Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or th	e 2022	2 calendar year, or tax year begin	ning		and ending	9					
_		[C Name of organization DISABLE	D AMERICAN VETER	ANS NA	TIONAL		D Employer id	entific	ation num	ber	
Вс	heck if ap	oplicable:	SERVICE FOUNDATION									
	Addre		Doing Business As					52	-151	L6071		
	7	change	Number and street (or P.O. box if mail is r	not delivered to street address)		Room/suite		E Telephone n				
	+	return	860 DOLWICK DRIVE					(8	59)4	441-73	0.0	
	+	inated	City or town, state or province, country, a	nd ZIP or foreign postal code				(0	0, ,			
	Amer	nded	ERLANGER, KY 41018					G Gross receip	ots \$	27,50	7 0	27
	return Applie	cation	F Name and address of principal officer:	JOSEPH W. JOHN	ISTON			H(a) Is this a gro	up retur		Yes	X No
	pendi	ing	860 DOLWICK DRIVE, ER					subordinates H(b) Are all subord		cluded?	Yes	No
$\overline{}$	Tax-ex	empt stat		·	.947(a)(1)	or 527				. (see instruc		
<u>:</u>		•	NSF.DAV.ORG	(Insert no.)	347 (a)(1)	01 327		H(c) Group exem			,	
<u>к</u>				Association Other		I Vear of t	formati	ion: 1986 M			micile:	DC
	art I	-	nmary	Association Other		L real or i	Omnati	1011. 1980 141	State	Ji legal dol	mone.	
	1		describe the organization's mission or	most significant activities:	רבעבו	ODC ETMA	NCT7	AT DECOID		EOD T		
d)	'		STANCE, AID, MAINTENANC	-						FOR I		
Š			INJURED VETERANS AND TH						· <u>·</u>			
rns	2											
Governance			this box if the organization di						3			7
	3	Numbe	er of voting members of the governing	body (Part VI, line Ia)	المام مالم				4			
ctivities &	4		er of independent voting members of the						5		-	
Ζ	5		number of individuals employed in cale						6			NONE
۲cti	6	Totaln	number of volunteers (estimate if necess	sary)								9
•			inrelated business revenue from Part VI						7a			
_	D	Net un	related business taxable income from F	-orm 990-1, line 34				Prior Year	7b	Curr	ent Ye	
		0 ()										
ne	8		outions and grants (Part VIII, line 1h)		COP	Y FOR		1,082,7		<u>_</u>	802	,215.
Revenue	9		m service revenue (Part VIII, line 2g)		PUBLIC IN	ISPECTION			ONE			NONE
Re	10		ment income (Part VIII, column (A), line	s 3, 4, and 7d)				11,058,53			641	<u>,055.</u>
	11		revenue (Part VIII, column (A), lines 5,						ONE			NONE
	12		evenue - add lines 8 through 11 (must					12,141,29				<u>,270.</u>
	13		and similar amounts paid (Part IX, colu				5,957,4		6,	168	<u>,867.</u>	
	14		ts paid to or for members (Part IX, colur					ONE				
ses	15		es, other compensation, employee bene			ONE			NONE			
Expenses	16a		sional fundraising fees (Part IX, column					N	ONE			NONE
Ä	b		undraising expenses (Part IX, column (I									
	17		expenses (Part IX, column (A), lines 11a					416,3				<u>,354.</u>
			expenses. Add lines 13-17 (must equal					6,373,84				,221.
_ v	19	Revenu	ue less expenses. Subtract line 18 from	line 12				5,767,4				<u>,049.</u>
Net Assets or Fund Balances		_						ning of Current			of Yea	
ssei	20						1	81,997,6				<u>,801.</u>
nd E	21		abilities (Part X, line 26)					168,6				<u>,344.</u>
			sets or fund balances. Subtract line 21	from line 20	<u> </u>		1	.81,828,98	30.	<u>154,</u>	572	<u>,457.</u>
	rt II		nature Block									
Une	der pei e, corre	nalties of ect, and c	f perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompany officer) is based on all informa	ing schedution of whi	iles and stateme ch preparer has	ents, a	and to the best on nowledge.	f my k	nowledge	and be	lief, it is
				2				07.20	7 20	133		
Sig	ın	=	Signature of officer					Date	7.20			
He		1 '	(<i>) 1 / /</i>	ont				Date				
	. •	_	Joseph Johnston, Presid	ent								
			Type or print name and title	Duen quelle sisse siss		D-1-				TINI		
Paid	d		Type preparer's name	Preparer's signature		Date 07 17 2	ທາວ	Check	J "	TIN		
	parer	AARO	N HERSHBERGER	Claron S. Hush	luger	07.17.2	UZ3	self-employ		P00961		
	Only	Firm's	name ▶ FORVIS, LLP)			Firm's EIN		1-0160		
		1		UITE 3000 CINCINNATI, O	Н 45202			Phone no.	51	L3-621		00
			cuss this return with the preparer showr	· , ,	<u>.</u>	<u></u>			<u> </u>	. X Ye		No
For	Pape	rwork R	Reduction Act Notice, see the separate	e instructions.						Forn	n 990	(2022)

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Pa	art III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	Х
1	,	describe the organization's mission:	
		LOPS FINANCIAL RESOURCES FOR THE ASSISTANCE, AID, MAINTENANCE,	
1 2 3 4		, SUPPORT AND REHABILITATION OF SICK AND INJURED VETERANS AND	
		R DEPENDENTS, EITHER DIRECTLY OR BY CONTRIBUTIONS TO THE SERVICE	
_		RAMS OF THE DISABLED AMERICAN VETERANS (CONTINUED ON SCHEDULE O)	
2		e organization undertake any significant program services during the year which were not listed on the	
			X No
_		describe these new services on Schedule O.	
3		e organization cease conducting, or make significant changes in how it conducts, any program	X No
		s?	Y NO
4		be the organization's program service accomplishments for each of its three largest program services, as measu	red by
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
		al expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,228,253. including grants of \$ 6,168,867.) (Revenue \$)	
	` -	TS TO DAV DEPARTMENTS AND CHAPTERS AWARDED THROUGH THE	
		MBIA TRUST HELPED TO PURCHASE VEHICLES DONATED TO THE U.S.	
	DEPT	OF VETERANS AFFAIRS (VA). MANNED BY VOLUNTEER DRIVERS, THE	
	VEHI	CLES TRANSPORT SICK AND INJURED VETERANS TO/FROM VA MEDICAL	
	FACI	LITIES FOR CARE AND TREATMENT. GRANTS ALSO SUPPORT DAV'S	
	HOSP	ITAL SERVICE COORDINATOR PROGRAM UNDER WHICH THE VOLUNTEER	
	DRIV	ERS MANAGE THE TRANSPORTATION REQUESTS. ADDITIONALLY, GRANTS	
	SUPP	ORT DAV'S NATIONAL AND STATE DEPARTMENT SERVICE PROGRAMS IN	
	PROV	IDING REPRESENTATION FOR VETERANS AND THEIR FAMILIES WITH	
	BENE:	FITS CLAIMS FROM THE VA, DEPT OF DEFENSE AND OTHER GOVERNMENT	
	_AGEN	CIES; (CONTINUED ON SCHEDULE O)	
_			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70	(Code.		
4d	Other p	program services (Describe on Schedule O.)	
	(Expens		
40	<u> </u>	rogram service expenses 6 228 253	

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		37
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			- 21
	complete Schedule D, Part III	8		Х
9	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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	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? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		37
12 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		X
120		12a	Х	
h	Schedule D, Parts XI and XII	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
••	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
h		28b		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	200		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
		31		- 2\(\)
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34		Х
25.				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
30	19? Note: All Form 990 filers are required to complete Schedule O	20	77	
Dowl		38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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OIIII	330 (2022)			age C
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
-		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		- 1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		37
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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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

Sect	ion A. Governing Body and Management	• • •		· · ·		21
	ggg				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
ıu	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hin with			
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	ırpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		40-	3.5	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeg	juard the	16b		
Secti	ion 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 990-1	[(sec	tion 5	(01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		(300		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's benefit and a company of the person who possesses the organization's benefit and the person who person	ooks	and record	s		

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office or direct	unle	Pos heck ss pe	erson	e than α is both cor/trust Highest α employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	trustee	al trustee		yee	Highest compensated employee				
(1) ALAN W. BOWERS	3.00									
SECRETARY/TREASURER	NONE	X		Х				NONE	NONE	NONE
(2) J. MARC BURGESS	3.00							1.01.2	1,01,1	1,01,2
VICE PRESIDENT	NONE	X		X				NONE	NONE	NONE
(3) GLENN E. HOHMAN	2.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(4) JOSEPH W. JOHNSTON	3.00									
SEE SCHEDULE O	NONE	х		X				NONE	NONE	NONE
(5) ANDREW H. MARSHALL	2.00							-	-	
DIR/EX-OFFICIO (SEE SCH O)	NONE	Х						NONE	NONE	NONE
(6) DELPHINE METCALF-FOSTER	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) JOSEPH P. PARSETICH	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) JAMES A. PROCUNIER	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) STEPHEN E. WHITEHEAD	2.00									
EX-OFFICIO MEMBER (1/22-8/22)	NONE	X						NONE	NONE	NONE
(10) ARTHUR H. WILSON	3.00									
PRESIDENT (1/22-8/23/22)	NONE	Х		Х				NONE	NONE	NONE
(11)										
(12)										
(13)										
(14)										
								1		

Form **990** (2022)

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Pa	Section A. Officers, Directors, Tru	istees, Ke	y ⊑m	pio	yee	es, a	and i	ııgı	nest Compensat	ea Employ	rees (c	ontinued		_
	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles r and	neck s pe	ition more rson irect	than of the thick that the thick the thick the thick the thick the thick the thic	an ee)	(D) Reportable compensation from the organization	Reporta compensation related organizat (W-2/1099-	on from d ions	Estin amo otl compe	mated unt of her ensation n the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and r	nization related izations	
			-									ı		
												1		
												ı		
			•									ı		
			-											
			-											
С	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						* * *	NONE NONE NONE		NONE NONE		NON NON NON	ΙĒ
	Total number of individuals (including but not I reportable compensation from the organization	imited to t			d al		e) who	o re						
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu				ste	e, I	кеу е					3	Yes No	
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,00	00?	If	"Yes	s," (complete Schedu			4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	satio	on f	rom	any	uni	related organization			5	X	
Se	ction B. Independent Contractors													_
1	Complete this table for your five highest componentation from the organization. Report of year.													
	(A) Name and business add	ress							(B) Description of se	ervices	С	(C) Compensa	tion	
_														_
														_
														-
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos		isted above) who	received				

Form 990 (2022) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a r	espor	se or note to ar	y line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns	1a 1b 1c 1d 1e 1f		1,802,215.			Sections 312-314
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		Business Code	NONE			
	3 4 5 6a b	Investment income (including divide other similar amounts)	ends, bond	interest, and proceeds	4,007,371. NONE NONE			4,007,371.
Revenue	c d 7a b	Rental income or (loss) 6c Net rental income or (loss)	ities 7,441.		NONE			
Other Ro	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b	NONE NONE				3,633,684.
	c 10a	Gross income from gaming activities. See Part IV, line 19	9b vities .	NONE NONE NONE	NONE			
scellaneous Revenue	11a b c	Less: cost of goods sold Net income or (loss) from sales of inven	tory		NONE			
Σ	d e 12	All other revenue			NONE 9,443,270.			7,641,055.

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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 resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,168,867.	6,168,867.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	6,840.			6,840
	Accounting	24,624.		24,624.	0,010
	-	NONE		21,021.	
	Lobbying Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	129,744.		129,744.	
		120,711.		120,711.	
y	Other. (If line 11g amount exceeds 10% of line 25, column	67,674.		57,727.	9,947
40	(A), amount, list line 11g expenses on Schedule O.)	NONE		51,121.	J, J=1.
	Advertising and promotion	128,862.	3,076.	23,396.	102,390.
13	Office expenses	NONE	3,076.	23,390.	102,390.
14	Information technology				
15	Royalties	NONE			
16	, , , , , , , , , , , , , , , , , , , ,	NONE		10 700	
	Travel	10,702.		10,702.	
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE		0 114	
	Depreciation, depletion, and amortization	2,114.		2,114.	
	Insurance	4,166.		4,166.	
24	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.)	FC 210	FC 210		
	GRANT PROPOSAL PROCESSING	56,310.	56,310.	2 005	E 000
	REGISTRATION FEES	11,027.		3,825.	7,202.
	AWARDS MT GGILL ANDOUG	12,503.		12,503.	
	MISCELLANEOUS	788.		788.	
	All other expenses	6 604 001	6 000 050	060 500	106 050
	Total functional expenses. Add lines 1 through 24e	6,624,221.	6,228,253.	269,589.	126,379.
∠ 6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
_	-				

Form 990 (2022)

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X						
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	NONE	1	NONE				
	2	Savings and temporary cash investments	1,880,984.	2	2,661,507.				
	3	Pledges and grants receivable, net	NONE	3	NONE				
	4	Accounts receivable, net	139,410.	4	20,391.				
	5	Loans and other receivables from any current or former officer, director,							
		trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of these persons	NONE	5	NONE				
	6	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE				
ts	7	Notes and loans receivable, net	NONE	7	NONE				
Assets	8	Inventories for sale or use	932.	8	119.				
As	9	Prepaid expenses and deferred charges	21,511.	9	12,615.				
	_	Land, buildings, and equipment: cost or other	21,011.		12,010.				
		basis. Complete Part VI of Schedule D 10a 10,568.							
	h	Less: accumulated depreciation	9,511.	100	7,399.				
	11	Investments - publicly traded securities	179,941,570.	11	151,993,435.				
	12	Investments - other securities. See Part IV, line 11	NONE		NONE				
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE				
	14		NONE						
	15	Intangible assets	3,756.		NONE				
		Other assets. See Part IV, line 11		15	26,335.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	181,997,674.	16	154,721,801.				
	17	Accounts payable and accrued expenses	168,694.	17	149,344.				
	18	Grants payable	NONE		NONE				
	19	Deferred revenue	NONE		NONE				
	20	Tax-exempt bond liabilities	NONE		NONE				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE				
Liabilities	22	Loans and other payables to any current or former officer, director,							
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%							
įä		controlled entity or family member of any of these persons	NONE		NONE				
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE				
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE				
	25	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	25	NONE				
	26	Total liabilities. Add lines 17 through 25	168,694.	26	149,344.				
Section		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.							
<u>a</u>	27	Net assets without donor restrictions	94,506,568.	27	80,738,332.				
Ä	28	Net assets with donor restrictions	87,322,412.	28	73,834,125.				
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds		29					
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31					
ĭ,	32	Total net assets or fund balances	181,828,980.	32	154,572,457.				
Net	33	Total liabilities and net assets/fund balances	181,997,674.	33	154,721,801.				
_			101,001,014.	<u> </u>	Form 990 (2022)				

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,4	43,	<u> 270</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	24,	<u> 221</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	:	2,8	19,	049
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	1,8	28,	<u>980</u>
5	Net unrealized gains (losses) on investments	5	<u>-3</u>	0,0	75,	<u>572</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	<u> </u>	4,5	72,	<u>457</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	า a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		I	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	000	<u> </u>
				Form	990	(2022)

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Internal Revenue Service **Employer identification number** Name of the organization DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION 52-1516071 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(4) (enter number) 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Employer identification number 52-1516071

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$172,895.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$104,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$425,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-1516071

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if additiona	I space is needed.
	•••••••	(000 111011 40110110).	Coo aapnoato co	pioo oi i aiti ii aaaiiioilo	a opaco io nicoaca.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$17,302.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 52-1516071

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$10,209.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-1516071

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$7,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	N/A	\$7,349.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 52-1516071

Part I	Contributors (see instruction	ns). Use duplicate copies of	f Part I if additional space is needed.
--------	-------------------------------	------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-1516071

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION

Employer identification number 52-1516071

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION 52-1516071 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION 52-1516071 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **2**

Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or Other	Similar Assets (d	continued)
3	Using the organization's acquisition	n, accession, and o	other records, chec	k any of the follow	ving that make sigr	nificant use of its
	collection items (check all that appl	ly):				
а	Public exhibition		d Loan	or exchange progra	m	
b	Scholarly research		e Other			
С	Preservation for future gener	rations				
4	Provide a description of the organ	nization's collections	and explain how	they further the or	ganization's exemp	t purpose in Part
	XIII.					
5	During the year, did the organization				_	
	assets to be sold to raise funds rath		ained as part of the	organization's colle	ction?	Yes No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Form 990,	Part IV, line 9, or r	eported an amour	nt on Form
1a	Is the organization an agent, trust	tee, custodian or o	ther intermediary f	or contributions or	other assets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ble:	_	
					Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance					
	Did the organization include an am					Yes No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been provided	on Part XIII	
Pa	rt V Endowment Funds.	ution anamorad "Va	os" on Form 000	Dort IV line 10		
	Complete if the organiza				(A) There were head	(a) Farmusana haali
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	93,641,491.	83,859,721.	75,525,411.	65,727,984.	70,513,109.
b	Contributions	1,259,609.	942,857.	938,126.	1,122,790.	823,338.
С	Net investment earnings, gains,	11 604 468	10 440 060	10.050.501	10 655 565	2 165 000
_	and losses	-11,694,467.	12,448,868.	10,050,581.	12,657,767.	-3,165,802.
d	Grants or scholarships	2,786,661.	2,495,903.	2,263,489.	2,123,798.	2,106,236.
е	Other expenditures for facilities	E6 210	750 142	60 249	1 544 050	42 027
	and programs	56,310.	759,143.	60,348.	1,544,050.	42,827.
f	Administrative expenses	266,224. 80,097,438.	354,909.	330,560.	315,282.	293,598.
g	End of year balance		93,641,491.	83,859,721.	75,525,411.	65,727,984.
2 a	Provide the estimated percentage Board designated or quasi-endowm			, column (a)) held as	: :	
b	Permanent endowment	%	70			
	Term endowment %	/0				
·	The percentages on lines 2a, 2b, a	and 2c should equal :	100%			
3a	Are there endowment funds not in	•		are held and admi	nistered for the	
• •	organization by:	ino poddoddion or ii	io organization that	aro nora ana aann		Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the relate					3b
4	Describe in Part XIII the intended u	•	•			
Pa	rt VI Land, Buildings, and Equ	ipment.				
	Complete if the organiza	ation answered "Y				
	Description of property	(a) Cost or (inves			cumulated (d) Book value
1a	Land		,			
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other			10,568.	3,169.	7,399.
	Add lines 1a through 1e (Column		n 990 Part X colum			7 300

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	Page 3
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Part VII	Investments - Other Securities.	"Vas" on Form 00	O Port IV line 11h Con Form 000	Dort V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mark	cet value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.		tion of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the			hat reports the
	11 L 111 L EAOD		ten e e en e e e e e e e e e e e e e e e	

Schedule D (Form 990) 2022 Page 4

00044	. b (1 offi 000) 2022		i ago i
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	-20,762,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		. , . ,
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		20 005 500
е	Add lines 2a through 2d	2e	-30,075,572.
3	Subtract line 2e from line 1	3	9,313,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	129,744.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,443,270.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	6,494,477.
1 2	Total expenses and losses per audited financial statements		0,404,477.
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,494,477.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 129,744.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	129,744.
5 Part	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	6,624,221.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		
	5011 BERNEVITE TITOL		

 Schedule D (Form 990) 2022
 Page 5

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

Name of the organization DISABLED AMERICAN VI	ETERANS NA	TIONAL				Employer identificat	ion number
SERVICE FOUNDATION						52-1516071	
Part I General Information on Grants ar	nd Assistanc	е				'	
Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. Part IV Line 24 for a procession of the second of t	nts or assistand edures for mor Domestic Or	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	plete if the organiz	ation answered "Y	X Yes No No Yes" on Form 990,
Part IV, line 21, for any recipient 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEPT OF CO - DISABLED AMERICAN VETERANS 1485 HOLLAND ST LAKEWOOD, CO 80215	80-0388439	501(C)(4)	136,400.				SEE PART IV
(2) DEPT OF DE - DISABLED AMERICAN VETERANS PO BOX 407 CAMDEN, DE 19934	23-7169083	501(C)(4)	17,700.				HOSPITAL SERVICE COORDINATOR PROGRAM
(3) DEPT OF MT - DISABLED AMERICAN VETERANS PO BOX 201 HELENA, MT 59624	81-0245122	501(C)(4)	76,600.				HOSPITAL SERVICE
(4) DEPT OF NE - DISABLED AMERICAN VETERANS 1978 3RD AVE COLUMBUS, NE 68601	47-0462717	501(C)(4)	53,100.				SEE PART IV
(5) DEPT OF WA - DISABLED AMERICAN VETERANS 19200 5TH AVE NE SHORELINE, WA 98155	91-0544487	501(C)(4)	67,250.				SEE PART IV
(6) DEPT OF WY - DISABLED AMERICAN VETERANS 219 AMES AVE CHEYENNE, WY 82007	23-7041066	501(C)(4)	88,400.				HOSPITAL SERVICE
(7) US DEPARTMENT OF VETERANS AFFAIRS 51 IRVING ST NW WASHINGTON, DC 20423	52-1688621	GOVT ENTITY	331,156.				DAV TRANSPORTATION NETWORK
(8) DISABLED AMERICAN VETERANS 860 DOLWICK DR ERLANGER, KY 41018	31-0263158	501(C)(4)	5,390,800.				NATIONAL SERVICE PROGRAMS
(9) DISABLED AMERICAN VETERANS 860 DOLWICK DR ERLANGER, KY 41018	31-0263158	501(C)(4)	7,461.				LEGISLATIVE PROGRAM ACTIVITIES
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lie							17

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
l					
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

Page 2

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
2					
3					
ı					
;					
Complemental later marting Drawids II					

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 PROGRAM; DEPARTMENT/CHAPTER SERVICE OFFICER

PROGRAM

Page 2

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					
3					

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 WA - DISABLED AMERICAN VETERANS

HOSPITAL SERVICE COORDINATOR PROGRAM; DEPARTMENT/CHAPTER SERVICE OFFICER

PROGRAM; VETERANS OUTREACH PROGRAM

Page 2

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DISABLED AMERICAN VETERANS NATIONAL

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 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 ACTIVITIES IN WHICH THE FOUNDATION IS CURRENTLY ENGAGED OR IN ANY WAY MAY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

DISABLED AMERICAN VETERANS NATIONAL

52-1516071

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
POLICY UPON UNDERTAKING THE DUTIES OF THEIR POSITION. EACH PERSON

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization

_DISABLED AMERICAN VETERANS NATIONAL

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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 2022, 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 \$48,397.19 IN 2022 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.

FORM 990, PART VI, SECTION C, LINE 19

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

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Inspection

Employer identification number

DISABLED AMERICAN VETERANS NATIONAL

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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

ANDREW H. MARSHALL

DIRECTOR (21-22), EX-OFFICIO MEMBER (22-23)

JOSEPH W. JOHNSTON

DIRECTOR (21-23), PRESIDENT (8/23/22-12/22)

Name of the organization

DISABLED AMERICAN VETERANS NATIONAL

Employer identification number

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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,