

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

## A For the 2021 calendar year, or tax year beginning and ending

|   |   |   |   |
|---|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION</u><br>Doing Business As        |   | <b>D</b> Employer identification number<br><u>52-1516071</u>  |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>860 DOLWICK DRIVE</u>       |   | <b>E</b> Telephone number<br><u>(859) 441-7300</u>  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><u>ERLANGER, KY 41018</u>                   |   | <b>G</b> Gross receipts \$ <u>27,228,629.</u>   |
|   | <b>F</b> Name and address of principal officer: <u>ARTHUR H. WILSON</u><br><u>860 DOLWICK DRIVE, ERLANGER, KY 41018</u> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>J</b> Website: ▶ <u>NSF.DAV.ORG</u>  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: <u>1986</u> | <b>M</b> State of legal domicile: <u>DC</u>   |

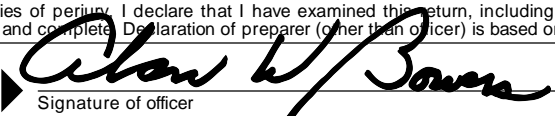
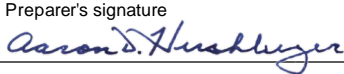
## Part I Summary

|   |  |  |                     |
|---|--|--|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>DEVELOPS FINANCIAL RESOURCES FOR THE ASSISTANCE, AID, MAINTENANCE, CARE, SUPPORT AND REHABILITATION OF SICK AND INJURED VETERANS AND THEIR DEPENDENTS, (CONTINUED ON SCHEDULE O)</u> |  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <u>7</u>            |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <u>7</u>            |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b>   | <u>NONE</u>         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <u>9</u>            |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  |                     |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34                    | <b>7b</b>  |  |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>  | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <u>1,610,026.</u>  | <u>1,082,756.</u>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <u>NONE</u>  | <u>NONE</u>         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <u>11,045,045.</u>   | <u>11,058,537.</u>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <u>12,655,071.</u>   | <u>12,141,293.</u>  |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>5,968,568.</u>   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | <u>NONE</u>  | <u>NONE</u>         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | <u>NONE</u>  | <u>NONE</u>         |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | <u>NONE</u>  | <u>NONE</u>         |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>90,696.</u>         |  |  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | <u>393,656.</u>  | <u>416,395.</u>     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <u>6,362,224.</u>  | <u>6,373,842.</u>  |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <u>6,292,847.</u>  | <u>5,767,451.</u>  |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b>   | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <u>163,253,895.</u>  | <u>181,997,674.</u> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | <u>176,763.</u>  | <u>168,694.</u>     |
|   |  | <u>163,077,132.</u>  | <u>181,828,980.</u> |

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## Part II Signature Block

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

|                               |   |   |   |
|-------------------------------|---|---|---|
| <b>Sign Here</b>              | <br>Signature of officer |   | <u>7/29/2022</u><br>Date                        |
|                               | ALAN W. BOWERS<br>Type or print name and title  |   | SEC. / TREASURER                                |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>AARON HERSHBERGER</u>  | Preparer's signature<br> | Date<br><u>07.28.2022</u>                       |
|                               | Firm's name ▶ <u>FORVIS, LLP</u>  | Firm's EIN ▶ <u>44-0160260</u>  | Check <input type="checkbox"/> if self-employed |
|                               | Firm's address ▶ <u>312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202</u>                                  | Phone no. <u>513-621-8300</u>   | PTIN <u>P00961884</u>                           |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

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

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

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

**4a** (Code: ) (Expenses \$ 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.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .   |     | X  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .   |     |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .  |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .   | X   |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .   | X   |    |
| <b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .  |     | X  |
| <b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .   |     | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .   |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . . |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions . . . . .  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, 12a Section 4947(a)(1) non-exempt charitable trusts, 13 Section 501(c)(29) qualified nonprofit health insurance issuers, 14a-14b, 15, 16, 17 Section 501(c)(21) organizations.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (7), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

BRIDGETTE G. SORRELL, 860 DOLWICK DRIVE, ERLANGER, KY 41018
859-441-7300

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

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

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

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

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

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) ALAN W. BOWERS<br>SECRETARY/TREASURER            | 3.00<br>NONE   | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (2) J. MARC BURGESS<br>VICE PRESIDENT                | 3.00<br>NONE   | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (3) GLENN E. HOHMAN<br>DIRECTOR                      | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (4) JOSEPH W. JOHNSTON<br>DIRECTOR                   | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (5) LISA M. KIRK<br>DIRECTOR (1/21-7/21)             | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (6) ANDREW H. MARSHALL<br>DIRECTOR (8/21-12/21)      | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (7) DELPHINE METCALF-FOSTER<br>DIRECTOR (8/21-12/21) | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (8) STEPHEN E. WHITEHEAD<br>SEE SCHEDULE O           | 2.00<br>NONE   | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (9) ARTHUR H. WILSON<br>PRESIDENT                    | 3.00<br>NONE   | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (10)   |  |  |                       |         |              |                              |        |   |  |   |
| (11)   |  |  |                       |         |              |                              |        |   |  |   |
| (12)   |  |  |                       |         |              |                              |        |   |  |   |
| (13)   |  |  |                       |         |              |                              |        |   |  |   |
| (14)   |  |  |                       |         |              |                              |        |   |  |   |





**Part VIII Statement of Revenue**

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

|   |   |   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|---|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                 | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>   |   |                      |  |                                      |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>   |   |                      |  |                                      |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>   |   |                      |  |                                      |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>   |   |                      |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions) . .  | <b>1e</b>   |   |                      |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>   | 1,082,756.  |                      |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b>   | \$  |                      |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |   |   | 1,082,756.           |  |                                      |   |  |
|   | <b>Program Service Revenue</b>  | <b>2a</b> _____   | Business Code   |                      |  |                                      |   |  |
| <b>b</b> _____  |   |   |   |                      |  |                                      |   |  |
| <b>c</b> _____  |   |   |   |                      |  |                                      |   |  |
| <b>d</b> _____  |   |   |   |                      |  |                                      |   |  |
| <b>e</b> _____  |   |   |   |                      |  |                                      |   |  |
| <b>f</b> All other program service revenue . . . . .                          |   |   |   |                      |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                   |   |   |   | NONE                 |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶  |   |   | 4,371,441.           |  |                                      | 4,371,441.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . ▶   |   |   | NONE                 |  |                                      |   |  |
|   | <b>5</b> Royalties . . . . . ▶  |   |   | NONE                 |  |                                      |   |  |
|   | <b>6a</b> Gross rents . . . . .   | <b>6a</b>   | (i) Real  | (ii) Personal        |  |                                      |   |  |
|   |   |   | <b>b</b> Less: rental expenses                                    | <b>6b</b>            |  |                                      |   |  |
|   |   |   | <b>c</b> Rental income or (loss)                                  | <b>6c</b>            | NONE   | NONE                                 |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶  |   |   | NONE                 |  |                                      |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  | <b>7a</b>   | (i) Securities  | (ii) Other           |  |                                      |   |  |
|   |   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . .      | <b>7b</b>            | 21,774,432.                                  |                                      |   |  |
|   |   |   | <b>c</b> Gain or (loss) . . . . .                                 | <b>7c</b>            | 15,087,336.                                  |                                      |   |  |
|   | <b>d</b> Net gain or (loss) . . . . . ▶   |   |   | 6,687,096.           |  |                                      | 6,687,096.  |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |   |                      |  |                                      |   |  |
|   |   |   | <b>b</b> Less: direct expenses . . . . .                          | <b>8b</b>            | NONE   | NONE                                 |   |  |
|   |   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶ |                      |  | NONE                                 |   |  |
|   | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  | <b>9a</b>   |   |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .                                      |   |   | <b>9b</b>   | NONE                 | NONE   |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶              |   |   |   |                      | NONE   |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>10a</b>  |   |   |                      |  |                                      |   |  |
|   |   | <b>b</b> Less: cost of goods sold . . . . .                       | <b>10b</b>  | NONE                 | NONE   |                                      |   |  |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶ |   |                      | NONE   |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | <b>11a</b> _____  | Business Code   |   |                      |  |                                      |   |  |
|   | <b>b</b> _____  |   |   |                      |  |                                      |   |  |
|   | <b>c</b> _____  |   |   |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue . . . . .  |   |   |                      |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |   |   | NONE                 |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                         |   |   | 12,141,293.   |                      |  | 11,058,537.                          |   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 5,957,447.            | 5,957,447.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | NONE                  |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | NONE                  |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | NONE                  |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | NONE                  |                                 |  |                             |
| <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) . . . . .  | NONE                  |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | NONE                  |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | NONE                  |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   | NONE                  |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .  | NONE                  |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | NONE                  |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 6,841.                |                                 |  | 6,841.                      |
| <b>c</b> Accounting . . . . .  | 25,967.               |                                 | 25,967.                                |                             |
| <b>d</b> Lobbying . . . . .  | NONE                  |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .   | NONE                  |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 138,828.              |                                 | 138,828.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .   | 70,044.               |                                 | 61,764.                                | 8,280.                      |
| <b>12</b> Advertising and promotion . . . . .  | NONE                  |                                 |  |                             |
| <b>13</b> Office expenses . . . . .  | 91,864.               | 2,343.                          | 20,429.                                | 69,092.                     |
| <b>14</b> Information technology . . . . .   | NONE                  |                                 |  |                             |
| <b>15</b> Royalties . . . . .  | NONE                  |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | NONE                  |                                 |  |                             |
| <b>17</b> Travel . . . . .   | 4,136.                |                                 | 4,136.                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | NONE                  |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | NONE                  |                                 |  |                             |
| <b>20</b> Interest . . . . .   | NONE                  |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   | NONE                  |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 1,057.                |                                 | 1,057.                                 |                             |
| <b>23</b> Insurance . . . . .  | 3,839.                |                                 | 3,839.                                 |                             |
| <b>24</b> 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.)  |                       |                                 |  |                             |
| <b>a</b> GRANT PROPOSAL PROCESSING   | 59,143.               | 59,143.                         |  |                             |
| <b>b</b> REGISTRATION FEES   | 10,308.               |                                 | 3,825.                                 | 6,483.                      |
| <b>c</b> AWARDS  | 4,368.                |                                 | 4,368.                                 |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 6,373,842.            | 6,018,933.                      | 264,213.                               | 90,696.                     |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|---|--|--------------------------|--------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | NONE                     | <b>1</b>     | NONE               |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 2,408,114.               | <b>2</b>     | 1,880,984.         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | NONE                     | <b>3</b>     | NONE               |
|   | <b>4</b> Accounts receivable, net . . . . .  | 26,460.                  | <b>4</b>     | 139,410.           |
|   | <b>5</b> 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                     | <b>5</b>     | NONE               |
|   | <b>6</b> 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                     | <b>6</b>     | NONE               |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | NONE                     | <b>7</b>     | NONE               |
|   | <b>8</b> Inventories for sale or use . . . . .   | 793.                     | <b>8</b>     | 932.               |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 11,788.                  | <b>9</b>     | 21,511.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 10,568.       |              |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 1,057.        | <b>10c</b>   | 9,511.             |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 160,780,619.             | <b>11</b>    | 179,941,570.       |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | NONE                     | <b>12</b>    | NONE               |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | NONE                     | <b>13</b>    | NONE               |
|   | <b>14</b> Intangible assets . . . . .  | NONE                     | <b>14</b>    | NONE               |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 17,706.                  | <b>15</b>    | 3,756.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 163,253,895.   | <b>16</b>                | 181,997,674. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 176,763.                 | <b>17</b>    | 168,694.           |
|   | <b>18</b> Grants payable . . . . .   | NONE                     | <b>18</b>    | NONE               |
|   | <b>19</b> Deferred revenue . . . . .   | NONE                     | <b>19</b>    | NONE               |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | NONE                     | <b>20</b>    | NONE               |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | NONE                     | <b>21</b>    | NONE               |
|   | <b>22</b> Loans and other 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 . . . . .     | NONE                     | <b>22</b>    | NONE               |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | NONE                     | <b>23</b>    | NONE               |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | NONE                     | <b>24</b>    | NONE               |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | NONE                     | <b>25</b>    | NONE               |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 176,763.                 | <b>26</b>    | 168,694.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 85,012,999.              | <b>27</b>    | 94,506,568.        |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 78,064,133.              | <b>28</b>    | 87,322,412.        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>    |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>    |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>    |                    |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 163,077,132.             | <b>32</b>    | 181,828,980.       |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 163,253,895.   | <b>33</b>                | 181,997,674. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 12,141,293.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,373,842.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,767,451.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 163,077,132. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 12,984,397.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |              |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 181,828,980. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION) and Employer identification number (52-1516071)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(4) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

- [X] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

|  |   |
|--|---|
| Name of organization <b>DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION</b> | <b>Employer identification number</b><br>52-1516071 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |        |                                     |  |         |                          |  |         |                          |  |
|------------|-------------------------------------|----------------------------|---|--------|-------------------------------------|--|---------|--------------------------|--|---------|--------------------------|--|
| 1          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 2          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 3          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 4          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 5          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 6          | N/A<br><hr/> <hr/>                  | \$ 5,000.                  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |

Name of organization **DISABLED AMERICAN VETERANS NATIONAL  
SERVICE FOUNDATION****Employer identification number**  
52-1516071**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A<br><br>                       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | N/A<br><br>                       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | N/A<br><br>                       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | N/A<br><br>                       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | N/A<br><br>                       | \$ 5,100.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | N/A<br><br>                       | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **DISABLED AMERICAN VETERANS NATIONAL  
SERVICE FOUNDATION**

Employer identification number  
**52-1516071**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | N/A                               | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | N/A                               | \$ 6,848.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | N/A                               | \$ 6,853.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | N/A                               | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | N/A                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | N/A                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization <b>DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION</b> | Employer identification number<br><b>52-1516071</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | N/A                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | N/A                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | N/A                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | N/A                               | \$ 10,243.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | N/A                               | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | N/A                               | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization <b>DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION</b> | Employer identification number<br><b>52-1516071</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | N/A                               | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | N/A                               | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | N/A                               | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | N/A                               | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | N/A                               | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | N/A                               | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization <b>DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION</b> | <b>Employer identification number</b><br>52-1516071 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | N/A<br><hr/> <hr/>                | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | N/A<br><hr/> <hr/>                | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | N/A<br><hr/> <hr/>                | \$ 75,200.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | N/A<br><hr/> <hr/>                | \$ 101,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/>                       | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/>                       | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION

Employer identification number 52-1516071

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 83,859,721.      | 75,525,411.    | 65,727,984.        | 70,513,109.          | 61,882,174.         |
| <b>b</b> Contributions . . . . .                                  | 942,857.         | 938,126.       | 1,122,790.         | 823,338.             | 952,332.            |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 12,448,868.      | 10,050,581.    | 12,657,767.        | -3,165,802.          | 9,103,220.          |
| <b>d</b> Grants or scholarships . . . . .                         | 2,495,903.       | 2,263,489.     | 2,123,798.         | 2,106,236.           | 506,551.            |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 759,143.         | 60,348.        | 1,544,050.         | 42,827.              | 647,561.            |
| <b>f</b> Administrative expenses . . . . .                        | 354,909.         | 330,560.       | 315,282.           | 293,598.             | 270,505.            |
| <b>g</b> End of year balance . . . . .                            | 93,641,491.      | 83,859,721.    | 75,525,411.        | 65,727,984.          | 70,513,109.         |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.0000 %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .  | X   |    |
| <b>(ii)</b> Related organizations . . . . .   |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .   |                                      | 10,568.                         | 1,057.                       | 9,511.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 9,511.         |

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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 .



**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  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **DISABLED AMERICAN VETERANS NATIONAL  
SERVICE FOUNDATION**

Employer identification number  
**52-1516071**

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

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

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> DEPT OF CO - DISABLED AMERICAN VETERANS<br>1485 HOLLAND ST LAKEWOOD, CO 80215          | 80-0388439 | 501(C)(4)                       | 118,900.                 |                                   |   |                                       | SEE PART IV                             |
| <b>(2)</b> DEPT OF DE - DISABLED AMERICAN VETERANS<br>183 SOUTH ST CAMDEN, DE 19934               | 23-7169083 | 501(C)(4)                       | 17,700.                  |                                   |   |                                       | HOSPITAL SERVICE<br>COORDINATOR PROGRAM |
| <b>(3)</b> DEPT OF GA - DISABLED AMERICAN VETERANS<br>4462 HOUSTON AVE MACON, GA 31206            | 58-6043522 | 501(C)(4)                       | 30,000.                  |                                   |   |                                       | SEE PART IV                             |
| <b>(4)</b> DEPT OF ME - DISABLED AMERICAN VETERANS<br>PO BOX 3415 AUGUSTA, ME 04330               | 51-0169791 | 501(C)(4)                       | 22,949.                  |                                   |   |                                       | HOSPITAL SERVICE<br>COORDINATOR PROGRAM |
| <b>(5)</b> DEPT OF MT - DISABLED AMERICAN VETERANS<br>173 BROADWAY ST FT HARRISON, MT 59636       | 81-0245122 | 501(C)(4)                       | 58,400.                  |                                   |   |                                       | HOSPITAL SERVICE<br>COORDINATOR PROGRAM |
| <b>(6)</b> DEPT OF NE - DISABLED AMERICAN VETERANS<br>3107 25TH ST COLUMBUS, NE 68601             | 47-0462717 | 501(C)(4)                       | 96,000.                  |                                   |   |                                       | SEE PART IV                             |
| <b>(7)</b> DEPT OF NV - DISABLED AMERICAN VETERANS<br>2775 MEADOW PARK AVE HENDERSON, NV 89052    | 88-0191079 | 501(C)(4)                       | 57,400.                  |                                   |   |                                       | SEE PART IV                             |
| <b>(8)</b> DEPT OF TN - DISABLED AMERICAN VETERANS<br>PO BOX 296 LAWRENCEBURG, TN 38464           | 62-6074303 | 501(C)(4)                       | 10,100.                  |                                   |   |                                       | DEPARTMENT SERVICE<br>OFFICER           |
| <b>(9)</b> DEPT OF UT - DISABLED AMERICAN VETERANS<br>273 EAST 800 SOUTH SALT LAKE CITY, UT 84111 | 87-6151236 | 501(C)(4)                       | 32,000.                  |                                   |   |                                       | HOSPITAL SERVICE<br>COORDINATOR PROGRAM |
| <b>(10)</b> DEPT OF VT - DISABLED AMERICAN VETERANS<br>PO BOX 828 WHITE RIVER JCT, VT 05001       | 03-6015639 | 501(C)(4)                       | 67,100.                  |                                   |   |                                       | SEE PART IV                             |
| <b>(11)</b> DEPT OF VA - DISABLED AMERICAN VETERANS<br>PO BOX 7176 ROANOKE, VA 24019              | 54-0697376 | 501(C)(4)                       | 16,145.                  |                                   |   |                                       | HSC PROGRAM                             |
| <b>(12)</b> DEPT OF WY - DISABLED AMERICAN VETERANS<br>219 AMES AVE CHEYENNE, WY 82007            | 23-7041066 | 501(C)(4)                       | 92,200.                  |                                   |   |                                       | HOSPITAL SERVICE<br>COORDINATOR PROGRAM |

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

3 Enter total number of other organizations listed in the line 1 table ▶ 13

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **DISABLED AMERICAN VETERANS NATIONAL  
SERVICE FOUNDATION**

Employer identification number  
52-1516071

**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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> US DEPARTMENT OF VETERANS AFFAIRS<br>51 IRVING ST NW WASHINGTON, DC 20423 | 52-1688621 | GOVT ENTITY                     | 506,650.                 |                                   |   |                                       | DAV TRANSPORTATION NETWORK         |
| <b>(2)</b> DISABLED AMERICAN VETERANS<br>860 DOLWICK DR ERLANGER, KY 41018           | 31-0263158 | 501(C)(4)                       | 4,823,400.               |                                   |   |                                       | NATIONAL SERVICE PROGRAMS          |
| <b>(3)</b> DISABLED AMERICAN VETERANS<br>860 DOLWICK DR ERLANGER, KY 41018           | 31-0263158 | 501(C)(4)                       | 8,503.                   |                                   |   |                                       | LEGISLATIVE PROGRAM ACTIVITIES     |
| <b>(4)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(5)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(6)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(7)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(8)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(9)</b>   |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(10)</b>  |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(11)</b>  |            |                                 |                          |                                   |   |                                       |                                    |
| <b>(12)</b>  |            |                                 |                          |                                   |   |                                       |                                    |

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

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

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.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART II, COLUMN H

DEPT OF CO - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR PROGRAM; DEPARTMENT/CHAPTER SERVICE OFFICER

PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART II, COLUMN H

DEPT OF GA - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR AND DEPARTMENT SERVICE OFFICER PROGRAMS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART II, COLUMN H

DEPT OF NE - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR, DEPARTMENT SERVICE OFFICER AND VETERANS

OUTREACH PROGRAMS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART II, COLUMN H

DEPT OF NV - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR, DEPARTMENT SERVICE OFFICER AND HOMELESS

VETERANS PROGRAMS

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART II, COLUMN H

DEPT OF VT - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR AND HOMELESS VETERANS PROGRAMS



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

DISABLED AMERICAN VETERANS NATIONAL

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

52-1516071

**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 MAILES 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**

ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

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**2021**

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Inspection**

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

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

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

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Inspection**

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.

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

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](http://www.irs.gov/form990).

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**2021**

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Inspection**

Employer identification number

**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)

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,