184,855	6,546	4,858	86,319	3,704	286,282	
	(ii)	0	0	0	0	0	0	

**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.

Return Reference	Explanation
PART I, LINE 1A	<p>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.</p> <p>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.</p>
Part I, Line 7	<p>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 by the BBB Wise Giving Alliance and 7 based DAV strategic plan goals. The Program was designed with assistance from an outside, independent consultant and approved by the Board of Directors.</p>

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

2 Enter the amount of tax incurred by 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

(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
Total						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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

**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		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DISABLED AMERICAN VETERANS

Employer identification number  
31-0263158

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	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 is not required to be used for exempt purposes for the entire holding period? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**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.

Return Reference	Explanation
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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

31-0263158

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4A, Program Service Accomplishments	<p>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 11 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 113 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, 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 veterans 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 and dependents, helping them file 236 claims for benefits Expenses \$39,127,026 including grants of \$58,108 Revenue \$0 State Services and D</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4A, Program Service Accomplishments	<p>Disaster Relief During 2017, the DAV Disaster Relief Program distributed 2,215 supply kits and provided 3,988 payments totaling in excess of \$13 million to service-injured or ill veterans, service members and their families in need of relief. Since the program's inception in 1968, \$115 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. 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4B, Program Service Accomplishments	<p>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. Its 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 programs 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. 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4C, Program Service Accomplishments	<p>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 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 DAVs 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 adding The Veteran Advantage DAV Guide to Hiring &amp; 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d, Other Program Services	<p>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 DAVs story and support its key initiatives. A bimonthly magazine keeps our members informed about important issues and our governments 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 STRATEGIES IN COMMUNITIES NATIONWIDE. DAVs 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.</p> <p>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 20162017 membership year with more than 1 million veterans in DAV, ensuring a strong, unified and living embodiment of DAVs 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 nations 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4d, Other Program Services</p>	<p>e their chance at the American dream Today, social networking and other changes to the wa ys Americans communicate allow DAV members to play a larger role than ever as spokespeople advocating for the unique needs of the veteran community We continue to respond to the n eeds of the current generation of veterans and also are steadfast in our resolution to ens ure 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 prom oted stronger, more effective public policies for veterans injured or made ill during wart ime service, as well as their families and survivors DAV works to achieve our public poli cy objectives, primarily through the efforts of our National Legislative Department, to st rengthen, expand and reform federal laws, policies, programs and benefits for service-disa bled veterans The guiding principles of our advocacy efforts come directly from the resol utions adopted by delegates to our annual national conventions, grounded by the DAV Consti tution and Bylaws Although our legislative program accounted for less than 1 percent of D AVs 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 DAVs grassroots members and supp orters across the country In 2017, at the beginning of the 115th Congress, DAV met with t he Senate and House Veterans Affairs Committees (SVAC and HVAC) to share our highest legis lative priorities reforming the Department of Veterans Affairs health care system and com munity care programs, including the Choice Program, eliminating the inequity in eligibilit y for the VAs comprehensive caregiver support program, modernizing the claims and appeals process for veterans benefits, and improving access to care and benefits for women veteran s Expenses \$ 2,033,071 including grants of \$ 0 Revenue \$0 PUBLIC AWARENESS OUTREACH Vet erans transitioning to civilian life must navigate hurdles most Americans cannot begin to fathom Unlike wars in the nations past, MULTIPLE COMBAT TOURS ARE SHOULDERED BY AN INCREA SINGLY SMALL NUMBER- LESS THAN ONE-HALF OF 1 PERCENT OF OUR POPULATION-WHO VOLUNTEER TO WEA R Americas 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 Resea rch Center concluded that adults under age 50 in the United States are considerably less l ikely than past generations to have a close relative who served in the military That numb er shrinks even further among the adult POPULATION AGES 18 TO 29, CAUSING AN INEVITABLE DI SCONNECT-DESPITE 17 CONSECUTIVE YEARS AT WAR-BETWEEN THE SMALL NUMBER OF WARRIOR CITIZENS AND THE population of the homeland theyve sworn to protect This effort increases public a wareness of veterans issues an</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4d, Other Program Services	<p>d 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.</p> <p>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-A N ORGANIZATION OF VETERANS SERVING VETERANS. 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 &amp; Stream, Food &amp; Wine, Money, and Time magazines, as well as the Wall Street Journal. To view or download DAV's public service messages, visit <a href="http://davpsa.org">davpsa.org</a>. Expenses \$ 1,579,245 including grants of \$ 0. Revenue \$ 0.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 DIRECTORS FOR THEIR REVIEW AND QUESTIONS IT IS SUBSEQUENTLY FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 EVENTS THIS IS PRIMARILY TO COVER MEALS AND LODGING

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES PENSION LIABILITY AND OTHER POSTRETIREMENT BENEFIT OBLIGATION ADJUSTMENT \$(2,483,906)