DLN: 93493254016020 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable DISABLED ĂMERICAN VETERANS □ Address change 31-0263158 % BARRY A JESINOSKI ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite (859) 441-7300 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code COLD SPRING, KY  $\,$  41076  $\,$ G Gross receipts \$ 259,725,412 Name and address of principal officer H(a) Is this a group return for BARRY A JESINOSKI ☐Yes **☑**No subordinates? 3725 ALEXANDRIA PIKE H(b) Are all subordinates COLD SPRING, KY 41076 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number  $\triangleright$ Website: ► WWW DAV ORG L Year of formation 1932 K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SINCE 1920, EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 712 **6** Total number of volunteers (estimate if necessary) . . . . 6 23,264 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 129,395,105 8 Contributions and grants (Part VIII, line 1h) . 121,891,079 Ravenua 7,059,326 9 Program service revenue (Part VIII, line 2g) . 30,525 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 20,017,903 14,582,182 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,768,805 1,380,346 150,737,113 145,388,158 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7,576,369 6,140,464 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 51,539,124 54,575,471 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 1,559,986 1,379,043 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶36,421,528 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 79,562,546 81,913,484 140,238,025 144,008,462 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 10,499,088 1,379,696 Net Assets or Fund Balances Beginning of Current Year End of Year 439,303,641 501,912,492 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 126,487,184 137,037,288 22 Net assets or fund balances Subtract line 21 from line 20 . 312,816,457 364,875,204 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 Signature of officer Sign Here BARRY A JESINOSKI EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00961884 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 312 WALNUT STREET SUITE 3000 Phone no (513) 621-8300 CINCINNATI, OH 45202 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)					Page <b>2</b>
Pa	t III Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	organization's mission		•		
			EMPOWERING VE	TERANS TO LEAD HIG	H-QUALITY LIVES WITH RESPECT	T AND DIGNITY SEE
SCHE	DULE O FOR FURTHER	R DETAILS				
2	Did the organization	undertake any signific	ant program serv	rices during the year w	hich were not listed on	_
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant i	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as me of grants and allocations to other	
	(Code	) (Expenses \$	46,123,350	including grants of \$	5,553,733 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	3,606,422	including grants of \$	571,681 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	1,521,454	including grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O )			
	(Expenses \$	46,970,425 inc	luding grants of	\$ 15,	050 ) (Revenue \$	30,525 )
4e	Total program serv	vice expenses ▶	98,221,6	51		

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d

11e

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year?

Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

No

Nο

No

Nο

Nο

Nο

Nο

No

18

19

20a

20h

21

Yes

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13 14a

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? . . **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 14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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? If "Yes," complete Schedule I, Parts I and II . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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⊃ar	Checklist of Required Schedules (continued)			
	D. I. I		Yes	No
	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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? If "Yes," complete Schedule J	23	Yes	
3	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
)	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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No
	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)			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
ı	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>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>	36		
	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? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ali	Statements Regarding Other IRS Filings and Tax Compliance	'		
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   116		Yes	No

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

**1**c

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	· 
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No ——
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		No
r	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>/</b> †		No
	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C 145	Enter the amount of reserves on hand	14-		NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
15	If Yes," has it filed a Form 720 to report these payments 11 110, provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No
		_		0 /2012

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7	.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
	i	16b		
	Let the states with which a copy of this Form 900 is required to be filed.			
17	List the states with which a copy of this Form 990 is required to be filed AR , CA , GA , HI , KS , KY , MD , MN , MS NC , OR , PA , RI , SC , TN , TX , UT , VA ,		NN ,	, NY ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  BARRY A JESINOSKI 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076 (859) 441-7300			

VICE-CHAIRMAN (8/19-12/19)

TREASURER (1/19-8/19)

(16) JOHN F DONOVAN

DIRECTOR (8/19-12/19)

(17) STEVEN WHITEHEAD

VICE-CHAIRMAN (1/19-8/19)

(15) JIM SHUEY

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

- 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

See instructions for the order in which to list the	persons above		•				·	_		
Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e both	t che x, u		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) J MARC BURGESS NATL ADJUTANT/CEO/SEC	60 0	×		x				295,087	0	290,819
(2) EDWARD R REESE JR EXEC DIR NATL LHQ	50 0				×			221,941	0	241,450
(3) BARRY A JESINOSKI EXEC DIR NATL HQ	55 0				×			246,336	0	215,118
(4) SUSAN LOTH SR CHIEF DEV OFFICER	40 0					x		194,859	0	193,062
(5) ANITA BLUM COMPTROLLER	50 0 0 0					х		196,027	0	166,228
(6) BRIAN COWART CHIEF DEV OFFICER	50 0					х		242,474	0	105,507
(7) CHRISTOPHER CLAY GENERAL COUNSEL	40 0					х		222,880	0	97,234
(8) PETER A DICKINSON SENIOR EXECUTIVE ADVISOR	50 0					х		175,067	0	78,566
(9) KEVIN J WALKOWSKI DIRECTOR (1/19-12/19)	5 0	х						0	0	0
(10) ROBERT D COX SEE SCHEDULE O	5 0	×						0	0	0
(11) Coleman Francis NEE DIRECTOR (1/19-8/19)	5 0	×						0	0	0
(12) DELPHINE METCALF-FOSTE CHAIRMAN (1/19-8/19)	5 0	×						0	0	0
(13) DENNIS R NIXON CHAIRMAN (8/19-12/19)	5 0	×						0	0	0
(14) DONALD DAY	5 0	×						0	0	0

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Part VII

BOWIE, MD 20715

1507 SOLUTION CENTER CHICAGO, IL 606771005

CINCINNATI BELL TECHNOLOGY SOLUTION,

compensation from the organization ▶ 34

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

Page 8

I GI	Section At Officers, Directors	, mastees, it	<del>-,</del>	PIO,		, u.	14 1115	,	or compens	Juccu	Limployees		cirraca)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t ch unle fice	eck mess pers r and a tee)	son	( <b>D)</b> Reportale compensa from the organizat	tion e ion	on compensation from related n organization		(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/109 MISC)		(W-2/1099 MISC)		organızat relat organız	:ed
(18) T	TERRY W SANDERS	5 0	x							0 0				
DIREC	TOR (8/19-12/19)	0 0	·····											
сТ	Sub-Total	/II, Section A				1								
	Total (add lines 1b and 1c)					1	<u> </u>		1,794,671			0	:	1,387,984
2	Total number of individuals (including but of reportable compensation from the orga		those li	sted a	abov	/e) v	who re	ceive	ed more thar	\$100	,000			
													Yes	No
3	Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>			key (			e, or h	nighe •	est compensa	ted er	nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations gra	eater than \$150	0,000?.	npens If "Ye	atio	n ar com	nd othe plete S	er co Sched	mpensation dule J for suc	from tl	he			
	ındıvıdual		•		•	•	•	•				4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If "										dual for	5		No
Se	ection B. Independent Contractors	<u> </u>										_		
1	Complete this table for your five highest of from the organization Report compensation											npen	sation	
		(A) ousiness address								Descript	(B) tion of services		(C Comper	) Isation
705 M	BY MARKETING COMMUNICATIONS INC, IELVIN AVENUE POLIS, MD 21401								PROFES					,138,215
CHISH 321 S	HOLM CHISHOLM AND KILPATRICK LT, OUTH MAIN STREET IDENCE, RI 02903								PROFES	SIONAI	L			910,983
MINDS 12110	SET DIRECT, D SUNSET HILLS ROAD STE 600 DN, VA 20190								PROFES	SIONAI	L			834,000
CREAT	TIVE DIRECT RESPONSE, ) SCIENCE DRIVE STE 210 E, MD 20715								PROFES	SIONAI	L			674,134

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

418,643

TEMP/CONSULTING SVS

		(2019)								Page <b>9</b>
Part	VIII	Statement Check if Scheo			respo	onse or note to anv	line in this Part VIII			🗆
		Check ii Schec		o contains a	ТСЭРС	AND OF HOLE TO GITY	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns	s	1a			revenue		512 - 514
nts ants	ь	• Membership due:	s.	. [	<b>1</b> b	6,881,303				
Gra not	c	: Fundraising even	nts .		1c	_				
_ \ <del>S</del>	d	Related organiza	tions	s	1d	_				
_ે હાં	e	Government grants	(con	tributions)	1e					
Sin's	f	All other contributio								
uţi. Pe Ti		and similar amounts above		L	1f	122,513,802				
클흥	g	Noncash contribution lines 1a - 1f \$	ns in	icluded in	<b>1</b> g	305,318				
Contributions, Gifts, Grants and Other Similar Amounts	F	n Total. Add lines	1a-1	f		>	120 205 105			
						Business Code	129,395,105			
	2a	Registration Income				900099	30,525	30,525		
Program Service Revenue	b									
بر ج	c									
er vi	Ū									+
ج ا	d									
grai	e									
Ĕ.										
		All other program								
		Total. Add lines 2				30,525	1	T		
		nvestment income imilar amounts)		iuaing aiviae	enas, i	nterest, and other	9,865,660			9,865,660
		ncome from invest	men	nt of tax-exer	mpt bo	ond proceeds	<u> </u>			
	5 F	Royalties	_	· · ·		<b>•</b>	1,140,080			1,140,080
				(ı) Rea	11	(II) Personal	-			
		Gross rents	6a				_			
		Less rental expenses	6b							
		Rental income	6c		(					
		or (loss)  Net rental income		(loss)		<u>' </u>	<u>]</u>			
				(ı) Securi		(II) Other				
	7a	Gross amount from sales of	7a	110.0	05,859	47,91	7			
		assets other than inventory	, ,	119,0	,03,033	7,31				
	b	Less cost or					_			
		other basis and sales expenses	7b	114,3	325,337	11,91	/			
	_	Gain or (loss)	7c	4.6	80,522	36,000				
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·			4,716,522	2		4,716,522
au		Gross income from fu	ındra			-				
훘		(not including \$								
le Ve		See Part IV, line 18			8a	0				
ar F		Less direct expen Net income or (los			8b	ents	_			
Other Revenue	·	Net income or (los	33) 11	om fundraisi	Ing ev	ents •	1	,		
		Gross income from See <b>Part</b> IV, line 19								
		Less direct expen			9a 9b	0				
		Net income or (los				les 🕨				
	10a	Gross sales of inve returns and allowa	ento: ance:	ry, less s	10a	0				
	b	Less cost of good	s so	ld	10b	0	1			
	С	Net income or (los	ss) fr	rom sales of	ınvent	ory				
	44.	Miscellaneo	us R	evenue		Business Code	240.266			240.266
	11	<b>a</b> OTHER INCOME				900099	240,266			240,266
	b									
	U									
	c								-	
	-									
	d	All other revenue					1			
	e	Total. Add lines 1	1a-1	11d		•	240,266			
	12	Total revenue. S	ee ır	nstructions .			·			45.000.500
						<u>,                                      </u>	145,388,158	30,525	<u>'</u>	15,962,528 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizatio	ns must complete colu	ımn (A)
Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>	<u> </u>	<u> <math>\square</math></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,785,214	5,785,214		
2 Grants and other assistance to domestic individuals See Part IV, line 22	355,250	355,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,603,650	1,184,196	419,454	
<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)	0			
<b>7</b> Other salaries and wages	38,323,773	32,946,915	3,170,138	2,206,720
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,671,368	2,840,983	555,199	275,186
9 Other employee benefits	8,046,065	6,973,632	560,665	511,768
<b>10</b> Payroll taxes	2,930,615	2,540,347	230,068	160,200
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	300,667	35,634	236,707	28,326
c Accounting	176,202		176,202	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	1,379,043			1,379,043

263,495

3,145,838

5,110,861

27,527,557

386,294

741,881

348,203

2,391,090

1,432,146

1,697,547

231,452

59,408

786,736

700,000

1,000,467

98,221,651

27,481,762

5,492,114

7,244,015

56,381,616

572,286

1,558,671

2,528,793

1,432,146

364,433

94,161

822,800

700,000

1,429,647

144,008,462

54,965,181

525,194

0

2,027,244

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy .17 Travel . .

23 Insurance .

a Training

**b** Relocation

c Project Costs

d Other Expenses

e All other expenses

14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials19 Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here ► ✓ if following SOP 98-2 (ASC 958-720)

263,495

32,624

963,663

174,172

176,991

43,799

278,482

130,546

23,256

36,064

423,408

9,365,283

875,926

2,100,530

27,890,396

11,820

816,790

93,904

51,215

2,435

11,497

5,772

36,421,528

27,483,419

Form **990** (2019)

1,470,350

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[	9,973,270	2	21,328,810
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		[	5,326,169	4	6,348,036
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	ontribu	tor, or 35% controlled	0	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$			0	6	o
S	7	Notes and loans receivable, net		[	0	7	0
sset	8	Inventories for sale or use		[	1,333,872	8	103,112
AS	9	Prepaid expenses and deferred charges			5,050,713	9	7,708,082
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	45,663,558			
	Ь	Less accumulated depreciation	10b	36,102,846	7,869,875	10c	9,560,712

409,566,742

11

12

14

15

16

17 18

19

20

21

22

24

25

26

27

28

29

30

31

32

33

0

0 13

0

0

0 23

92,547,239

126,487,184

307.318,279

312,816,457

439,303,641

5,498,178

183.000

439,303,641

30,243,900

3.696.045

456,494,990

0

0

0

0

0

0

0

101,347,499

137.037.288

351,869,166

13,006,038

364,875,204

501,912,492

Form 990 (2019)

368,750

501,912,492

31,886,361

3.803.428

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Investments—publicly traded securities .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Investments—other securities See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 31-0263158

Name: DISABLED AMERICAN VETERANS

Form 990 (2019)

Form 990, Part III, Line 4a:

SERVICE PROGRAM Services are offered at no cost obligation to veterans, their families and survivors -NSOs provided representation for more than 223,000 pending claims for veterans and their families before the VA, obtaining for them more than \$21 billion in new and retroactive benefits -TSOs conducted 1,157 presentations to help prepare 41.121 transitioning service members for civilian life. TSOs filed 24.206 claims for VA benefits and connected veterans with free resources available through DAV -MSOs traveled 51.987 miles to 456 sites where NSOs interviewed 3.453 veterans and potential claimants (SEE SCHEDULE O)

#### Form 990, Part III, Line 4b: VOLUNTARY SERVICES PROGRAM By providing veterans with transportation to medical appointments, coordinating in-hospital volunteering opportunities and encouraging and supporting efforts to honor the sacrifices of disabled veterans, DAV enhances the quality of life of veterans, their families and survivors -In 2019, volunteers traveled 20.513.512 miles, providing more than 615.000 rides to veterans and donating over 1.2 million hours of their time. The value of volunteer hours and services amounted to

nearly \$32 million (SEE SCHEDULE O)

#### 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 607 all veterans traditional and virtual career fairs across the country, creating employment. opportunities for nearly 210,000 active-duty, guard and reserve personnel, veterans and their spouses -DAV connects veterans with employment resources and

opportunities through its website www jobs day org (SEE SCHEDULE O)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

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

As Filed Data -

DLN: 93493254016020

2019

OMB No 1545-0047

# **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.

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service Go to www.ns.gov/ronn	101 IIISCI UCCIONS AND THE IACEST IIIIO	i iliationi.	-410	spection
<b>Na</b> i DIS	me of the organization ABLED AMERICAN VETERANS		Employer	identification	number
			31-026315		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		or Accounts	5.	
		(a) Donor advised funds	<b>(b)</b> Fu	ınds and other	accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		lvised funds a		Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			permissible	Yes □ No
Pa	rt III Conservation Easements.				
	Complete if the organization answered "Ye	·			
L	Purpose(s) of conservation easements held by the organ				
	Preservation of land for public use (e g , recreation	or education)	historically ii	mportant land	area
	Protection of natural habitat	Preservation of a c	certified histo	rıc structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for		rvation d at the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic	structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organizat	ion during the	
ı	Number of states where property subject to conservatio	n easement is located 🕨			
5	Does the organization have a written policy regarding th		of violations,	_	_
	and enforcement of the conservation easements it holds			☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation e	asements durii	ng the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conser	vation easem	ents during the	e year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section 1	70(h)(4)(B)(ı	) <b>Yes</b>	□ No
)	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the			t, and	
	the organization's accounting for conservation easement				
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.			
la	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to report in its revenue statem ic exhibition, education, or research in furth	nent and bala erance of pub	nce sheet work olic service, pro	s of art, ovide the
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
(i	ii)Assets included in Form 990, Part X		<b>▶</b> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncıal gaın, pr		
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$		
h	Assets included in Form 990. Part X		▶ ⊄	_ <del>_</del>	

Cat No 52283D

Schedule D (Form 990) 2019

 ${f b}$  Buildings . . . .

Sche	dule D (Form 9	990) 2019											Page
Part	Orga	nizations M	laintaining Coll	lections of Art, F	listor	ical Tr	easu	ıres, or	Other	Similar A	Assets (cor	tinued)	
3		janization's acc all that apply)		n, and other records,	check	any of	the fo	llowing th	at are a	significant	t use of its co	ollection	
а	Public	exhibition			d		Loan	or excha	nge prog	ırams			
b	Schola	rly research			е		Othe	r					
С	Preserv	ation for futur	e generations										
4	Provide a des Part XIII	scription of the	organization's coll	ections and explain	how th	ey furth	er the	e organiza	ation's ex	kempt pur	pose in		
5				receive donations o be maintained as pa						ular	☐ Yes	□ N	lo
Par		olete if the or	todial Arranger ganization answ	<b>ments.</b> vered "Yes" on For	m 990	), Part	IV, lı	ne 9, or	reporte	ed an am	ount on For	m 990,	Part
1a		zation an agen orm 990, Part		an or other intermed	ıary foı	contrib	oution	s or other	assets	not	☐ Yes	□ N	lo
b	If "Yes," expl	ain the arrange	ement ın Part XIII	and complete the fo	llowing	table		Γ			Amount		_
c	Beginning ba	lance			_			Γ	1c				_
d	Additions dur	ing the year						Γ	1d				_
е	Distributions	during the yea	ır					Γ	1e				_
f	Ending balan	ce							1f				_
2a	Did the organ	nization include	e an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	istodial ac	count lia	ability?	. 🗌 Yes	□ N	o
b	If "Yes," expl	ain the arrange	ement in Part XIII	Check here if the ex	kplanat	on has	been	provided	ın Part 🕽	XIII	. $\square$		
Pai		wment Fun											
	Comp	olete if the or	ganization answ	vered "Yes" on For (a) Current year					are back	(d) Three	voors book /a	) Four yea	re back
1a	Beginning of y	ear balance    .		3,172,223	(6)	Prior yea	0	(c) Two ye	ars back 0	' '	years back (e	) Four yea	IIS DACK
	Contributions			5,178,716		3,386	,166						
		t earnings, gai	ns, and losses	1,041,443		-213							
	Grants or scho												
	Other expendit	ures for faciliti	ies										
f ,	Admınıstratıve	expenses .											
g	End of year ba	lance		9,392,382		3,172	,223		0		0		(
2	Provide the e	stimated perce	entage of the curre	ent year end balance	(line 1	g, colur	nn (a)	)) held as					
а	Board design	ated or quası-e	endowment 🟲										
b	Permanent ei	ndowment 🟲	100 000 %										
С	Temporarily i	estricted endo	wment <b>&gt;</b>										
		=	a, 2b, and 2c shoul										
3а			not in the posses	sion of the organizat	ion tha	t are he	eld an	d adminis	tered fo	r the			
	organization (i) unrelated	organizations									3a(i	Yes	No No
		-			•	•	• •	• •			3a(i		No
Ь	` '	_		s listed as required o	n Sche	• • • edule R´	· .	• •			. 3b	<del>'</del>	
4				organization's endov									
Par			and Equipmer										
				ered "Yes" on For									
	Description of	property	(a) Cost or oth	er pasis   (b) Cost	or other	r dasis (d	uner)	(C) Accu	mulated (	lepreciation	(d)	Book valu	е

	(investment)	, ,	. ,
<b>1a</b> Land		467,464	467,464

7,005,995

4,820,155 3,696,326  $c \ \ \mathsf{Leasehold} \ \mathsf{improvements}$  ${f d}$  Equipment . . . . 29,369,703 25,766,273

4,000,241 512,563 e Other . . Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

6,127,684

878,311

1,123,829

3,603,430

3,487,678

	Thysetments Other Securities				Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, P	art IV. li	ne 11b	.See Form 990, F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method	d of valuation -year market value
(1) Financia	l derivatives				
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	The second secon				
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.				
i dit VIII	Complete if the organization answered 'Yes' on Form 990, P	art IV, lı	ne 11c	. See Form 990, I	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)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13 )		•		
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, Pa	art IV lu		See Form 990 Par	t X line 15
/4)	(a) Description	11 C 1 V , III	ie iiu.	3ee Form 330, Far	(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )				<b>•</b>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV. lir	ne 11e	or 11f.See Form	990. Part X. line 25.
1.	(a) Description of liability	are 10, m	10 110	01 111.500 101111	(b) Book value
(1) Federal (4)	income taxes				0
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25 )	_	_	•	101,347,499
	or uncertain tax positions In Part XIII, provide the text of the footnote 's liability for uncertain tax positions under FIN 48 (ASC 740) Check h				_
J	,		01		

Add lines 4a and 4b .

Part XI

2

b

c 5

1

2

c

d

3

4

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

213,561,496

145,124,663

263,495

145,388,158

306,903,223

163,158,256

143,744,967

263,495

144.008.462

Schedule D (Form 990) 2019

e	Add lines <b>2a</b> through <b>2d</b>
3	Subtract line <b>2e</b> from line <b>1</b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Prior year adjustments . . . . .

Other (Describe in Part XIII ) . . . . . .

ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	•	

	···· , ·· , · , ·· , · , ·· , ·· , · ,
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII )
e	Add lines 2a through 2d

Net unrealized gains (losses) on investments . . .

b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
_		

Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . .

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Amounts included on line 1 but not on Form 990, Part VIII, line 12

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

2a

2b

2c 2d

2a

2b

2c

2d

4a

4b

Explanation

4c	
5	

2e 3

1

2e

3

4c

5

50.403.240

45.415.701

117.742.555

45,415,701

117,742,555

263.495

, , ,						I
ent expenses not included on Form 990, Part VIII, line 7b	263,495	5				
Describe in Part XIII)..............	4b					
s <b>4a</b> and <b>4b</b>					4c	
venue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12 )					5	
Reconciliation of Expenses per Audited Financial Statem	ents	With	Expe	nses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part	IV, li	ine 12	2a.			
penses and losses per audited financial statements					1	

Page <b>5</b>		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

**EIN:** 31-0263158

DISABLED AMERICAN VETERANS Name:

NDS ESTABLISHED BY DONORS TO PROVIDE PERPETUAL SOURCE OF SUPPORT FOR DAV'S ACTIVITIES

## **Supplemental Information**

## Return Reference Explanation

SCHEDULE D, PART V, LINE 4 INTENDED USE OF ENDOWMENT FUNDS DAV'S ENDOWMENT CONSISTS OF APPROXIMATELY 25 INDIVIDUAL FU

plemental Information	
Return Reference	Explanation
T XI. LINE 2D	Other Adjustments Contributed Media and Materials \$117.742.555

Supr

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D	Other Adjustments Contributed Media and Materials \$117,742,555

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G

**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

DLN: 93493254016020 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information

Name of the organization **Employer identification number** DISABLED AMERICAN VETERANS 31-0263158 Part I 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ In-person solicitations 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 If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col (i) contributions? Yes No SEE PART IV PUBLIC INTEREST No 23,465 29,455 -5,990COMMUNICATION SEE PART IV INFOCISION Nο 33,866 20,862 13,004 SEE PART IV CREATIVE DIRECT RESPONSE No 3,686,145 406,478 3,279,667 SEE PART IV MINDSET No 60,029,841 831,000 59,198,841 SEE PART IV 51,500 84,000 GLOBAL ADVANCEMENT No -32,500 SEE PART IV SOCIAL CAPITAL No 42,000 -42,000 1,413,795 Total 63,824,817 62,411,022 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

	dule G (Form 990 or 990-EZ) 2019  rt III Fundraising Events. Comple	ate if the organization	answered "Ves" on For	m 000 Part IV line 19	Page 2			
Га	than \$15,000 of fundraising e gross receipts greater than \$!	vent contributions and						
	gross receipts greater than \$.	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through			
		(event type)	(event type)	(total number)	col <b>(c)</b> )			
<i>a</i> >								
Reverkie								
Rev								
	1 Gross receipts							
	2 Less Contributions							
	3 Gross income (line 1 minus line 2)							
	4 Cash prizes							
es.	5 Noncash prizes							
Expenses	6 Rent/facility costs							
ሟ	7 Food and beverages 8 Entertainment							
Direct	9 Other direct expenses							
	10 Direct expense summary Add lines 4 t	L		•				
	11 Net income summary Subtract line 10	from line 3, column (d)						
Par	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anızatıon answered "Y	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000			
Revenue	55555 <u>22</u> ,5 cu.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
Re	1 Gross revenue							
ses	2 Cash prizes							
Expenses	3 Noncash prizes							
<del>т.</del>								
Direct	4 Rent/facility costs							
_	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %				
	6 Volunteer labor	□ No	□ No	□ No				
			1—					
	7 Direct expense summary Add lines 2 t							
	8 Net gaming income summary Subtrac			<u> </u>				
9 a	Enter the state(s) in which the organization licensed to conduct grant and are the organization licensed to conduct grant are the organization are the	aming activities in each o			☐ Yes ☐ No			
b	If "No," explain							
10a	, , ,	censes revoked, suspende	ed or terminated during the		☐ Yes ☐ No			
b	It "Yes," explain	b If "Yes," explain						

Sche	dule G (Form 990 or 990-EZ) 2019							Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmem	nbers?			□Yes	. □ No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		or a member	of a partnership or other er	ntity	Yes	ı□No	
13	Indicate the percentage of gaming acti	vity conducted in						
а	The organization's facility				1.	3a		%
b	An outside facility				1.	3b		%
14	Enter the name and address of the per	son who prepares the o	organization's i	gaming/special events book	s and recor	ds		
	Name ►							
	Address ►							
15a	Does the organization have a contract revenue?	with a third party from	whom the org	anızatıon receives gaming		□Yes	i □No	
b	If "Yes," enter the amount of gaming reasons amount of gaming revenue retained by				_ and the			
c	If "Yes," enter name and address of the	e third party						
	Name >							
	Address							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	☐ Director/officer	☐ Employee		☐ Independent contracto	or			
17	Mandatory distributions							
а	Is the organization required under stat retain the state gaming license?	e law to make charitab	le distributions	from the gaming proceeds	to			
b	Enter the amount of distributions requi	red under state law dis	tributed to oth	er exempt organizations or	snent	L Yes	□No	
_	in the organization's own exempt activ			er exempt organizations or	эрспе			
Pai	Supplemental Information III, lines 9, 9b, 10b, 15b, 1	n. Provide the expla	anations requ					
	Return Reference			Explanation				
PART		Falls Church, VA 2204: Address PO Box 324 Fundraiser Creative D Consults Direct Mail ar 170 N Jefferson St Si of Fundraiser Global A (ii) Activity Fundraisir Capital (i) Address 98 Corp Partner Planning	3 (II) Activity 41, Cleveland, Ilrect Response Id Organizes E Ee 200, Arlingt Advancement Ing, Communica O N Michigan	st Communication (i) Addro Telemarketing Recurring Gi OH 44193 (ii) Activity Tele (i) Address 16900 Science lectronic Fundraising (i) Na on, VA 22205 (ii) Activity I i) Address 333 West Vine tions, and Campaign Coun Ave Ste 1610, Chicago, IL	fts (1) Name lemarketing le Drive, Bo me of Fund Direct Mail a Street, Suit seling (1) Na 60611 (11)	e of Fundraise Recurring Gif wie, MD 2071 raiser Mindse and Telemarke e 300, Lexing ame of Fundra Activity Strat	r Infocisi fts (i) Nam 5 (ii) Activ et (i) Addri eting (i) N ton, KY 40 iser Soci egic Advis	on (1) ne of vity ess ame 0507 al
PART	I, LINE 2B	Activity DAV has iden fundraising services in		eipts and expenses for org ampaign	anizations p	providing profe	essional	

DLN: 93493254016020 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number DISABLED AMERICAN VETERANS 31-0263158 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(3) (4) (5)

(6)

(7)

Schedule I (Form 990) 2019

(2)

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

Explanation

GRANTS AND OTHER ASSISTANCE THE PROCEDURE FOR MONITORING THE USE OF GRANTS VARIES DEPENDING ON THE TYPE OF GRANT FOR GRANTS TO DAV DEPARTMENTS, EVERY DEPARTMENT IS REQUIRED TO SUBMIT AN ANNUAL FINANCIAL REPORT TO DAV FOR APPROVAL REVIEW OF ANNUAL FINANCIAL REPORTS

Part IV Return Reference Part I, Line 2 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

Page 2

### **Additional Data**

Dept of Alabama

634 Halliana Rd

Dept of Alaska

PO Box 74603

Alexander City, AL 35010

Fairbanks, AK 997070000

# Software ID: **Software Version:**

63-0421186

52-1648345

**EIN:** 31-0263158 Name: DISABLED AMERICAN VETERANS

Form 990,Schedule 1, Part	11, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	_

(a) Name and address of	(0) [114	(C) INC Section	(a) Amount of cash	(e) Amount of non-	(1) Method of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

75,166

11,184

organization	ıf applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

501(C)(4)

501(C)(4)

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Veterans Services

Veterans Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance rans Services

Veterans Services

Dept of Arizona	86-0191627	501(C)(4)	86,049		Vetera
38 W Dunlap Avenue					
Phoenix, AZ 850210000					

41.026

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

501(C)(4)

Dept of Arkansas 38-6143144

PO Box 1620

N Little Rock, AR 72115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 95-0684372 501(C)(4) 334.773 Veterans Services

Veterans Services

Dept of California 13733 Rosecrans Santa Fe Springs, CA 90670 84-0388439 501(C)(4) 98.857

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

Dept of Colorado 1485 Holland Street

Lakewood, CO 802150000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of Connecticut 06-6050968 501(C)(4) 36.535 Veterans Services

Dept of Connecticut 06-6050968 501(C)(4) 36,535 Veterans Services 35 Cold Spring Road Rocky Hill, CT 06067 Solution Dept of D C 31-1017322 501(C)(4) 9,404 Veterans Services

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

PO Box 70737

Washington, DC 200240000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Veterans Services

Dept of Delaware 23-7169083 501(C)(4) 9.941 183 South St Camden, DE 199340000

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

Gainesville, FL 32607

Dept of Florida 59-0915376 501(C)(4) 261.253 Veterans Services 2015 SW 75th Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of Georgia 58-6043522 501(C)(4) 87.673 Veterans Services

Veterans Services

22,128

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

501(C)(4)

4462 Houston Avenue Macon, GA 312060000 Dept of Hawaii

2685 N Nimitz Hwy Honolulu, HI 968190000 99-0105357

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance rans Services

Dept of Idaho	82-6013538	501(C)(4)	21,268		Vetera
PO Box 1597					
Meridian, ID 838690000					

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

Springfield, IL 62704

 Meridian, ID 838690000
 Dept of Illinois
 36-2026733
 501(C)(4)
 92,039
 Veterans Services

 3740 Wabash Ave
 3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Services

Veterans Services

Dept of Indiana 170 Airport Parkway Greenwood, IN 46143	35-0269110	501(C)(4)	68,088		Veterans S

32.140

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

501(C)(4)

Dept of Iowa

2245 Kerper Blvd Dubuque, IA 52001 42-0218615

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Dept of Kansas 48-0669371 501(C)(4) 41,382 Veterans Services 805 Minnesota Avenue Kansas City, KS 66101

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

Shepherdsville, KY 401650129

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Services

Dept of Louisiana	72-6023897	501(C)(4)	44,337		Veterans Se
PO Box 1271					
Baton Rouge, LA 708210000					
4					

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

PO Box 3415

Augusta, ME 043300000

Dept of Maine 51-0169791 501(C)(4) 27,320 Veterans Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 52-6055613 86.988 Veterans Services

Dept of Maryland 52-6055613 501(C)(4) 86,988

101 N Gay Street
Baltimore, MD 21202

166,692

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

501(C)(4)

Baltimore, MD 21202

Dept of Massachusetts

24 Beacon St Boston, MA 02133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of Michigan 38-0489155 501(C)(4) 105.603 Veterans Services

141.618

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

501(C)(4)

17779 E 14 Mile Rd Fraser, MI 48026 Dept of Minnesota

20 West 12th Street St Paul, MN 55155

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 64-6034899 501(C)(4) 20.233 Veterans Services

Dept of Mississippi PO Box 1579 Jackson, MS 392150000

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

413 West Hickory Kirksville, MO 635010000

Dept of Missouri 43-1428547 501(C)(4) 83.862 Veterans Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ns Services

Dept of Montana PO Box 201 Helena, MT 596240000	81-0245122	501(C)(4)	16,775		Veterans
Helena, MT 596240000					

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

3107 25th Street Columbus, NE 686010000

Dept of Nebraska 47-0462717 501(C)(4) 35.484 Veterans Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance erans Services

Dept of Nevada	88-0191079	501(C)(4)	33,467		Vetera
2775 Meadow Park Ave					
Henderson, NV 89052					

22,369

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

501(C)(4)

Dept of New Hampshire

Dover, NH 038200000

PO Box 2051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 1. . . es

Dept of New Jersey 171 Jersey St Bldg 5 Trenton, NJ 08611	31-1017334	501(C)(4)	109,917		Veterans Services
Dept of New Mexico	85-0131116	501(C)(4)	39,409		Veterans Services

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

2511 Utah St NE

Albuguergue, NM 871100000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Dept of New York 162 Atlantic Avenue Lynbrook, NY 115630000	11-2248726	501(C)(4)	172,984		Veterans Services
Dept of North Carolina	56-6061261	501(C)(4)	133,870		Veterans Services

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

PO Box 28146

Raleigh, NC 276110000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of North Dakota 45-0232777 501(C)(4) 18.875 Veterans Services

Dept of North Dakota 45-0232777 501(C)(4) 18,875 Vete 3812 Lakewood Dr SE Mandan, ND 585540000 Dept of Ohio 31-4166963 501(C)(4) 128,426 Vete

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

PO Box 15099

Columbus, OH 432150000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 73-6112085 501(C)(4) 72.615 Veterans Services

Dept of Oklahoma 2311 N Central Ave Oklahoma City, OK 73105

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

Portland, OR 97218

Dept of Oregon 93-0155562 501(C)(4) 39.024 Veterans Services 5922 NF 55th Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Dept of Pennsylvania 23-0520283 501(C)(4) 195.737 Veterans Services 4219 Trindle Road Camp Hill, PA 170110000

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

San Juan, PR 009360000

Dept of Puerto Rico 23-7352551 501(C)(4) 32,229 Veterans Services PO Box 363604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 05-6023646 501(C)(4) 16.219 Dept of Rhode Island Veterans Services 1 Capital Hill

72.019

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

501(C)(4)

Providence, RI 02908

Dept of South Carolina
PO Box 5317

West Columbia, SC 291710000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of South Dakota 46-6016959 501(C)(4) 19.383 Veterans Services 1519 West 51st Street Sioux Falls, SD 57105

65.781

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

501(C)(4)

Dept of Tennessee

Lawrenceburg, TN 384640000

PO Box 296

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dept of Texas 75-6053959 501(C)(4) 266.582 Veterans Services

20.241

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

501(C)(4)

87-6151236

1015 Lee Avenue Lufkin, TX 759010000

273 E 800 South Salt Lake City, UT 84111

Dept of Utah

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 03-6015639 501(C)(4) 9.304 Veterans Services

Dept of Vermont PO Box 828 White River Jct, VT 05001 Dept of Virginia 54-0697376 501(C)(4) 153,372

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

PO Box 7176

Roanoke, VA 240190000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 91-0544487 Veterans Services

Dept of Washington 91-0544487 501(C)(4) 87,118
4980 Auto Cntr Way
Bremerton, WA 98312

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

Elkview, WV 250710000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance Dept of Wisconsin 39-0244255 501(C)(4) 67.663 Veterans Services

15.564

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

501(C)(4)

23-7041066

1253 Scheuring Rd DePere, WI 54115 Dept of Wyomina

219 Ames Avenue Cheyenne, WY 820072218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Department of Veterans Affairs 52-1688621 Gov't Entity 323.454 VA Transportation 51 Irving Street NW Network Washington, DC 20423

60.550

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

501(C)(4)

Columbia Trust Service

3725 Alexandria Pike Cold Spring, KY 41076

Programs

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Boulder Crest Retreat 27-3228310 501(C)(3) 150.000 Retreats for Veterans

Children of Veterans

871.797

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

501(C)(3)

33735 Snickersville Tpke Bluemont, VA 20135 Camp Corral

5151 Glenwood Avenue Raleigh, NC 27612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance Hillyets Foundation 47-3616097 501(C)(19) 50.000 Veterans Services

15,000

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

501(C)(3)

625 N Washington St Alexandria, VA 22314 Intrepid Museum Foundation

One Intrepid Square New York, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

State of Minnesota Veterans	Gov't Entity	251,231		Veterans Services
Home				
5101 Minnehaha Avenue				
Minneapolis, MN 55417				

Event

The Elizabeth Dole Foundation 45-4292692 501(C)(3) 10.000 Heroes & History Maker

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

600 New Hampshire Ave

Washington, DC 20037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 82-1095501 501(C)(3) 40.000 Vetty's Gala Academy of United States

Award

Foundation 1100 North Glebe Road Arlınaton, VA 22201

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

74 East Monument Ave

Dayton, OH 45402

Battle Sight Technologies LLC 82-2377773 10.000 Arthur H & Mary Wilson

efil	le GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19325	4016	020
Sch	nedule J	Co	ompensati	ion Information	10	1B No	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	-		
		► Complete if the ord	Compensa ganization answ	ated Employees /ered "Yes" on Form 990, Part IV	, line 23.	20		•
Dans	tment of the Treasur		▶ Attach	i to Form 990. instructions and the latest infori		pen i		
•	al Revenue Service	G to www.msiqe	101	matractions and the latest miori		Insp	ectio	n
	me of the organia ABLED AMERICAN N				Employer identificat	ion nu	ımber	
					31-0263158			
Pa	rt I Quest	ions Regarding Compensa	tion					
1a				f the following to or for a person liste			Yes	No
		·	. III to provide an	y relevant information regarding the				
		s or charter travel r companions	H	Housing allowance or residence for Payments for business use of perso	•			
		nnification and gross-up payment	ts 🗍	Health or social club dues or initiati				
		nary spending account		Personal services (e g , maid, chau				
	TC			6.11				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					2	Yes	
	directors, trust	ees, officers, including the CEO/I	executive Director	r, regarding the items checked on Lii	ne la?			
3				ed to establish the compensation of t not check any boxes for methods	he			
				CEO/Executive Director, but explain	ın Part III			
	Compens	sation committee	П	Written employment contract				
		dent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the yea related organiz		990, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a			
а	_	rance payment or change-of-con	itrol navment?			4a		No
b		or receive payment from, a supp		ified retirement plan?		4b		No
С	•	or receive payment from, an equ	•	•		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5	For persons list		on A, line 1a, did	the organization pay or accrue any				
_								N
a b	The organization  Any related organization					5a 5b		No No
-		5a or 5b, describe in Part III				35		110
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any				
а	The organization	on?				6a		No
b	Any related org	•				6b		No
_		e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section described in lines 5 and 6? If "Ye		the organization provide any nonfixe irt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		140
For F	Panerwork Red	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

<b>Note.</b> The sum of column	ıs (B)	)(ı)-(ııı) for each listed ind	are not listed on Form 99 dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line 1	la, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	(iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 PETER A DICKINSON	(:)	142,199	30.270	compensation 2,589	53 227	25 220	253 622	101111 990
SENIOR EXECUTIVE ADVISOR	(i)		30,279	2,309	53,227	25,339 	253,633 	
	(ii)	240.555						
<b>2</b> J MARC BURGESS NATL ADJUTANT/CEO/SEC	(i)	249,225	38,487	7,375	268,293	22,526	585,906	37,987
	(ii)							
3 BARRY A JESINOSKI EXEC DIR NATL HQ	(i)	200,910	40,749	4,677	180,675	34,443	461,454	29,807
	(ii)							
4 EDWARD R REESE JR EXEC DIR NATL LHQ	(i)	190,261	27,120	4,560	207,416	34,034	463,391	19,028
LEVEC DIK MALE FULG	(ii)							
5 ANITA BLUM	(i)	162,831	28,351	4,845	129,994	36,234	362,255	20,945
COMPTROLLER	(ii)							
6 BRIAN COWART	(i)	200,775	37,022	4,677	73,358	32,149	347,981	28,160
CHIEF DEV OFFICER								
7 CHRISTOPHER CLAY	(ii) (i)	199,085	16,401	7,394	61,000	36,234	320,114	7,539
GENERAL COUNSEL	1 1		10,401		31,000	30,234	525,114	
8 SUSAN LOTH	(ii)	164,030	27.244	3.540	150.000	25.024	207.024	20.045
SR CHIEF DEV OFFICER	(i)		27,311	3,518	158,028	35,034 	387,921 	20,945
	(ii)							
	$\forall \exists$							
	++							
	$\sqcup$							
	$\forall$							
	Ш						2	1/5
							Schedule	J (Form 990) 2019

First Class or Charter Travel DAV-PAID AIRFARE IS TYPICALLY FOR COACH-CLASS TRAVEL FIRST-CLASS AIRFARE MAY BE APPROVED ON A CASE BY CASE BASIS

) OTHER

Schedule 1 (Form 990) 2019

CONSIDERING SUCH FACTORS AS (A) DISABILITY OF THE TRAVELER (B) SIZE OF THE TRAVELER, (C)DISTANCE TRAVELED, (D) COST ANALYSIS, AND (E) OTHER
REASONABLE FACTORS DAV DOES NOT PAY FOR CHARTER TRAVEL IN 2019, NO FIRST CLASS OR CHARTER TRAVEL BUSINESS TRIPS WERE PROVIDED FOR
INDIVIDUALS LISTED ON FORM 990 PART VII Travel for Companions DAV PAYS FOR COMPANIONS OF THOSE TRAVELING ON DAV BUSINESS, BUT ON A VERY
LIMITED BASIS SUCH AUTHORIZATION IS ONLY GRANTED WHEN THE COMPANION'S PRESENCE PROVIDES NEEDED AID AND ASSISTANCE FOR A SIGNIFICANTLY
DISABLED DAV TRAVELER IN THE CASE OF THE DAV TRAVELER REQUIRING AID AND ASSISTANCE, DAV WILL BEAR THE FULL EXPENSE OF THE COMPANION AND
IT IS NOT CONSIDERED TAXABLE INCOME IN 2019, NO COMPANION TRAVEL WAS PROVIDED FOR INDIVIDUALS LISTED ON FORM 990 PART VII DISCRETIONARY
SPENDING ACCOUNT DURING THEIR ONE-YEAR, non-successive term, DAV pays the National Commander an annual expense allowance prorated from the date of
his/her election to the date of the election of his/her successor, in an amount approved by the Board of Directors, and reflected in the appropriate minutes. The
amount is to cover lodging, meals, and other expenses incurred to serve in this capacity. It is comparable to amounts haid those in similar positions in like

PART I, LINE 1A

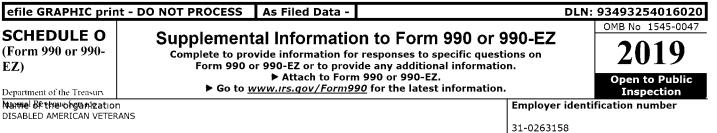
organizations and is reported as taxable income on Form 1099. In 2019, DENNIS R. NIXON, DAV National Commander (January to JULY), received \$134,879 and STEPHEN WHITEHEAD, DAV National Commander (AUGUST to December), received \$90,121 for such payments Part I, Line 7 NON-FIXED PAYMENTS DAV HAS A LEADERSHIP INCENTIVE PROGRAM THAT OFFERS AN ADDITIONAL PERCENTAGE OF ANNUAL BASE SALARY TO ABOUT 40.

IEMPLOYEES - PRIMARILY KEY EXECUTIVES. DIRECTORS AND MANAGERS THE AWARD PERCENTAGE IS BASED ON THE INDIVIDUAL PARTICIPANT'S POSITION AND ITHE ORGANIZATION'S MEASURED SUCCESS MEETING 8 GOALS - ONE RELATED TO ACHIEVEMENT OF STANDARD RATIOS PUBLISHED BY THE BBB WISE GIVING

IALLIANCE AND 7 BASED DAV STRATEGIC PLAN GOALS THE PROGRAM WAS DESIGNED WITH ASSISTANCE FROM AN OUTSIDE, INDEPENDENT CONSULTANT AND

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349325	4016	020
	EDULE M			loncash Contri	hutions	(	OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contri	Dutions		20	10	
		-	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	17	,
		► Attach to Form							
•	ment of the Treasury il Revenue Service	▶Go to <u>www.irs.q</u>	ov/Form9	<u>90</u> for the latest informat			Open to	ection	1
	e of the organizat					Employer identif	ication n	umbe	r
DISAL	TEED THIELITETH VET	LIVIII				31-0263158			
Pa	rt 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	Method o	(d) of determin tribution a		ts
1	Art—Works of art	t			-				
2	Art—Historical tre	easures .							
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods	senola 							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public	cly traded .	X	64	305,318	COST / SELLING	PRICE		
	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserve contribution—Hi structures	storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Con								
17	Real estate—Oth								
18	Collectibles .								
19 20	Food inventory Drugs and medic								
	Taxidermy	ai supplies .							
	Historical artifact	 S							
23	Scientific specim	ens							
24	Archeological art	ıfacts							
	Other ▶ (								
	Other ▶ (								
	Other ▶ (	•							
	Other ▶ (	· · · · · · · · · · · · · · · · · · ·							
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			
								Yes	No
30a	must hold for at	least three years fro	om the date	contribution any property reports of the initial contribution, a	and which isn't required to b		30a		No
b	If "Yes," describ	e the arrangement II	n Part II				304		140
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contri	butions?	31	Yes	
	contributions?			or related organizations to so	olicit, process, or sell nonca	sh	32a		No
	If "Yes," describ								
33	If the organizati	•	imount in c	olumn (c) for a type of prop	erty for which column (a) is	checked,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No 512271	Schadu	le M (Form	000)	(2010)

Schedule M (Form 990) (2019)	Page <b>2</b>						
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 M (Form 990) (2019)						



Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	SERVICE PROGRAM (CONT) In more than 100 offices throughout the United States and in Puerto Rico, we employ a corps of 246 national service officers (NSOs) and 31 transition service officers (TSOs) who counsel and represent veterans, their families and survivors with cla ims for benefits from the Department of Veterans Affairs, Department of Defense and other government agencies. Since being chartered by Congress in 1932, they filed 11.7 million claims for benefits. Service officers function as attorneys-in-fact, assisting veterans, their families and survivors in filing claims for VA disability compensation, rehabilitation and education programs, pensions, death benefits, and employment and training programs. They provide free services, such as information seminars and counseling and community outrea ch activities through the Mobile Service Office (MSO) Program in order to educate and inform veterans on the benefits they have earned through service. They also advise veterans and active-duty military personnel in regard to the Disabled Assistance Program, the Transition Assistance Program and other official panels. For service members making the all-import ant 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. The Mobile Service Office Program delivers DAV services to veterans, their families and survivors in their own communities. The program extends DAVs benefits a ssistance to veterans who might not be able to access it otherwise due to distance, transportation, health or other various reasons Information seminars are conducted to educate veterans and their families on specific veterans benefits and services. We are in our fourtine year of deploying mobile offices to colleges and universities and conducting service seminars for student veterans on campuses throughout the nation.

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	officers DAV service officers were available to educate veterans and the public at other community-based events, including participation in state and county fairs, and Major Leagu e Baseball, National Football League, National Hockey League and NASCAR events. Counting a II national, transition, department, chapter and county veteran service officers, DAV has a total of 3,872 experts nationwide who provide representation for veterans. With the supp ort of our state-level departments and local chapters, these free seminars are administered by DAVs highly trained national service officers and are hosted around the country. Duri ng 2019, DAV conducted 154 seminars, which resulted in 7,401 attendees and 317 interviews conducted with veterans and other potential claimants. These seminars also resulted in 84 claims filed through the VA Expenses \$40,674,406 including grants of \$114,000 Revenue \$0. State Services and Disaster Relief During 2019, DAV distributed 370 supply kits and pro vided 470 payments totaling nearly \$300,000 to service-injured or ill veterans, service members and their families in need of relief. Since the programs inception in 1968, over \$13 million has been disbursed to victims. When disaster strikes, DAV service officers and me mbers deploy into devastated areas, enabling DAV to provide much-needed monetary assistance, conduct benefits counseling and offer referral services for veterans, service members a nd their families in need. Our Disaster Relief Program provides grants in the aftermath of natural disasters and emergencies in various areas around the nation to help veterans and their families secure temporary lodging, food and other necessities. Support was provided at Ground Zero following the attacks on the World Trade Center and around the Gulf Coast following hurricanes Katrina and Rita. Most recently, DAV supported veterans and their families in the wake of hurricanes, tornadoes, wildfires, volcanoes and flooding throughout A labama, California, Florida, Nebraska, North Carolina, Ohio, O

990 Schedule O, Supplemental Information

Return Reference

	·
	of summer camp at Camp Corral and connect with other campers who share similar background s and experiences Expenses \$5,448,944 including grants of \$5,439,733 Revenue \$0
SERVICE	
ACCOMPLISHMENTS	

Explanation

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	VOLUNTARY SERVICES PROGRAM (CONT) -To incentivize youth volunteers, DAV awarded \$75,000 in scholarships through its scholarship program. The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative helps get veterans to and from VA medical appointments by providing vehicles and a team of volunteer drivers. It is managed by 174 hospital service coordinators located at 213 VA medical centers and outpatient clinics, and is operated by committed DAV volunteer drivers. Since the programs inception in 1987, DAV departments and chapters have donated 3,447 vehicles, and Ford Motor Co. has donated 231 vehicles at a total combined cost of more than \$84 million. The amount of hours DAV volunteers dedicate, the miles they drive and the number of rides they provide to veterans reflect promises weve ensured were kept. To put this into perspective, DAV volunteer drivers have driven 751,884,781 miles since the program began. In 2019, volunteers traveled 20,513,512, providing more than 615,000 rides to veterans and donating over 1.2 million hours of their time. The value of these contributed services is reported as revenue on DAV's financial statements prepared in accordance with Generally Accepted Accounting. Principles, but is not recorded as revenue on this Form 990 in accordance with Internal Revenue Service guidelines. Other DAV voluntary service program initiatives include the National Disabled Veterans Winter Sports Clinic, National Disabled Veterans Tee Tournament, Jesse Brown Memorial Youth Scholarship Program, Mentoring Retreats, Volunteer for Veterans, Local Veterans Assistance Program and VA Voluntary Service Program. Expenses \$3,606,422 including grants of \$571,681. Revenue \$0.

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	EMPLOYMENT PROGRAM (CONT) Whether its unemployment or underemployment, DAV realizes the ch allenge that many veterans face in pursuing rewarding careers. Established in 2014, the DA V 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 bet ter jobs. A primary component of this mission is our strategic partnership with Recruitffill itary, a full-service, military-to-civilian recruiting firm who hosts nationwide tradition al and virtual career fairs that are accessible to all who served and their spouses. Addit ionally DAV uses a multitude of online and traditional resources to connect employers, fra nchisers and educational institutions with active service members, Guard and Reserve personnel, veterans and spouses. In just over five years, DAV has already made a significant im pact to reduce the number of unemployed and underemployed veterans. In fact, from June 2014 through December 2019, DAV sponsored 607 traditional and virtual career fairs that nearly 210,000 active service members, Guard and Reserve personnel, veterans and spouses attend ed, resulting in more than 146,000 job offers. In 2020, DAV will continue our staunch effor the by sponsoring traditional and virtual career fairs nationwide to help ensure veterans have access to these critical employment opportunities. DAV also works directly with compa nies seeking the many talents and skills veterans possess. Our program provides a multitud e of resources that veterans can access within our employment resources webpage (jobs dav org), including a job search board that boasts more than 200,000 current employment proport unities around the world and direct links to company website job boards. We are very happy to report that our employment resources website has grown in content and resources with nearly 14,000 views monthly. While online resources are always evolving, we are constantly improving and adding new content to our website t

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	st voice in televised programs dedicated solely to helping veterans secure meaningful empl oyment. Each episode features companies with outstanding veteran hiring initiatives, share s insights from CEOs, career counselors and human resources specialists, and provides valuable information to help ease the transition for veterans entering the civilian workforce. With the programs projected reach of nearly 3 million viewers, we are very excited about its addition to the growing number of tools and resources DAV provides to active service members, Guard and Reserve personnel, veterans and spouses who are seeking employment, as well as the companies who want to hire them. Expenses \$1,521,454 including grants of \$0. Re venue \$0.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	COMMUNICATIONS PROGRAM DAVs National Communications Department runs internal and external communications programs including, but not limited to, publications, media relations, dig ital material and numerous outreach efforts to tell DAVs story and support its key objecti ves. A bimonthly magazine informs our members on critical issues and policies impacting the federal benefits and services veterans have earned through their service It also brings attention to DAVs state-level departments and our local chapters by highlighting their mainly successful service programs and, therefore, inspiring strong and effective strategies in communities from coast to coast. By producing public service announcements, news releases, brochures, speeches, op-eds, print messages, educational videos and other content, DAV is able to spread information about our organization and the complete scope of free servic es that help create more victories for veterans. Furthermore, DAV has continued to grow it is social media presence through Facebook, Twitter Linkedin and Instagram. On Facebook, DAV provides daily information to more than 14 million followers, and DAVs posts reach more than 145,000 people each day. In 2019, our Twitter page grew by more than 3% to reach over 103,600 followers. DAV tweets were seen by more than 4.7 million individuals throughout the year DAVs Instagram following broke the 43,000-follower threshold, representing a 39% increase from 2018. DAVs instagram posts reached nearly 3 million in 2019. Finally, a strategic emphasis was placed on Linkedin, and our following grew to over 55,000. This highlig hts an astounding 152% increase from 2018. DAV once again touched the lives of countless veterans and supporters through the Thank A Vet campaign. This initiative provides everyone an easy way to thank a veteran in their life by adding a photo and their personal thanks to the DAV. Thank A Vet Mosaic. From Oct. 31 to Nov. 15, 2019, the Thank A Vet program saw over 256,000 page views on its site, more than 143,000 of the

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	ans service to our nation Expenses \$9,333,423 including grants of \$15,000. Revenue \$0 ME MBERSHIP PROGRAM. The lifeblood of DAV is its membership. When veterans join DAV, they entilist in a fight to ensure our nation keeps its promises to those whove 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 our 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 fo unded in the immediate aftermath of World War I, as no group then existed to provide and a dvocate 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 change is to ensure veterans of all service eras and genders are able to have their chance at the American dream. Today, social networking and other changes to the ways Americans communic ate allow DAV members to play a larger role than ever as spokespeople advocating for the unique needs of the veteran community. We continue to respond to the needs of the current generation of veterans and are also steadfast in our resolution to ensure equitable support for another vital part of our community, veteran caregivers. These unsung heroes provide unfaltering dedication to disabled veterans, often assuming a life of heavy responsibility and sacrifice to care for their loved ones affected by devastating illness or injury. DAV has almost 3,300 members dedicated to recruiting veterans so that we can maintain our str ong voice and credibility with lawmakers now and well into the future. With 52 state-level departments and over 1,300 active chapters nationwide, we closed the 20182019 membership year with more than 1 million veterans in DAV, ensuring a s

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	Although our legislative program accounted for less than 1 percent of the organizations total expenditures in 2019, we were able to leverage those resources, thanks to the support of DAVs nationwide network of grassroots members and supporters, to help achieve some hi storic victories for veterans. Our 2019 Mid-Winter Conference, held in Washington, D.C., in February and attended by more than 500 of DAVs leading advocates, provided a strong gras snoots push for all of our legislative priorities for the year. As a result of those effor ts, a number of DAVs key legislative goals were enacted, including the historic VA MISSION Act, a bill to reform and strengthen the VA health care system, expand VAs comprehensive package of caregiver benefits to all eras of seriously injured veterans, and improve earned benefits for veterans, their families and survivors. Expenses \$ 2,022,774 including gran ts of \$ 0. Revenue \$ 0.

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PART III, LINE 4D, OTHER PROGRAM SERVICES (CONT)	PUBLIC AWARENESS OUTREACH DAVs public outreach campaign continues to ensure veterans, their caregivers and families are fully aware of the wide range of other programs we offer. This effort provides Americans an opportunity to become involved in relating with and helping the men and women who served our nation and preserved the way of life fellow Americans hold dear. In 2019, a new series of messages was produced featuring more veterans who have achieved personal victories with the help of DAV. The organization dedicated \$27.7 million to this large-scale effort, an investment thats making a real difference in the lives of veterans and their families. In November of 2019, DAV hosted the annual DAV 5K hosted in Cincinnati, bringing together more than 2,500 people and nearly 100 volunteers who personally honored and thanked friends and family members who served or are currently serving our country. In 2020, we look forward to another year of honoring veterans through this much-anticipated community outreach event. Expenses \$27,677,170 including grants of \$0. Revenue \$75,845. Public Service Announcement Program. In 2019, DAVs mission of service to all veterans was front and center in our national and local placements thanks to our public service announcement campaign. Television, print, radio and out of home messages helped raise awareness of the programs and free services we provide to veterans and their families. These timely and inspiring messages also raised awareness among the general public of DAV and the service, sacrifices and needs of those we serve. In increasingly busy and cluttered ad spaces of network radio, television and other media, DAV stood tall and reached an audience of unprecedented size. In 2019, our program grew to \$117.7 million in estimated donated media value, representing 29 percent growth over 2018. This program relies on donated media from television, radio, print, outdoor and transit outlets. The widespread media exposure resulted in more than 8.7 billion impressions. This was made pos

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Reference

FORM 990,	MEMBERS OR STOCKHOLDERS DAV IS A NOT-FOR-PROFIT ORGANIZATION WITH MEMBERS THAT HAVE THE RIGHT
PART VI,	TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE THEY, OR THEIR DELEGATES, ELECT FOUR MEMBERS OF
SECTION A,	DAV'S BOARD OF DIRECTORS
LINE 6	

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FORM 990, ORGANIZATION MEMBERS PLEASE SEE FORM 990, PART VI, SECTION A, LINE 6
PART VI,
SECTION A,
LINE 7A

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FORM 990,	PROCESS OF THE REVIEW OF FORM 990 FOLLOWING COMPLETION OF FORM 990 BY DAV'S TAX PREPARER, IT IS
PART VI,	REVIEWED BY DAV'S ACCOUNTING DEPARTMENT STAFF AND EXECUTIVE DIRECTOR ONCE RESULTING REVISIONS
SECTION B,	ARE MADE, THE FORM IS MAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS IT IS
LINE 11B	SUBSEQUENTLY FILED WITH THE IRS

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Reference	
FORM 990,	ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE
PART VI,	A COPY OF THE CONFLICT OF INTEREST POLICY IMMEDIATELY UPON ASSUMING OFFICE, OR AT A MINIMUM,
SECTION B,	ANNUALLY THE SAME PROCESS APPLIES TO KEY EMPLOYEES AND DEPARTMENT DIRECTORS RECIPIENTS
LINE 12C	ACKNOWLEDGE THEY HAVE READ THE POLICY, IDENTIFY ANY AREAS OF CONFLICT AND RETURN THE SIGNED

ARE REFERRED TO THE BOARD OF DIRECTORS FOR DISCUSSION AND APPROVAL AS APPROPRIATE

Explanation

DISCLOSURE FORM TO THE DAY EXECUTIVE DIRECTOR RESPONSES ARE REVIEWED AND IDENTIFIED CONFLICTS

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FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS EVERY FOUR OR FIVE YEARS DAV HIRES AN INDEPENDENT CONSULTING FIRM TO REVIEW COMPENSATION OF DAV NATIONAL ADJUTANT AND CEO, EXECUTIVE DIRECTORS, KEY EMPLOYEES, AND OTHER TOP MANAGEMENT OFFICIALS IN 2018, THE CONSULTING FIRM WAS BUCK CONSULTING THIS INVOLVES REVIEW OF POSITION RESPONSIBILITIES, ACCUMULATION OF COMPARABLE DATA FROM OTHER ORGANIZATIONS AND DETERMINATION OF APPROPRIATE COMPENSATION RANGES FOR EACH THE RANGES ARE REVIEWED AND APPROVED BY INDEPENDENT MEMEMBERS 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

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Deference

Reference	
FORM 990,	DOCUMENTS GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
PART VI,	THE DAV ANNUAL REPORT AND MOST RECENT FORM 990 ARE AVAILABLE ON DAV'S WEBSITE (WWW DAV ORG) AND
SECTION C,	ALSO UPON REQUEST OR PUBLIC INSPECTION AT DAV NATIONAL HEADQUARTERS FORM 1024 IS AVAILABLE UPON
LINE 19	REQUEST

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Reference

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

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Reference	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART XI,	OTHER CHANGES PROCCEEDS FROM SALE OF ARTWORKS \$9,825,030 PENSION LIAB & OTHER POSTRETIREMENT BENEFIT OBLIGATION ADJ \$(9,549,219) TOTAL \$275,811
LINE 9	

Explanation