Form	990	)		Uno	der s	R		
	tment of the Tre al Revenue Serv							
A F	or the 202	1 caler	nda	r ye	ar, o	or		
_		C Nam	e of	orgar	nizatio	on		
<b>B</b> Ch	eck if applicable:	SERVICE FOU						
	Address change	Doing	g Bus	siness	s As			
	Name change	Num	ber a	and s	treet	(0		
	Initial return	860	) D	OLV	VIC	K		
	Terminated	City	or to	wn, s	tate	or		
	Amended return	ERI	JAN	GEF	٤,	K		
	Application pending	F Nam	e an	d add	dress	0		
		860	DO	LWI	CK	]		

## Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 **Open to Public** Inspection

OMB No. 1545-0047

A Fo	or th	e 202	1 cale	endar year, or tax year beg	inning		and endi	ing			
B ob		- Kan bilay	C Nan	me of organization DISABLED	AMERICAN VETERAN	S NATIO	DNAL	D	Employer ide	entific	ation number
D Che	eckifap	plicable:	SE	RVICE FOUNDATION							
	Addre chang		Doir	ng Business As					52-1516	5071	
	Name	change	Nun	mber and street (or P.O. box if mail i	s not delivered to street address	3)	Room/suite	E	Telephone n	umber	
	Initial	return	86	0 DOLWICK DRIVE					(859)44	41-'	7300
	Termi	inated	City	or town, state or province, country,	, and ZIP or foreign postal code						
	Amen returr		ER	LANGER, KY 41018				G	Gross receip	ts \$	27,228,629.
	Applic pendi	cation	F Nam	me and address of principal officer:	ARTHUR H. WII	LSON		H(	a) Is this a grou subordinates		n for Yes X No
			860	DOLWICK DRIVE, ERI	LANGER, KY 41018			H(	<ul> <li>b) Are all subord</li> </ul>		cluded? Yes No
Г I	ax-ex	empt sta			4 ) ◀ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	ch a list.	. (see instructions)
JV	Vebsi	te: 🕨	NSF	.DAV.ORG				н(	c) Group exem	ption nu	umber 🕨
K F	orm o	of organ	nization:	X Corporation Trust	Association Other		L Year	of formation	:1986 <b>M</b>	State	of legal domicile: DC
Ра			mmar						I		
		Briefly	/ descr	ribe the organization's mission	or most significant activities	: DEVE	LOPS FIN	JANCIAL	RESOUR	CES	FOR THE
e				NCE, AID, MAINTENAN							
and				URED VETERANS AND T							
ern	2			box ▶ if the organization							
Activities & Governance	3			voting members of the governin	•	•				3	7
න්	4	Numb	er of ir	ndependent voting members of	the governing body (Part V	/I. line 1b)				4	7
ties	5			er of individuals employed in ca						5	NONE
tivi				er of volunteers (estimate if nece						6	9
Ac	7a	Total	unrelat	ted business revenue from Part	VIII. column (C). line 12					7a	
				ed business taxable income from						7b	
									rior Year		Current Year
	8	Contri	ibution	s and grants (Part VIII, line 1h)				1	1,610,02	26.	1,082,756.
nue	9	Progra	am ser	rvice revenue (Part VIII, line 2g)			PY FOR			ONE	NONE
Revenue	10			income (Part VIII, column (A), lir		PUBLIC I	NSPECTION	1	1,045,04		11,058,537.
Ř	11			ue (Part VIII, column (A), lines 5						ONE	NONE
	12			ue - add lines 8 through 11 (mus					2,655,07		12,141,293.
	13			similar amounts paid (Part IX, co					5,968,56		5,957,447.
	14			d to or for members (Part IX, col						ONE	NONE
	15			ner compensation, employee ber						ONE	NONE
<b>a</b>				I fundraising fees (Part IX, colum						ONE	NONE
ied	b	Total f	fundra	ising expenses (Part IX, column	(D), line 25) ►	90.696					
ω				nses (Part IX, column (A), lines 1					393,65	56.	416,395.
	18	Total	expens	ses. Add lines 13-17 (must equa	al Part IX. column (A). line 2	25)			6,362,22		6,373,842.
	19			ss expenses. Subtract line 18 fro					6,292,84		5,767,451.
									g of Current Y		End of Year
lanc	20	Total a	assets	(Part X, line 16)				16	- 3,253,89	95.	181,997,674.
Ass I Ba	21			es (Part X, line 26)					176,76		168,694.
μĘ	22			or fund balances. Subtract line 2	21 from line 20			16	3,077,13		181,828,980.
Pa	rt II			re Block					- , - , -		
			-	ny I declare that I have examined t	his neturn, including accompa	anying sched	ules and state	ements, and	to the best of	my k	nowledge and belief, it is
true,	corre	ect, and	comple	te Devlaration of preparer (other the	an officer) is based on all inform	nation of wh	ich preparer h	as any know	/ledge.		
		<b>\</b> (	ヽ	ton h/					7/29/2	202	2
Sigr			Signatu	ure of officer					Date		
Her	е		AT AN	I W. BOWERS		SE	C./TREAS	SURER			
				or print name and title			01, 112110	Jonan			
		Print/	Туре рг	reparer's name	Preparer's signature		Date		Check	if P	PTIN
Paid		AAR	ON I	HERSHBERGER	aaron d. Hus	Alune	<b>م</b>   07.2	8.2022	self-employ	' . I	P00961884
Prep			s name	► FORVIS, LLP		0			rm's EIN 🕨		4-0160260
Use	Only		addres		SUITE 3000 CINCINNATI,	OH 45202			none no.		13-621-8300
May	the II	1		his return with the preparer show							X Yes No
				ction Act Notice, see the separa							Form <b>990</b> (2021)

	n 990 (2021)	Page <b>2</b>
Pa	It III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III	37
1	Briefly describe the organization's mission:	X
I		
	DEVELOPS FINANCIAL RESOURCES FOR THE ASSISTANCE, AID, MAINTENANCE,	
	CARE, SUPPORT AND REHABILITATION OF SICK AND INJURED VETERANS AND	
	THEIR DEPENDENTS, EITHER DIRECTLY OR BY CONTRIBUTIONS TO THE SERVICE	
	PROGRAMS OF THE DISABLED AMERICAN VETERANS (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$6,018,933. including grants of \$5,957,447. ) (Revenue \$	)
	GRANTS TO DAV DEPARTMENTS AND CHAPTERS AWARDED THROUGH THE COLUMBIA	-
	TRUST HELPED TO PURCHASE VEHICLES DONATED TO THE U.S. DEPT OF	
	VETERANS AFFAIRS (VA). MANNED BY VOLUNTEER DRIVERS, THE VEHICLES	
	TRANSPORT SICK AND INJURED VETERANS TO/FROM VA MEDICAL FACILITIES	
	FOR CARE AND TREATMENT. GRANTS ALSO SUPPORT DAV'S HOSPITAL SERVICE	
	COORDINATOR PROGRAM UNDER WHICH THE VOLUNTEER DRIVERS MANAGE THE	
	TRANSPORTATION REQUESTS. ADDITIONALLY, GRANTS SUPPORT DAV'S	
	NATIONAL AND STATE DEPARTMENT SERVICE PROGRAMS IN PROVIDING	
	REPRESENTATION FOR VETERANS AND THEIR FAMILIES WITH BENEFITS CLAIMS	
	FROM THE VA, DEPT OF DEFENSE AND OTHER GOVERNMENT AGENCIES;	
	(CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)

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

 (Expenses \$ including grants of \$ ) (Revenue \$ )

 4e Total program service expenses ▶ 6,018,933.

	90 (2021)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			37
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	Х	X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Λ	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustained for amounts not listed in Part X; or provide gradit equipaling debt management gradit repair or			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .	11d 11e		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		37
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 23
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	Ĺ
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Page	4
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030	1.000	Form	990	(2021)

Form	990 (2021)		P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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. 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a		7a		Х
h	and services provided to the payor?	7b		- 21
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	10		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X
	If "Yes," complete Form 6069.			
JSA	0.1.000	Form	990	(2021)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	
Sect	ion A. Governing Body and Management	<u></u>		X
0000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		37
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a L	The governing body?	8b	X	
а 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	15a		v
a	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	130		Λ
160				
16a	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	「 (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		. /
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	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 record	s 🕨		
	BRIDGETTE G. SORRELL, 860 DOLWICK DRIVE, ERLANGER, KY 41018			
JSA	859-441-7300	Form	990	(2021)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	Positi						(D)	(E)	(F)
Name and title	Average hours	`	(do not check more than one box, unless person is both an				Reportable compensation	Reportable	Estimated amount of other	
	per week		er and a director/tr					from the	compensation from related	compensation
	(list any	9 <del>.</del>	5	0	2	역 표	Ţ	organization (W-2/	organizations (W-2/ 1099-MISC/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/		organization and
	organizations	dual	tion	<b>_</b>	nplo	st cc yee	, ×	1099-NEC)	1099-NEC)	related organizations
	below		al tru		yee	mpe				
	dotted line)	ëe	Istee			ensa				
						ted				
(1) ALAN W. BOWERS	3.00	-								
SECRETARY/TREASURER	NONE	X		Х				NONE	NONE	NONE
(2) J. MARC BURGESS	3.00	-								
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(3) GLENN E. HOHMAN	2.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(4) JOSEPH W. JOHNSTON	2.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) LISA M. KIRK	2.00	-								
DIRECTOR (1/21-7/21)	NONE	X						NONE	NONE	NONE
(6) ANDREW H. MARSHALL	2.00									
DIRECTOR (8/21-12/21)	NONE	X						NONE	NONE	NONE
(7) DELPHINE METCALF-FOSTER	2.00									
DIRECTOR (8/21-12/21)	NONE	X						NONE	NONE	NONE
(8) STEPHEN E. WHITEHEAD	2.00									
SEE SCHEDULE O	NONE	X						NONE	NONE	NONE
(9) ARTHUR H. WILSON	3.00	37		37					NONE	NONE
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(10)		-								
(11)										
(12)										
(13)										
(14)										

Form	990	(2021)
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	m ai con ) f orç ar	(F) stimate nount o other npensa rom the ganizati d relate anizatio	of tion e on ed
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
1b Sub-total							►	NONE	NON	IE		NONE
c Total from continuation sheets to Part VII, S	ection A						►	NONE	NON	IE		NONE
d Total (add lines 1b and 1c)								NONE		IE		NONE
2 Total number of individuals (including but not reportable compensation from the organization	•	hose	liste		bove NO		o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic	er, directo	or, or	tru	iste	e,	key e	mp	loyee, or highest	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ual	• •					3		X
4 For any individual listed on line 1a, is the sorganization and related organizations groups and the sorganization of the sorganizatio	eater than	\$15	50,0	00?	p If	"Yes	;," (	complete Schedu	le J for such			
<ul><li><i>individual</i>.</li><li>5 Did any person listed on line 1a receive or</li></ul>	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or individual	4		X
for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	l for	such	per	son	<u></u>	5		X
Section B. Independent Contractors           1         Complete this table for your five highest com           compensation from the organization. Report or           year.												
(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compen		
								,		1		
							-					
							+					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE 2 NONE JSA 1E1055 2.000

Pa	rt VII	Statement of Revenue Check if Schedule O contains a response or note to an	v line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
0 č	c	Fundraising events				
ifts ır ⊿	d	Related organizations 1d				
<u>G</u> il	е	Government grants (contributions) 1e				
Sins	f	All other contributions, gifts, grants,				
er		and similar amounts not included above <b>1 1</b> ,082,756.				
j pr	g	Noncash contributions included in				
d	5	lines 1a-1f				
aSc	h		1,082,756.			
		Business Code	_,,.			
ð						
Program Service Revenue	2a					
Sel	b					
E N	C					
gra	d					
2	e					
-	f	All other program service revenue	NONE			
	g	Total. Add lines 2a-2f	NONE			
	3	Investment income (including dividends, interest, and	4,371,441.			4,371,441.
		other similar amounts)	4,3/1,441. NONE			4,3/1,441.
	4	Income from investment of tax-exempt bond proceeds .				
	5	Royalties	NONE			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c NONE NONE				
	d	Net rental income or (loss)	NONE			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory <b>7a</b> 21,774,432.				
iue	b	Less: cost or other basis				
evenue		and sales expenses 7b 15,087,336.				
	c	Gain or (loss) 7c 6,687,096.				
Other R	d	Net gain or (loss)	6,687,096.			6,687,096.
th	8a	Gross income from fundraising				
0		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a NONE				
	b	Less: direct expenses				
	С	Net income or (loss) from fundraising events	NONE			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a NONE				
	b	Less: direct expenses				
	c	Net income or (loss) from gaming activities	NONE			
	10a	Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold				
	c	Net income or (loss) from sales of inventory	NONE			
S		Business Code				
Miscellaneous Revenue	11a					
an	b					
evel 1	с					
lisc	d	All other revenue				
2	е	Total. Add lines 11a-11d	NONE			
	12	Total revenue. See instructions	12,141,293.			11,058,537.

Form 990 (2021)

Part IX Statement of Functional Expenses

b, 9	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
1	b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,957,447.	5,957,447.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	NONE			
	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	6,841.			6,841
	Accounting	25,967.		25,967.	.,
	Lobbying	NONE		20,0011	
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	138,828.		138,828.	
		130,020.		130,020.	
	Other. (If line 11g amount exceeds 10% of line 25, column	70,044.		61,764.	8,280
	(A), amount, list line 11g expenses on Schedule O.)	NONE		01,704.	0,200
	Advertising and promotion	91,864.	2,343.	20,429.	69,092
	Office expenses	NONE	2,343.	20,429.	09,092
	Information technology	NONE			
	Royalties				
		NONE		4 120	
	Travel	4,136.		4,136.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
2	Depreciation, depletion, and amortization	1,057.		1,057.	
3	Insurance	3,839.		3,839.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	GRANT PROPOSAL PROCESSING	59,143.	59,143.		
b	REGISTRATION FEES	10,308.		3,825.	6,483
с	AWARDS	4,368.		4,368.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	6,373,842.	6,018,933.	264,213.	90,696
6	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				

Form 990 (2021)

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

	Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	NONE	1	NONI
2	Savings and temporary cash investments.	2,408,114.	2	1,880,984.
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	26,460.	4	139,410.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
2 7	Notes and loans receivable, net	NONE		NON
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Inventories for sale or use	793.	8	932
ξ 9	Prepaid expenses and deferred charges	11,788.	9	21,511
-	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D <b>10a</b> 10,568.			
b	Less: accumulated depreciation	8,415.	10c	9,511.
11	Investments - publicly traded securities.	160,780,619.		179,941,570.
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		NONI
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	17,706.		3,756
16	Total assets. Add lines 1 through 15 (must equal line 33)	163,253,895.	16	181,997,674.
17	Accounts payable and accrued expenses	176,763.	17	168,694.
18	Grants payable	NONE		NONI
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	INOINE	21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONI
24	Unsecured notes and loans payable to unrelated third parties	NONE		NON
25	Other liabilities (including federal income tax, payables to related third	INCINE	24	NON.
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25.	176,763.		168,694.
-	Organizations that follow FASB ASC 958, check here ► X	110,103.	20	100,094.
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	85,012,999.	27	94,506,568.
28	Net assets with donor restrictions	78,064,133.	28	87,322,412.
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
30 25 29 29 29 29 30 29 30 29 30 29 30 29 30	Retained earnings, endowment, accumulated income, or other funds		31	
	Total net assets or fund balances	163,077,132.	32	181,828,980.
32 33	Total liabilities and net assets/fund balances	163,253,895.	33	181,997,674.

Form 990 (2021)

Form 99	00 (2021)				Paç	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	2,1	41,	<u>293</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,3	73,	<u>842</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		5,7	67,	<u>451</u> .
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	1	2,9	84,	<u>397</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	18	1,8	28,	<u>980</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
vu	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b		
					aan	(0004)

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

DISABLED AMERICAN VETERANS NATIONAL

SERVICE FOUNDATION

52-1516071

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 4 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

## General Rule

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

## **Special Rules**

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

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

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

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

	; (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATI SERVICE FOUNDATION	ONAL	Page Employer identification number 52-1516071
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	; (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATIO	NAL	Page 2 Employer identification number
	SERVICE FOUNDATION		52-1516071
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	<u>N/A</u>	\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATI	ONAL	Page 2 Employer identification number 52-1516071
Part I	SERVICE FOUNDATION Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	<u>N/A</u>	\$ 6,848.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	<u>N/A</u>	\$6,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<u>N/A</u>	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	8 (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATI SERVICE FOUNDATION	IONAL	Page Z Employer identification number 52-1516071
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	<u>N/A</u>	\$10,243.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATI	ONAL	Page 2 Employer identification number
	SERVICE FOUNDATION		52-1516071
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

-	3 (Form 990) (2021) organization DISABLED AMERICAN VETERANS NATI SERVICE FOUNDATION	CONAL	Page 2 Employer identification number 52-1516071
Part I	<b>Contributors</b> (see instructions). Use duplicate cop	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	<u>N/A</u>	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	<u>N/A</u>	\$75,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	<u>N/A</u>	\$101,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	IEDULE D	Supplem	ental Financial Statements		OMB No. 1545-0047
(Fo	rm 990)	Complete if	the organization answered "Yes" on Form 990,		2021
Dena	artment of the Treasury	Fart IV, line 0, 7,	<ul> <li>8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12</li> <li>▶ Attach to Form 990.</li> </ul>	20.	Open to Public
Interr	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest informa		Inspection
Name	e of the organization	DISABLED AMERICAN VET	ERANS NATIONAL	Employer identificat	ion number
	RVICE FOUNDAT:			52-15160	71
Pa		-	ised Funds or Other Similar Funds or A	Accounts.	
	Completi	e il the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and	
4	Total number at a	and of yoor			
1 2		end of year of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held in	n donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?		Yes No
6			and donor advisors in writing that grant fur		
			fit of the donor or donor advisor, or for an		
		nissible private benefit?	<u></u>		Yes No
Pa			"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
		on of land for public use (for example		f a historically imp	portant land area
		of natural habitat		f a certified histor	
	Preservatio	on of open space			
2			eld a qualified conservation contribution in t		
	easement on the	last day of the tax year.	-	Held at the	End of the Tax Year
а				2a	
b	-	-	s	2b	
С Д			historic structure included in (a)	2c	
d				2d	
3		_	nsferred, released, extinguished, or termin		nization during the
Ū	tax year ►			atou by the erge	inization during the
4			rvation easement is located ►		
5	Does the organized	zation have a written policy reg	garding the periodic monitoring, inspectic	on, handling of	
	violations, and en	forcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, insp	ecting, handling of violations, and enforcing c	onservation easem	ents during the year
_	▶				
7		ses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easem	ents during the year
8		ryation accoment reported on line	2(d) above satisfy the requirements of section	n 170/h)///P)/i)	
0					
9			conservation easements in its revenue and		
		<b>u</b>	of the footnote to the organization's financia	•	
		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Other	Similar Assets.	
	•		"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revenue ts held for public exhibition, education, o to its financial statements that describes the	statement and b or research in fu ese items.	alance sheet works rtherance of public
b	art, historical trea provide the follow	asures, or other similar assets he ving amounts relating to these ite		arch in furtheranc	e of public service,
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		· · · · · · ► \$.	
•	(II) Assets include	ea in Form 990, Part X	rt historical tracquires, or other similar or		المعام متمينا الم
2	-		rt, historical treasures, or other similar as ASB ASC 958 relating to these items:	ssets for financia	i gain, provide the
а			ASB ASC 958 relating to these items:	▶ \$	
b					
		n Act Notice, see the Instructions fo			edule D (Form 990) 2021
JSA 1E126	68 1.000				

Schee	dule D (Form 990) 2021						Page <b>2</b>	
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	er Similar Assets (	continued		
3	Using the organization's acquisitio	n, accession, and o	other records, cheo	ck any of the follo	wing that make sigi	nificant us	se of its	
	collection items (check all that appl	y):						
а	Public exhibition		d 🗌 Loan	or exchange progr	am			
b	Scholarly research		e 🗌 Othe	r				
С	Preservation for future gener	ations						
4	Provide a description of the organ	nization's collections	s and explain how	they further the c	organization's exemp	t purpose	in Part	
	XIII.							
5	During the year, did the organizatio	n solicit or receive of	donations of art, his	torical treasures, o	r other similar			
	assets to be sold to raise funds rath	er than to be maint	ained as part of the	organization's colle	ection?	Yes	No	
Pa	rt IV Escrow and Custodial A							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1a	Is the organization an agent, trust	tee, custodian or o	ther intermediary	for contributions c	r other assets not			
	included on Form 990, Part X?				[	Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the following ta	able:				
					Amount			
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, for	escrow or custodia	al account liability?	Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explanatio	n has been provide	d on Part XIII			
Ра	rt V Endowment Funds.							
	Complete if the organiza	tion answered "Ye	es" on Form 990,	Part IV, line 10.		-		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back	
1a	Beginning of year balance	83,859,721.	75,525,411.	65,727,984.	70,513,109.	61,88	32,174.	
b	Contributions	942,857.	938,126.	1,122,790.	823,338.	95	52,332.	
С	Net investment earnings, gains,							
	and losses	12,448,868.	10,050,581.	12,657,767.	-3,165,802.	9,10	03,220.	
d	Grants or scholarships	2,495,903.	2,263,489.	2,123,798.	2,106,236.	5(	06,551.	
	Other expenditures for facilities							
	and programs	759,143.	60,348.	1,544,050.	42,827.	64	47,561.	
f	Administrative expenses	354,909.	330,560.	315,282.	293,598.	27	70,505.	
g	End of year balance	93,641,491.	83,859,721.	75,525,411.	65,727,984.	70,5	13,109.	
2	Provide the estimated percentage	of the current vear	end balance (line 1c	a. column (a)) held a	IS:			
а	Board designated or quasi-endowm			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Permanent endowment	%	_					
С	Term endowment ▶	%						
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.					
3a	Are there endowment funds not in t	the possession of th	ne organization tha	t are held and adm	inistered for the			
	organization by:					Y	es No	
	(i) Unrelated organizations					3a(i)	Х	
	(ii) Related organizations					3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sc	hedule R?		3b		
4	Describe in Part XIII the intended u	ises of the organiza	tion's endowment fu	unds.				
Pa	rt VI Land, Buildings, and Equ	ipment.				with Villing of	10	
	Complete if the organiza					art X, IINE d) Book valu		
	Description of property				preciation	I) BOOK Valu	e	
1a	Land							
b	Buildings							
с	Leasehold improvements	[						
d	Equipment.	[						
е	Other			10,568.	1,057.	9	9,511.	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colun	nn (B), line 10c.)		9	9,511.	

Schedule D (Form 990) 2021

### Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 1E1270 1.000

Schedu	le D (Form 990) 2021		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	24,986,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,984,397.
3	Subtract line 2e from line 1	3	12,002,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	138,828.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,141,293.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,235,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,235,014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b. 4a 138,828.		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	138,828.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	6,373,842.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

ALL UNRESTRICTED CONTRIBUTIONS AND BEQUESTS ARE DESIGNATED BY THE BOARD OF DIRECTORS FOR PERMANENT INVESTMENT IN AN ENDOWMENT FUND. THE FUND IS A RESERVE TO ADDRESS FUTURE NEEDS AND WILL BE USED SOLELY IN ACCORDANCE WITH THE FOUNDATION'S MISSION OF SERVICE FOR AMERICA'S SICK AND INJURED VETERANS AND THEIR DEPENDENTS.

SCHEDULE I	(	Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047				
(Form 990)		2021										
	Com		-	wered "Yes" on F ttach to Form 990				Open to Public				
Department of the Treasury Internal Revenue Service	tment of the Treasury											
Name of the organization $D_{1}$	Employer identifica	Inspection tion number										
SERVICE FOUNDAT		IERAND NA	IIIONAL				52-151607					
	nformation on Grants and	d Assistanc	e				52 151007	L				
	ation maintain records to su			orants or assista	nce the grantees	' eligibility for the grant	s or assistance and					
•	eria used to award the grant			•		• • •		X Yes No				
	IV the organization's proced											
	d Other Assistance to D					plata if the organiz	ation answard "	Voc" on Form 000				
			-					res on Form 990,				
Part IV, IIr	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can t		•						
	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) DEPT OF CO - DISAE	BLED AMERICAN VETERANS											
1485 HOLLAND ST LAKEWO	DOD, CO 80215	80-0388439	501(C)(4)	118,900.				SEE PART IV				
(2) DEPT OF DE - DISAE	BLED AMERICAN VETERANS							HOSPITAL SERVICE				
183 SOUTH ST CAMDEN, D	DE 19934	23-7169083	501(C)(4)	17,700.				COORDINATOR PROGRAM				
(3) DEPT OF GA - DISAE	BLED AMERICAN VETERANS											
4462 HOUSTON AVE MACON	I, GA 31206	58-6043522	501(C)(4)	30,000.				SEE PART IV				
(4) DEPT OF ME - DISAE	BLED AMERICAN VETERANS							HOSPITAL SERVICE				
PO BOX 3415 AUGUSTA, M	1E 04330	51-0169791	501(C)(4)	22,949.				COORDINATOR PROGRAM				
(5) DEPT OF MT - DISAE	BLED AMERICAN VETERANS							HOSPITAL SERVICE				
173 BROADWAY ST FT HAR	RRISON, MT 59636	81-0245122	501(C)(4)	58,400.				COORDINATOR PROGRAM				
(6) DEPT OF NE - DISAE	BLED AMERICAN VETERANS											
3107 25TH ST COLUMBUS,	NE 68601	47-0462717	501(C)(4)	96,000.				SEE PART IV				
(7) DEPT OF NV - DISAE	BLED AMERICAN VETERANS											
2775 MEADOW PARK AVE H	HENDERSON, NV 89052	88-0191079	501(C)(4)	57,400.				SEE PART IV				
(8) DEPT OF TN - DISAE	BLED AMERICAN VETERANS	1						DEPARTMENT SERVICE				
PO BOX 296 LAWRENCEBUR	RG, TN 38464	62-6074303	501(C)(4)	10,100.				OFFICER				
(9) DEPT OF UT - DISAE	BLED AMERICAN VETERANS	1						HOSPITAL SERVICE				
273 EAST 800 SOUTH SAL	LT LAKE CITY, UT 84111	87-6151236	501(C)(4)	32,000.				COORDINATOR PROGRAM				
(10) DEPT OF VT - DISAE	BLED AMERICAN VETERANS	4										
PO BOX 828 WHITE RIVER	R JCT, VT 05001	03-6015639	501(C)(4)	67,100.				SEE PART IV				
(11) DEPT OF VA - DISAE	BLED AMERICAN VETERANS	4										
PO BOX 7176 ROANOKE, V		54-0697376	501(C)(4)	16,145.				HSC PROGRAM				
(12) DEPT OF WY - DISAE	BLED AMERICAN VETERANS	4						HOSPITAL SERVICE				
219 AMES AVE CHEYENNE,		23-7041066		92,200.				COORDINATOR PROGRAM				
	er of section 501(c)(3) and	-	-					1				
3 Enter total numb	er of other organizations list	ed in the line	1 table				<u></u>	. 13				

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

Schedule I (Form 990) 2021

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047				
(Form 990) Governments, and Individuals in the United States												
	Con	nplete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		20 <b>21</b> Open to Public				
Department of the Treasury												
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization D	ISABLED AMERICAN VETERANS 1	NATIONAL					Employer identif	cation number				
SERVICE FOUNDATION							52-1516071					
	nformation on Grants a		-									
the selection crite	ation maintain records to seria used to award the gran IV the organization's proce	nts or assistand	e?									
	d Other Assistance to					ploto if the organiz	ation answered	"Vos" on Form 000				
	ne 21, for any recipient		-					res on Form 990,				
				-	•	•						
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc					
(1) US DEPARTMENT OF V	VETERANS AFFAIRS							DAV TRANSPORTATION				
51 IRVING ST NW WASHIN	IGTON, DC 20423	52-1688621	GOVT ENTITY	506,650.				NETWORK				
(2) DISABLED AMERICAN	VETERANS							NATIONAL SERVICE				
860 DOLWICK DR ERLANGE		31-0263158	501(C)(4)	4,823,400.				PROGRAMS				
(3) DISABLED AMERICAN	VETERANS							LEGISLATIVE PROGRAM				
860 DOLWICK DR ERLANGE	ER, KY 41018	31-0263158	501(C)(4)	8,503.				ACTIVITIES				
_(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)		_										
	er of section 501(c)(3) and er of other organizations li	•	•									

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

information.

SCHEDULE I, PART I, LINE 2

### GRANTS AND OTHER ASSISTANCE

GRANT RECIPIENTS ARE REQUIRED TO PROVIDE ACCOUNTABILITY REPORTS

DOCUMENTING THE EXPENDITURE OF THE GRANT FUNDS FOR THE PURPOSE INTENDED.

AS SUBORDINATE UNITS OF THE DISABLED AMERICAN VETERANS NATIONAL

ORGANIZATION, THE EXPENDITURE OF THE FUNDS IS REFLECTED ON THE

SUBORDINATE UNIT'S ANNUAL FINANCIAL REPORT, WHICH IS REVIEWED ANNUALLY.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
5					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	ther additional

SCHEDULE I, PART II, COLUMN H

DEPT OF CO - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR PROGRAM; DEPARTMENT/CHAPTER SERVICE OFFICER

PROGRAM

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
l					
5					
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art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART II, COLUMN H

## DEPT OF GA - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR AND DEPARTMENT SERVICE OFFICER PROGRAMS

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART II, COLUMN H

## DEPT OF NE - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR, DEPARTMENT SERVICE OFFICER AND VETERANS

OUTREACH PROGRAMS

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
I					
2					
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art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART II, COLUMN H

## DEPT OF NV - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR, DEPARTMENT SERVICE OFFICER AND HOMELESS

VETERANS PROGRAMS

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

SCHEDULE I, PART II, COLUMN H

## DEPT OF VT - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR AND HOMELESS VETERANS PROGRAMS

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Name of the organization
 Employer ide

DISABLED AMERICAN VETERANS NATIONAL

### FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION (CONTINUED)

EITHER DIRECTLY OR BY CONTRIBUTIONS TO THE SERVICE PROGRAMS OF THE

DISABLED AMERICAN VETERANS NATIONAL ORGANIZATION OR ITS DEPARTMENTS OR

CHAPTERS.

## FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION (CONTINUED)

NATIONAL ORGANIZATION OR ITS DEPARTMENTS OR CHAPTERS.

### FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

HOMELESS SERVICE PROGRAMS; AND OTHER INITIATIVES WHICH DIRECTLY SERVE OUR NATION'S HEROES.

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

PROCESS TO REVIEW THE FORM 990

FOLLOWING COMPLETION OF THE FORM 990 BY THE FOUNDATION'S TAX PREPARER, THE ADMINISTRATOR AND ACCOUNTANTS REVIEW THE RETURN. UPON ACCEPTANCE, THE ADMINISTRATOR EMAILS AN ELECTRONIC VERSION (OR MAILS A PAPER COPY FOR THOSE WITHOUT EMAIL) OF THE FINAL RETURN TO ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS. SUBSEQUENTLY THE RETURN IS FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL APPLICATIONS FOR FINANCIAL AID AND ASSISTANCE, ALL STAFFING MATTERS, AND ALL OTHER ACTIONS BY ANY OFFICER OR THE BOARD OF DIRECTORS OF THE FOUNDATION AND APPLIES TO ALL

ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

ACTIVITIES IN WHICH THE FOUNDATION IS CURRENTLY ENGAGED OR IN ANY WAY MAY BE ENGAGED AT ANY TIME IN THE FUTURE.

THE POLICY PROVIDES THAT A CONFLICT OF INTEREST MAY EXIST WHEN THE INTERESTS OR CONCERNS OF ANY MEMBER OF THE BOARD OF DIRECTORS, AN OFFICER, ANY MEMBER OF THE STAFF SERVING THE FOUNDATION, OR SAID PERSON'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION TO WHICH SAID PERSON HAS ALLEGIANCE, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE FOUNDATION.

WHEN A CONFLICT IS DISCLOSED AND IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PARTY MUST CALL THE CONFLICT TO THE ATTENTION OF THE BOARD AND SHALL NOT VOTE ON THE MATTER. IN FACE-TO-FACE MEETINGS, ANY PERSON HAVING A CONFLICT WILL RETIRE FROM THE ROOM AND SHALL NOT PARTICIPATE IN FINAL DELIBERATIONS OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE PERSON WILL PROVIDE THE BOARD OF DIRECTORS WITH ANY AND ALL RELEVANT INFORMATION.

THE OFFICERS AND BOARD OF DIRECTORS REVIEW THE POLICY NO LESS THAN ANNUALLY TO DETERMINE THE NEED FOR REVISION. A COPY OF THE POLICY IS PROVIDED TO EACH OFFICER, MEMBER OF THE BOARD OF DIRECTORS AND EACH STAFF MEMBER SERVING THE FOUNDATION OR WHO MAY BECOME ASSOCIATED WITH IT AT THE TIME OF THEIR ASSOCIATION. THE POLICY IS REVIEWED NO LESS THAN ANNUALLY FOR THE INFORMATION AND GUIDANCE OF ALL SUCH PERSONS. ANY NEW OFFICER, MEMBER OF THE BOARD OF DIRECTORS, AND NEW STAFF MEMBER IS ADVISED OF THE

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

POLICY UPON UNDERTAKING THE DUTIES OF THEIR POSITION. EACH PERSON ANNUALLY SIGNS A STATEMENT AFFIRMING: RECEIPT OF A COPY OF THE POLICY; HIS/HER UNDERSTANDING OF THE POLICY; AGREEMENT TO COMPLY WITH THE POLICY; AND VERIFICATION THAT HE/SHE HAS DISCLOSED ANY POTENTIAL CONFLICTS OF INTEREST.

## FORM 990, PART VI, SECTION B, LINE 15

## COMPENSATION REVIEW PROCESS

IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, THERE IS NO COMPENSATION PAID TO OFFICERS OR DIRECTORS. IN 2021, THE BOARD OF DIRECTORS REAFFIRMED ITS POLICY THAT AUTHORIZES A PER DIEM BE PAID TO DIRECTORS AND OFFICERS WHOSE DUTIES REQUIRE THEIR ATTENDANCE AT BOARD OF DIRECTORS MEETINGS OR SUCH OTHER EVENTS WHERE THEY SERVE AS REPRESENTATIVES OF OR TRAVEL ON BUSINESS FOR THE FOUNDATION. THE PRESIDENT DOES NOT RECEIVE COMPENSATION FOR SERVICES RENDERED IN CONJUNCTION WITH HIS POSITION AND EXERCISES SUPERVISION OVER THE FOUNDATION'S AFFAIRS IN ACCORDANCE WITH POLICIES, DECISIONS AND MANDATES OF THE BOARD.

AS ALL OF THE MEMBERS OF THE BOARD ARE VOLUNTEERS, THE BOARD HAS CONTRACTED WITH DAV (DISABLED AMERICAN VETERANS) TO UTILIZE THE SERVICES OF A DAV EMPLOYEE TO SERVE AS THE ADMINISTRATOR OF THE FOUNDATION. THE FOUNDATION REIMBURSED THE DAV \$42,799.21 IN 2021 FOR THOSE SERVICES. THE ADMINISTRATOR ASSISTS THE PRESIDENT AND OTHER OFFICERS IN THE IMPLEMENTATION OF BOARD DIRECTIVES. SHE ALSO ENSURES THAT THE PRESIDENT AND OTHER BOARD MEMBERS ARE KEPT FULLY ABREAST OF EVEN ROUTINE MATTERS SO THAT THEY MAY FULLY CARRY OUT THEIR RESPONSIBILITIES.

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Name of the organization

### FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND ACCESSIBLE FROM THE NATIONAL SERVICE FOUNDATION'S WEBSITE NSF.DAV.ORG. THE ANNUAL REPORT AND MOST RECENT FORM 990 ARE ALSO ACCESSIBLE FROM THE NATIONAL SERVICE FOUNDATION'S WEBSITE, NSF.DAV.ORG, AND UPON REQUEST OR FOR PUBLIC INSPECTION AT THE NATIONAL SERVICE FOUNDATION'S ADMINISTRATIVE OFFICE, 860 DOLWICK DRIVE, ERLANGER, KY

41018.

## FORM 990, PART VII, SECTION A

NAME & TITLE

STEPHEN E. WHITEHEAD

DIRECTOR (1/21-7/21), EX-OFFICIO (8/21-12/21)

Schedule O (Form 990 or 990-EZ) 2021						
Name of the organization Employer identification number						
DISABLED AMERICAN VETERANS NATIONAL	52-1516071					

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI,