efile	e Pu	ublic Visເ	ual Render	ObjectId: 20231	.1719349300611 - S	Submissio	n: 2023-06	5-20	T.	IN: 26-1446183
	0	חר	Re	eturn of Organ	nization Exemp	t From	Income	Tax	(OMB No. 1545-0047
Form	9:	90	Under section	n 501(c), 527, or 4947	(a)(1) of the Internal Re ecurity numbers on this for	venue Code	e (except priv	ate foundat	ions)	2021
		f the Treasury nue Service	•	Go to <u>www.irs.gov/F</u>	orm990 for instruction	s and the l	atest inform	ation.		Open to Public Inspection
A F	or th	ne 2021 ca	alendar year,	or tax year beginning	10-01-2021 , and en	ding 09-30	-2022			
		applicable:	C Name of organ DISABLED VET	nization FERANS NATIONAL FOUNDA	TION			D Employe	er identi	fication number
_		s change hange						26-1446	5183	
		-	Doing business	s as						
_		irn/terminated						E Telephone	e number	
		ed return tion pending	Number and st 4601 FORBES		not delivered to street addres	s) Room/suit	te	(202) 73		
- '			City or town, s	state or province, country, a	nd ZIP or foreign postal code			(202) //	0, 0011	- -
			LAŃHAM, MỔ		5 .			G Gross red	ceipts \$ 2	8,004,827
		ſ	F Name and JOSEPH VANF	address of principal offi	cer:		H(a) Is this	a group ret	turn for	
			4601 FORBES	BLVD 130			subor H(b) Are al	dinates?	00	🗌 Yes 🗹 No
I Tax		mpt status:	LANHAM, MD				includ		.5	🗆 Yes 🗌 No
		•		└ 501(c) () ◀ (insert	t no.) 🗌 4947(a)(1) or	□ 527	If "No H(c) Group			instructions.
JW	ebsi	ite:► WW	W.DVNF.ORG				Group	exemption	number	•
K Form	n of c	organization:	Corporation	n 🗌 Trust 🗌 Associatio	n 🗌 Other 🕨		L Year of forma	ation: 2007	M State	of legal domicile: DC
Pa	art I	Sum	mary							
Activities & Governance	2 3 4 5 6	Number o Number o Total num	Check this box ► □ Number of voting members of the governing body (Part VI, line 1a)				3 4 5 6	7 7 15 311		
Ac	7a	Total unre	elated business	revenue from Part VIII,	column (C), line 12 .				7a	0
	ь	Net unrel	ated business t	axable income from For	m 990-T, Part I, line 11				7b	
							Pri	or Year		Current Year
<u>e</u>	8		-	s (Part VIII, line 1h) .				34,257,3	316	28,208,565
Revenue	9			e (Part VIII, line 2g)						0
Re	10			t VIII, column (A), lines column (A), lines 5, 6c	3, 4, and 7d)	•		493,8	352	-203,738
	12		. ,		ual Part VIII, column (A),	line 12)		34,751,1	168	28,004,827
	13				in (A), lines 1–3)			1,198,0		1,490,704
	14				n (A), line 4)					0
8	15	Salaries,	other compens	ation, employee benefit	s (Part IX, column (A), lin	ies 5–10)		990,8	395	1,083,339
Exp enses	16	a Professio	nal fundraising	fees (Part IX, column (A), line 11e)					0
xbe	b	Total fundra	aising expenses (Part IX, column (D), line 2	5) 🕨 22,607,495					
ш					11d, 11f-24e)			31,915,5		29,307,069
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)					34,104,453		31,881,112
- 90	19	Revenue	iess expenses.	Subtract line 18 from li	ne 12	• •	Boginaiaa	646,7		-3,876,285
Net Assets or Fund Balances							beginning	of Current Yo	cai	End of Year
Bala	20	Total asse	ets (Part X, line	16)				4,002,7	703	4,977,769
et A				ne 26)		• •		8,842,6	522	13,693,973
		-		ices. Subtract line 21 fr	om line 20	•		-4,839,9	919	-8,716,204
Pa	rt II	Signa	ature 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

						2023-06-20	
Sign	Sig	nature of officer				Date	
Here	10	SEPH VANFONDA CE					
	, iy	pe or print name and Print/Type prepar		Preparer's signature	Date	PTI	N
Paic	4	Find type prepar		riepaiei s signature	Date		260771
	oarer	Firm's name	ABRAMS FOSTER NOLE 8	WILLIAMS PA		Firm's EIN ► 52-18	54049
Use	Only	Firm's address 🕨	2 Hamill Rd Suite 241 We	est Quadrang		Phone no. (410) 433	3-6830
			Baltimore, MD 21210				
May tl	he IRS disc	uss this return wi	th the preparer showr	above? (see instructions)			🗹 Yes 🗌 No
For P	aperwork	Reduction Act N	Notice, see the sepa	rate instructions.	Cat.	No. 11282Y	Form 990 (2021)
				Page 2			
Form	990 (2021)						Page 2
Par			ogram Service Ac	•			
1		eck if Schedule O cribe the organiza		r note to any line in this P	art III		U
- THE D	ISABLED V	ETERANS NATION	NAL FOUNDATION EXIS	STS TO CHANGE THE LIVE	S OF MEN AND WOME	EN WHO CAME HOM	E WOUNDED OR SICK
AFTEF	R DEFENDI	NG OUR SAFETY A	ND OUR FREEDOM.				
2				ogram services during the	year which were not l	isted on	
		orm 990 or 990-E					🗌 Yes 🗹 No
3			services on Schedule	O. ignificant changes in how i	t conducts any progr	am	
5	services?				· · · · · ·		🗌 Yes 🛛 No
	If "Yes," de	escribe these char	nges on Schedule O.				
4	Section 50	1(c)(3) and 501(mplishments for each of its e required to report the an orted.			
4a	(Code:)	(Expenses \$	6,916,937 including grants	of \$) (Revenue \$)
	REHABILITA KIND SUPPO	TION, AND ADVANC	ED ENGINEERING IN MED AND CORPORATIONS, PR	ZATIONS TO FUND PROGRAMS VICAL REHABILITATION.HEALTH OVIDING FOOD, WATER, CLOT BEMPLOYMENT THROUGH OUR	I & COMFORT PROGRAM HING AND HEALTH AND I	- BRINGS AID TO VETE HYGIENE ITEMS.TAILOF	RANS BY LEVERAGING IN-
4b	(Code:)	(Expenses \$	including grants of	of \$) (Revenue \$)
4c	(Code:		(Expenses \$	including grants	of ¢) (Revenue \$)
40	(couc.)	(Expenses \$	including grants (, i) (Revenue \$)

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

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10/23/24, 9:16 PM

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	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses►	6,916,937		
				Form 990 (2021)

Page 3 -----

Form	990 (2021)			Page 3
Pa	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
	Schedule A 🗐	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
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? <i>If "Yes," complete Schedule D</i> ,Part I 1 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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> 😨	11b		No
	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😵	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐒	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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>	14b		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

10/23/24, 9:16 PM

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b	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	Yes
			-

Form 990 (2021)

	990 (2021)			Page
Pa	TTIV 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	100	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt 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		 Ves	

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1a

1b

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

ь	Enter the number of	of Forms V	N-2G included	on line 1	La. Enter -	0- if not applicable
---	---------------------	------------	---------------	-----------	-------------	----------------------

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2021)

Yes

0

0

1c

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	Page 5			
Form	990 (2021)			Page 5
	tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			raye 🖬
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
a h	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources 11a			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
L.	Enter the amount of recences the organization is required to maintain by the states in	1 1	1	1

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 D
 Litter the amount of reserves the organization is required to maintain by the states in Last I

υ	which the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Form **990** (2021)

6/32

Part V Sect 1a E	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			_
Sect 1a E	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI .			_
1a E	tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 1a 7			 Image: A set of the set of the
			Yes	No
T				
b	f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
bΕ	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4 C	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5 D	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6 D	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more nembers of the governing body?	7a		No
b A F	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by he following:			
a T	The governing body?	8a	Yes	
bΕ	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
)a [Did the organization have local chapters, branches, or affiliates?	10a		No
	f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the orm?	11a	Yes	
b [Describe on Schedule O the process, if any, used by the organization to review this Form 990			
2a D	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3 D	Did the organization have a written whistleblower policy?	13	Yes	
4 C	Did the organization have a written document retention and destruction policy?	14	Yes	
5 D	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a T	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	ojects.propublica.org/nonprofits/organizations/261446183/202311719349300611/full		I	

16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
Ь	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
Se	action C. Disclosure						

17	List the states with which a copy of this Form 990 is required to be filed
	AK , AL , AZ , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , LA
	, MD , ME , ME , MI , MN , MO , MS , NC , ND , NH , NJ , NM , NY
	, OH , OK , OR , PW , RI , SC , TN , UT , VA , WA , WI , WV
18	Section 6104 requires an organization to make its Form 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.
	🗹 Own website 🛛 🗹 Another's website 🗹 Upon request 🛛 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MILDRED MESEMBE 4601 FORBES BLVD 130 LANHAM, MD 20706 (202) 737-0522
	Form 990 (2021

Form 990 (2021)

	Page 7					
Form 990	(2021) Page	e 7				
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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots)				
Sectio	m 990 (2021) art 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 Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Check if Schedule O contains a response or note to any line in this Part VII Che					
year.	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax					

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) JOSEPH VANFONDA CEO	40.00			х				141,100	0	0	
(2) DELESE HARVEY DEPUTY DIRECTOR	40.00							125,000	0	0	
(3) LEANDER BRERETON DIR OF OPERATIONS	40.00							110,000	0	0	
(4) MILDRED MESEMBE DIR OF FINANCE	40.00							105,000	0	0	
(5) GENERAL KENNETH MERCHANT MEMBER	2.00	х	x					0	0	0	
(6) SCOTT CARSON	2.00	х		х				0	0	0	

https://projects.propublica.org/nonprofits/organizations/261446183/202311719349300611/full the state of the

President	0.00				I	I			
(7) GREG SMITH Vice President	2.00	х		х			0	0	0
(8) TASHAWNYA MCCULLOUGH Treasurer	2.00	х					0	0	0
(9) TEJADA GUILLERMO MEMBER	2.00	х					0	0	0
(10) ADAM STREET Secretary	2.00	х		x			0	0	0
(11) BARRY WALTER MEMBER	2.00	х					0	0	0
									Form 990 (2021)

Form **990** (2021)

Page **8**

— Page 8 —

Form 990 (2021)

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

(A) Name and title	(B) Average hours per week (list any hours	(C) psition (do not check more lan one box, unless person is both an officer and a director/trustee)				son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations
1b Sub-Total			•			•				· · · · · · · · · · · · · · · · · · ·

▶ 481,100

1

d Total	(add	lines	1b	and	1c)
---------	------	-------	----	-----	-----

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000
	of reportable compensation from the organization 🕨 7

.

.

. . .

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation
	from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INNOVAIRRE	DIRECT MAIL PROD	21,888,878
528 ROUTE 13 SUITE 200 MILFORD, NH 03055		
VERADATA	DATA AND MARKETING	843,219
1910 PARK MEADOWS DRIVE FORT MYERS, FL 33907		
PEP RESPONSE SYSTEMS	DIRECT MAIL PROD	382,171
528 ROUTE 13 STE 200 MILFORD, NH 03055	DIRECT MAIL PROD	
2 Total number of independent contractors (including but not limited to those li compensation from the organization ► 3	isted above) who received more than \$100,000 o	f
		Form 990 (2021)

– Page 9 –

Form 990 (20	921)						Page S
Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a res	sponse or note to a	ny line in this Part VIII			🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
📄 Federate	ed campaigns	1a					
Contributions							
Sifts, Grants and Members	śhip dues	1b					
DtherAmt		·					
Similar Anfio Entedrais	ing events	1c					
d Related	organizations	1d					
e Governme	ent grants (contributions)	1e					
	contributions, gifts, grants, ar amounts not included	1f					
28,20	8,565						
g Noncash o lines 1a -	contributions included in 1f:\$	1g					
	7,752 dd lines 1a-1f		■ 28,208,56	r.			
			Business Code			1	
2a			Dusiness coue				
e,							

<u> </u>							
ice :							
Service							
S 1							
Program							
, ,							
f All other program	service revenue						
9 Total. Add lines				0			
3 Investment incom similar amounts)		• •		-203,738	-203,738		
4 Income from invest	stment of tax-exe	mpt bon	d proceeds	0			
5 Royalties			>	0			
	(i) Re	al	(ii) Personal				
6a Gross rents	6a			_			
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental incom				0			
	(i) Secu		(ii) Other				
7a Gross amount	'I		()	-			
from sales of assets other	7a						
than inventory							
b Less: cost or other basis and	7b						
sales expenses				-			
c Gain or (loss)	7c						
d Net gain or (loss	;)	• •	• • •	0			
Gross income from f							
(not including \$ contributions report	of						
(not including \$ contributions report See Part IV, line 18 b Less: direct expe		8a					
	nses	8b					
c Net income or (lo		ing ever	nts 🕨	0			
c Net income or (lo				1			
Gross income from	gaming activities.						
See Part IV, line 1		9a					
b Less: direct expe		9b					
c Net income or (lo	ss) from gaming	activitie	s 🕨	0			
10a Gross sales of inv	entory less						
returns and allow	ances	10a					
b Less: cost of goo	ds sold	10a		-			
c Net income or (lo			rv 🕨	0			
	eous Revenue		Business Code		<u> </u>		
11a		<u>I</u>		1			
b							
c							
d All other revenue							
e Total. Add lines	11a-11d	• •	►	0			
12 Total revenue.	See instructions					<u> </u>	
			•	28,004,827	-203,738		

Form 990 (2021)

Pa	Art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	ny line in this Part IX	<u></u>		🗆
	not include amounts reported on lines 6b, 8b, 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	1,490,704	1,490,704		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	141,100		141,100	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	942,239	461,991	370,850	109,398
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
с	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0		F	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,241	3,060	84,210	971
12	Advertising and promotion	463,990		463,990	
13	Office expenses	274,675	69,175	201,841	3,659
14	Information technology	926,172	150,733	70,931	704,508
15	Royalties	0			
16	Occupancy	197,381	109,921	87,460	
17	Travel	69,447	23,699	42,378	3,370
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	10,879		10,879	
23	Insurance	6,815		6,815	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	a Postage and Shipping	27,050,400	4,584,216	808,800	21,657,384
l	b BANK FEES	195,974	20,786	47,223	127,965
	c TELEPHONE & COMMUNICATIONS	15,866		15,866	
	d LICENSES & PERMITS	7,229	2,652	4,337	240
ļ	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	31,881,112	6,916,937	2,356,680	22,607,495
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

reported in column (B) joint costs from a combined

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educational car	npa	aign and fundraising solicitation.
Check here 🕨	\checkmark	if following SOP 98-2 (ASC 958-720).

Form 990 (2021)

— Page 11 -

Form	n 990	(2021)			Page 11
Pá	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	464,179	1	3,050,086
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	209,391	4	72,929
	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		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	0
s	7	Notes and loans receivable, net		7	0
ssets	8	Inventories for sale or use		8	0
Ass	9	Prepaid expenses and deferred charges		9	0
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 162,748			
	b	Less: accumulated depreciation 10b 127,733	20,150	10c	35,015
	11	Investments—publicly traded securities .	3,299,037	11	1,801,903
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	9,946	15	17,836
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,002,703	16	4,977,769
	17	Accounts payable and accrued expenses	8,452,820	17	13,089,895
	18	Grants payable	335,828	18	604,078
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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		22	
<u></u>	23	Secured mortgages and notes payable to unrelated third parties		22	
	23			23	
	24	Unsecured notes and loans payable to unrelated third parties	53,974		
	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	55,974	25	
	26	Total liabilities. Add lines 17 through 25	8,842,622	26	13,693,973
Fund Balances		Organizations that follow FASB ASC 958, check here > and complete lines 27, 28, 32, and 33.	4 0 4 0 4 0		0.717.004
Salo	27	Net assets without donor restrictions	-4,840,919	27	-8,717,204
d E	28	Net assets with donor restrictions	1,000	28	1,000
	20	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		20	
S OF	29 20	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	-4,839,919	32	-8,716,204
z	33	Total liabilities and net assets/fund balances	4,002,703	33	4,977,769

Form 990 (2021)

	Pa	ae

12

Pai	X Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,004,827
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,881,112
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,876,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	-4,839,919
5	Net unrealized gains (losses) on investments	5	
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 in 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	-8,716,204
Pa	TXII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		

			Yes	No
1	Accounting method used to prepare the Form 990: Cash decrual 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?	2a		No
	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?	2b	Yes	
	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			
с	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm 99	0 (2021)

Form 990 (2021)

Additional Data

 Software ID:
 21013475

 Software Version:
 2021v4.1

Form 990, Special Condition Description:

Special Condition Description

Return to Form

efile Public Visual Render ObjectId: 2			20231171934930	06-20	TIN: 26-1446183 OMB No. 1545-0047				
SCHEDULE A Public Charity Stat						s and Pul	blic Supp	ort	
(For	m 990)	Cor		rganization is a sect	ion 501(c)(3)	organization or		2021
Depar	tment of t	he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	al Revenu	e Service	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	d the latest info	ormation.	Open to Public Inspection
		he organiza						Employer identifi	
DISABLED VETERANS NATIONAL FOUNDATION								26-1446183	
	rt I				us (All organization			See instructions.	
	organiz		•		e it is: (For lines 1 thro	5 ,	, ,		
1					ssociation of churches			(A)(i).	
2		A school de	escribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4			research orga and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
5					t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section
6	\square			omplete Part II.) Laovernment or) - governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7				-	a substantial part of it				ral public described in
		section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		-		
8					n 170(b)(1)(A)(vi).				
9					escribed in 170(b)(1) See instructions. Enter				llege or university or a
10		An organiz	ation that no	rmally receives:	: (1) more than 331/3%	of its support f	rom contribution	s, membership fees,	
		investment	income and	unrelated busin	nctions—subject to cer ness taxable income (le omplete Part III.)				organization after June
11					d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	l organizations	d exclusively for the be described in section 5	609(a)(1) or se	ction 509(a)(2). See section 509(
а			-		s the type of supportin rated, supervised, or co		•		aiving the supported
a	\cup	organizatio	on(s) the pow	er to regularly a	appoint or elect a majo				
b	\Box	•		ctions A and B organization sur	 ervised or controlled i 	n connection wit	h its supported o	rganization(s), by h	aving control or
	\cup	manageme	ent of the sup		ation vested in the sar				
с					supporting organizatio ions). You must com				ated with, its
d		Type III r functionally	on-function	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection will requirement and	th its supported orga	nization(s) that is not quirement (see
е	\Box		,	•	rt IV, Sections A and ved a written determir	•		ne I. Type II. Type II	I functionally
	\cup	integrated,	or Type III r	non-functionally	integrated supporting	organization.	,		Tranctionally
f				2				· · · · · · · · · <u>–</u>	
g		<u>de the follov</u> Name of sup		ion about the su (ii) EIN	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organizatio		(,	organization (described on lines		ing document?	monetary support (see instructions)	other support (see instructions)
					1- 10 above (see				instructions)
					instructions))		1		
						Yes	No		ļ
									J
Tota									
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	e A (Form 990) 2021
					Pa	ge 2			
Sche	dule A	(Form 990)							Page 2
Pa	art II				zations Described				1)(A)(vi) alify under Part III.
					ify under the tests l				
Se	ection	A. Public	Support						
			org/nonprofits/o	organizations/261	446183/20231171934930	00611/full		·	1

	24, 9:16 PM	Disabled	Veterans National Fo	oundation - Full Filli	ig- Nonprolit Explor	er - ProPublica			
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	28,070,642	27,643,031	27,304,576	34,257,316	27,660,813	144,936,378		
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
-	 The value of services or facilities furnished by a governmental unit to the organization without charge						0		
	Total. Add lines 1 through 3	28,070,642	27,643,031	27,304,576	34,257,316	27,660,813	144,936,378		
	The portion of total contributions by each person (other than a								
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0		
6	Public support. Subtract line 5 from line 4.						144,936,378		
	ection B. Total Support endar year								
(or	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7 8	Amounts from line 4 Gross income from interest,	28,070,642	27,643,031	27,304,576	34,257,316	27,660,813	144,936,378		
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	219,056	-95,140	335,679	493,852	344,014	1,297,461		
9	Net income from unrelated business activities, whether or not the business is regularly carried on 						0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	114,419	160,624		169,600		444,643		
11	Total support. Add lines 7 through 10						146,678,482		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check		
this box and stop here \ldots \ldots \ldots									
	ection C. Computation of Publi	c Support Per	centage						
14	ection C. Computation of Public Public support percentage for 2021 (I	c Support Per ine 6, column (f) c	centage livided by line 11,	column (f))		14	98.810 %		
14 15	ection C. Computation of Publi Public support percentage for 2021 (I Public support percentage for 2020 Se	c Support Per ine 6, column (f) c chedule A, Part II,	centage livided by line 11, line 14	column (f))		14 15	98.860 %		
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	not an unrelated trade or business under section 513				1		1		
4	Tax revenues levied for the					-			
-	organization's benefit and either paid								
-	to or expended on its behalf The value of services or facilities						-		
5	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5					-	_		
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) 7	Tatal	
(or	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) 1	lotal	
9	Amounts from line 6.					_	_		
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.						-		
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
с	1975. Add lines 10a and 10b.						+		
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or					-			
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
15	11, and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a seo	tion 501(c)(3) org	anizati	on, che	eck
	this box and stop here								►□
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15 16	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 S	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15			15 16			
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the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the

с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4-		
_		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
h				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor.			
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	0		
54	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	-		
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
		9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
	In which the supporting organization also had an interest? If res, provide detail in Part V1.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
			1	

— Page 5 —

Part IV Supporting Organizations (continued)							
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	· · · · · · · · · · · · · · · · · · ·						
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c					

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

10/23/24, 9:16 PM

determination.

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Page 5

Schedule A (Form 990) 2021

3b

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	organization maintaineu a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** \square The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			res	NO
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the</i>			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			
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Schedule A (Form 990) 2021

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Page 6

Schedule A (Form 990) 2021

Page 6

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		

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d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III sup	porting organization (see

Schedule A (Form 990) 2021

Page 7

– Page 7 –

Schedule A (Form 990) 2021

P	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
S	ection D - Distributions		Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes		1					
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2					
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructio	ns		6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	8							
9	Distributable amount for 2021 from Section C, line 6			9					
10) Line 8 amount divided by Line 9 amount			10					
			(ii)		(iii)				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021				
1			Underdistributio	ns	Distributable				
	(see instructions)		Underdistributio	ns	Distributable				
2	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>).		Underdistributio	ns	Distributable				
2 3 a	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016		Underdistributio	ns	Distributable				
2 3 a	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: a From 2016 b From 2017		Underdistributio	ns	Distributable				
2 3 7	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018		Underdistributio	ns	Distributable				
2 3 1 2	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018		Underdistributio	ns	Distributable				
2 3 2 2	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021: From 2016. From 2017. From 2018. From 2019. From 2020.		Underdistributio	ns	Distributable				
2 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e		Underdistributio	ns	Distributable				
2 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years		Underdistributio	ns	Distributable				
2 3 2 1 0 0 0 0 0 1	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e		Underdistributio	ns	Distributable				
2 3 2 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see		Underdistributio	ns	Distributable				

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	\$	1		
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
			Sc	hedule A (Form 990) (2021)

Page 8

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

 Facts And Circumstances Test

 Return Reference
 Explanation

Schedule A (Form 990) 2021

Page 8

Additional Data

Return to Form

Software ID: 21013475 **Software Version:** 2021v4.1

efile Public Visual Render ObjectId: 2023117				19349300611 - Submission: 2	2023-06-2	20	TIN: 26-1446183
SCHEDULE D Supplement			Sunnlamor	Ital Financial Statemer	nte		OMB No. 1545-0047
(For	n 990)						2021
				ganization answered "Yes," on For LO, 11a, 11b, 11c, 11d, 11e, 11f, 12			
	ment of the Treasury			Attach to Form 990.			Open to Public
Interna	Inspection ification number						
	me of the organ ABLED VETERANS NA		ATION		Em	ployer ident	incation number
					-	1446183	
Pa				sed Funds or Other Similar Fun s" on Form 990, Part IV, line 6.	nds or Ac	counts.	
	compie			(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at o	end of year .					
2	Aggregate value	of contribution	ns to (during year)				
3	Aggregate value	of grants from	n (during year)				
4	Aggregate value	at end of year	•				
5				rs in writing that the assets held in do		funds are the	
			-	clusive legal control?			🗌 Yes 🗌 No
6				onor advisors in writing that grant func or donor advisor, or for any other pur			sible
				· · · · · · · · · · · · · · · · · · ·			Yes No
Pa		vation Ease					
				s" on Form 990, Part IV, line 7.			
1			, ,	nization (check all that apply).	. Cara biata		and land and a
			oublic use (e.g., recreation	,		rically importa	
	Protection	of natural hab	itat		of a certifie	ed historic str	ucture
		on of open spa					
2	Complete lines 2 easement on the			qualified conservation contribution in	the form of		
а			,		2a	Held at t	he End of the Year
b					-		
c	2			c structure included in (a)	2c		
d	Number of conse structure listed i			ired after 7/25/06, and not on a histor	ic 2d		
3	Number of consector Number of consector	ervation easer	nents modified, transferre	d, released, extinguished, or terminat	ed by the or	ganization du	iring the
4	Number of state	es where prope	erty subject to conservation	n easement is located 🕨			
5				ne periodic monitoring, inspection, han	dling of viol	lations,	
	and enforcemen	it of the conse	rvation easements it holds	5?			🤇 Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enfor	cing conserv	ation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing of	conservation	easements c	luring the year
8				above satisfy the requirements of sec			Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue and footnote to the organization's financia ts		atement, and	
Par	5	5		of Art, Historical Treasures, o	r Other Si	imilar Asse	ets.
	Complet	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 8.			
1a	historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenue sta lic exhibition, education, or research ir ents that describes these items.			
b	If the organizati historical treasu following amoun	res, or other s	imilar assets held for pub	SC 958, to report in its revenue statem lic exhibition, education, or research ir	ent and balant furtheranc	ance sheet wo e of public se	orks of art, rvice, provide the
(i) Revenue includ	ed on Form 99	90, Part VIII, line 1			. ▶\$	
2	If the organizati	on received or	held works of art, histori	cal treasures, or other similar assets fo ASC 958 relating to these items:			
а		•	•			. ▶\$	
b						. ▶\$	
For I	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990. Ca	at. No. 5228	3D Schedu	ule D (Form 990) 2021

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check at that appy): a Public exhibition d Loan or exchange programs b Scholarly research e Other Other c Preservation for future generations 4 Other Other c Preservation for future generations collect or receive donatons of art, historical treasures or other similar assets to be sold to mise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Ecrow and Custoficial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21, for escow or custofial account liability?						— Page 2							
3 Using the oparization's equivition, accession, and other records, check any of the following that are a significant use of its collection theres (check at that apply): d Loan or exchange programs a Public exhibition d Loan or exchange programs b Scholarly research e Other	Sched	ule D	(Form 990) 2021										Page 2
a metric (check all that apply): d Loan or exchange programs b metric (check all that apply): d Other	Part	III	Organizations Mai	intaining Col	lections of	Art, Histori	cal Tre	easures,	or Other	Similar A	ssets (conti	inued)	
Vuole exhibition Vuole Vuole exhibition Vuole Vuole	3			sition, accessior	n, and other re	ecords, check	any of t	he followin	g that are a	significant	use of its coll	ection	
Scholarly research Preservation for future generations Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to relate funds rather than to be maintained as part of the organization's collection? Yes No Note: Note:: Note:: Note:: Note:: Note:: Note:: Note:: Note::: Note::: Note::: Note::: Note::: Note::: Note::: Note::: Note::: Note:::: Note:::: Note:::: Note::::::::::::::::::::::::::::::::::::	а	\Box	Public exhibition			d		Loan or exe	change prog	grams			
Provide decirption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide decirption of the organization's collections 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 N Yes Yes	b		Scholarly research			e		Other					
Part XIII. Suring the year, did the organization solicit or receive donations of art, historical treasures or other similar sessets to be sold to raise funds rather than to be maintained as part of the organization's collection?	с		Preservation for future	generations									
assets to be sold to raise funds rather than to be maintained as part of the organization? yes Nc 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 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Is the organization answered "Yes" on Form 990, Part X? Is the organization answered "Yes" on Form 990, Part X? Is the organization answered "Yes" on Form 990, Part X. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nc If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes Nc If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes Nc If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes Nc If west meanings, gains, and losses Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Is deard assignated or quasi-endowment b Image: Complete if the organization second reconganization is the organization that are hel	4			ganization's col	lections and e	xplain how the	ey furthe	er the orga	nization's e	xempt purpo	ose in		
Part IV Scrow and Custodial Arrangements. (Dire 21.) 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Included on form 990, Part X2	5	Durin asset	g the year, did the organ s to be sold to raise fund	ization solicit or s rather than to	receive dona be maintaine	tions of art, hi d as part of th	storical le organ	treasures o ization's co	or other sim	nilar	🗌 Yes		0
included on Form 990, Part X? Yes Yes Nc b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d c Distributions during the year 1d 1d 1d c Distributions during the year 1d 1d 1d 1d c Distributions during the year 1d 1d<	Parl	IV	Complete if the orga			on Form 990	, Part I	V, line 9,	or reporte	d an amou			-
If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year Additions during the year Additions during the year If additions addition additions additions additions additions add	1a	Is the		trustee, custodia	an or other int	ermediary for	contrib	utions or o	ther assets	not			
c Beginning balance Ic d Additions during the year Id e Distributions during the year Ie f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cancer the investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 6 Grants or scholarships . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 6 Grants or scholarships . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 6 Grants or scholarships . (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four year 7 A diministrative expenses . (a) Current year (b) Prior year (c) Two years back (d) Three years ba		incluc	led on Form 990, Part X?	·							🗌 Yes	□ n	0
c Beginning balance Ic d Additions during the year Id e Distributions during the year Ie f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1b Grants or scholarships . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 2 Contributions . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 3 Grants or scholarships . (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four year 2 Potributions . (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four year 3	b	If "Y∈	s," explain the arrangem	nent in Part XIII	and complete	the following	table:			A	Amount		_
e Distributions during the year. Ie f Ending balance. If c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No b 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 year a Beginning of year balance . (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses									1c				
e Distributions during the year. Ie f Ending balance. If c If If c Distributions during the year. Ives," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Twe years back (d) Three years back (e) Four year a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four year a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four year a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four year a Contributions	d	5	5						1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c (b) Prior year c Net wear balance c (c) Aurent year (b) Arotisbutions (c) Two years back c (d) Three years back c (e) Four year (b) Arotisbutions (c) Two years back c (d) Three years back (e) Aurent year (b) Prior year (c) Contributions (c) Two years back c (d) Three years back c (e) Four year (c) Arotisbutions (e) Four year (c) Arotisbutions (f) Three years back (c) Arotisbutions (f) Auring c Net wears back d) Grants or scholarships (f) Auring f Administrative expenses c (f) Arotisbutions g) End of year balance (f) Aurent year end balance (line 1g, column (a)) held as: a) Board designated or quasi-endowment b) Fermanent endowment funds c The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization's endowment	е								1e				_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year schoolarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Contributions (a) Current year (c) Two years back (d) Three years back (e) Four year 1a Ed of year balance (b) Prior year (c) Two years ba	f								1f				
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four year d Grants or scholarships (c) Two years back (d) Three years back (e) Four year f Administrative expensions (c) Two years back (d) Three years back (e) Four year g End of year balance (c) Two years back (d) Four year (e) Four year g End of year balance (c) Two years back (in yea													0
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year Ia Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four year Ia Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year Id Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year Id					Check here if	the explanati	on has l	been provid	ded in Part 2	XIII	\cup		
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance .	Par	t V			iorod "Voo" i		Davt I	V line 10					
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions										(d) Three ve	ears back (e)	Four vea	rs back
c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs and programs . f Administrative expenses g End of year balance g End of year balance a g d g e Other expenditures for facilities and programs g End of year balance g End of year balance a g e organization service b Permanent endowment b	1a E	eginn	ing of year balance		(1)			(0)	- ,	(,	(-, -		
d Grants or scholarships	b (ontrit	outions										
d Grants or scholarships				, and losses									
e Other expenditures for facilities and programs Image: Construct of Construction of Property Image: Construction of Provide the expenses Image: Construction of Provide the expenses Image: Construction of Property Image: Constor Property Image: Constor Property <td></td>													
f Administrative expenses			•										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >	а	nd pr	ograms										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment c Term endowment m 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: (i) Unrelated organizations	f A	dmini	strative expenses	• •									
a Board designated or quasi-endowment 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: (i) Unrelated organizations Yes (ii) Related organizations 3a(i) 3a(ii) 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? c 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment)	g E	nd of	year balance										
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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? A 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value Equipment c Leasehold improvements d Equipment d Equipment					ent year end b	alance (line 1	g, colum	nn (a)) held	l as:				
c Term endowment Image: 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations isted as required on Schedule R? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment.													
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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 1a Land		(ii) R	elated organizations								3a(ii)		
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 1a Land	b	If "Ye	s" on 3a(ii), are the relat	ted organization	s listed as req	juired on Sche	dule R?				. 3b		
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 1a Land	4	Descr	ibe in Part XIII the inten	ded uses of the	organization's	endowment	funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Comparison of property Image: Comparison of property <t< td=""><td>Part</td><td>IV</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Part	IV											
1a Land Image: Constraint of the second s													
b Buildings c Leasehold improvements d Equipment		Jescri	ption of property			b) Cost or other	basis (ot	ther) (c) A	Accumulated	depreciation	(d) Bo	ok value	9
c Leasehold improvements	1a L	and											
d Equipment	bΒ	uildin	gs										
	cι	easeh	old improvements										
e Other	d E	quipn	nent										
	e (ther	<u></u> . [162	2,748		127,733			35,015

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 99 (a) Description of security or category			m 990, Part X (c) Method of v	
(including name of security)	(b) Book value	Cost	or end-of-year	
1) Financial derivatives	·			
A)				
В)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (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 99	90, Part IV,	line 11c. See For	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value		nod of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (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, I	ine 11d. See For	m 990, Part X	
(a) Description 1)				(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
				1

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.
(a) Description of liability
(b) Book value

1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	leturn.	
1	Total revenue, gains, and other support per audited financial statements	1	28,004,827
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,004,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,004,827
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	21 001 112
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	31,881,112
2			
a L	Donated services and use of facilities 2a Prior year adjustments 2b	-	
b		-	
C J	Other losses	-	
d	Other (Describe in Part XIII.)		
e		2e 3	21 001 112
3	Subtract line 2e from line 1	3	31,881,112
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	-	
b			
c -	Add lines 4a and 4b	4c	21 001 112
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	31,881,112
	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par Is 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Pa	rt X, line 2; Part XI,
_	Return Reference Explanation		
	· · · · · · · · · · · · · · · · · · ·	Schedule I) (Form 990) 2021

c

Return to Form

Software ID: 21013475 **Software Version:** 2021v4.1

efile Public Visual Rende			11 - Submission: 20						TIN: 26-1446183
Note: To capture the full Schedule I	content of this d		-				L	0	MB No. 1545-0047
(Form 990)	Grants and Other Assistance to Organizations,						2024		
			and Individuals						2021
Department of the	Co	mplete if the organiza	ation answered "Yes," o Attach to Form		, line 21 or 22.				Open to Public Inspection
Treasury Internal Revenue Service									
Name of the organization DISABLED VETERANS NATIONAL	FOUNDATION								ation number
Part I General Inform	nation on Grants	and Assistance					26-1446	183	
			the grants or assistance, t	he grantees' eligibility	for the grants or assistanc	e, and			
the selection criteria used	to award the grants	or assistance?							🗌 Yes 🛛 🗹 No
-	- ·	-	se of grant funds in the Un nd Domestic Governme		nanization answered "Yes"	on Form	990 Part	TV line 1	21 for any recipient
that received more		can be duplicated if add				on ronn	550, Tuli	10, 1110 2	ii, for any recipient
(a) Name and address of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,		Descripti cash assis		(h) Purpose of grant or assistance
or government			_	assistance	other)				
(1) ADAPTIVE SPORTS CENTE PO BOX 1639	R 84-1063447		7,500	0					
CRESTED BUTTE, CO 81224 (2) ADJOIN	33-0008269		8.000	0					
9444 FARHAM STREET SUITE	33-0008289		8,000	0					
210 SAN DIEGO, CA 92123									
(3) APPLIED BEHAVIORAL REHAB	61-5205111		6,500	0					
655 PARK AVE BRIDGEPORT, CT 06604									
(4) BETHLEHEM FARM INC	26-4449900		12,500	0					
PO BOX 415 TALCOTT, WV 24981									
(5) CAMP TWIN LAKES	58-1826782		8,000	0					
1100 SPRING STREET NW STE 406	-								
ATLANTA, GA 30309 (6) CATALYST SPORTS	80-0760565		9,000	0					
2020 HOWELL MILL RD NW ATLANTA, GA 30309	80-0700505		5,000	0					
(7) CATHOLIC CHARITIES	99-0073547		12,500	0					
HAWAII 1822 KEEAUMOKU STREET				-					
HONOLULU, HI 96822									
(8) CATHOLIC CHARITIES OF KANSAS	43-0887779		7,500	0					
4001 BLUE PARKWAY SUITE 250									
(9) COMMUNITY HOPE INC	22-2647038		9,000	0					
959 ROUTE 46 EAST SUITE	22-2047038		5,000	0					
402 PARSIPPANY, NJ 07054									
(10) COMPANIONS FOR HEROES	27-0648741		7,500	0					
620 SEA ISLAND ROAD SUITE 148									
SIMONS ISLAND, GA 31522									
(11) CONSERVATION NORTHWEST	94-3091547		8,000	0					
1829 10TH AVE W SUITE B SEATTLE, WA 98119									
(12) CORNERSTONE FAMILY	22-1489900		6,500	0					
PROGRAMS 80 WASHINGTON STREET									
MORRISTOWN, NJ 08968 (13) DENTISTRY 4 VETS	83-2028179		7,500	0					
23920 2ND AVENUE SUITE 14 MARINA, CA 93933			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(14) DOG TAG BAKERY	45-2130904		10,000	0					
3206 GRACE STREET NW WASHINGTON, DC 20007									
(15) DREAMS ON HORSEBACK	46-0487078		7,000	0					
1416 REYNOLDSBURG BLACKLICK, OH 43001									
(16) EQUINE EMPOWERED THERAPY	82-4213627		8,000	0					
1927A HARBOR BLVD 151 COSTA MESA, CA 92627									
(17) FAMILY HOUSTON	74-1152613		10,000	0					
PO BOX 768 HOUSTON, TX 77270									
(18) FRIENDS OF PATAPSCO	52-2066485		10,000	0					
VLY PARK 8000 YORK ROAD									
TOWSON, MD 21252 (19) FUNDS FOR VETERANS	85-0575704		8,500	0					+
2033 FOX GLEN DRIVE ALLEN, TX 75013	00 00/0/04		0,500						
(20) GALATIANS 62	85-0575704		7,500	0					1
15 DALMORE ROAD ELGIN, SC 29045									
(21) GO2 FOUNDATION FOR LUNG CANCE	20-4417327		12,500	0					
2033 K STREET NW SUITE 50	D								
WASHINGTON, DC 20006 (22) GRACE AFTER FIRE	46-3653209		10,000	0					+
2929 MCKINNEY STREET HOUSTON, TX 77003									

(22) GRACE AFTER FIRE 2929 MCKINNEY STREET HOUSTON. TX 77003

10/23/24, 9:10 PM		Disabled veteralis Nationa			
(23) HABITAT FOR HUMANITY 509 E JACKSON STREET TAMPA, FL 33602	59-2850410	6,000	0		
(24) HEALING WARRIORS PROGRAM 1044 WEST DRAKE ROAD SUITE 20	45-5093751	7,500	0		
FORT COLLINS, CO 80526 (25) HEART OF HORSE SENSE 7041 MEADOWS TOWN ROAD MARSHALL, NC 28753	46-4984188	8,000	0		
(26) HOMEFRONT INC 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	10,000	0		
(27) HUMBLE WARRIOR WELLNESS 196 ALPS ROAD SUITE 2-228 ATHENS, GA 30606	83-2138061	6,500	0		
(28) INST FOR HEALING OF MEMORIES 733 THIRD AVENUE 16TH FLOOR NEW YORK, NY 10017	26-4684365	6,000	0		
(29) JERRY AMBROSE VETERANS PO BOX 4463 KINGMAN, AZ 86402	46-1967830	10,000	0		
(30) K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	7,500	0		
(31) LIVING FREE 54250 KEEN CAMP ROAD MOUNTAIN CENTER, CA 92561	95-3628770	7,500	0		
(32) LUBBOCK REGIONAL MHMR 904 AVENUE O LUBBOCK, TX 79401	75-1297691	11,000	0		
(33) MAINE PAWS FOR VETERANS 675 OLD PORTLAND ROAD UNIT 2 BRUNSWICK, ME 04011	45-5463126	7,500	0		
(34) MENTAL HEALTH AMERICA OF LA 200 PINE AVENUE LONG BEACH, CA 90802	95-1881491	9,000	0		
(35) MILITARY FAMILY CLINIC 3535 MARKET STREET SUITE 670 PHILA, PA 19104	23-1352685	9,000	0		
(36) NATIONAL VETERANS LEGAL SERV 1600 K STREET NW SUITE 500 WASHINGTON, DC 20006	52-1238058	10,000	0		
(37) NEW DIRECTIONS INC 11303 WILSHIRE BLVD VA BLDG 1 LOS ANGELES, CA 90073	95-4242745	8,500	0		
(38) NORMAN REGIONAL HEALTH SYSTEM 901 N PORTER AVE NORMAN, OK 73071	73-1203942	9,000	0		
(39) NORTHERN VA THERAPEUTIC 6429 CLIFTON ROAD CLIFTON, VA 20124	54-1897241	6,500	0		
(40) OPPORTUNITY CTR FOR HOMELESS 1208 MYRTLE AVE EL PASO, TX 79901	74-2634199	11,000	0		
(41) PATIENT AIRLIFT SERVICES 7110 REPUBLIC AIRPORT 2ND FL	27-2370028	11,000	0		
FARMINGDALE, NY 11735 (42) PATRIOT RESILIENT LEADER INST PO BOX 7384 50 FOXGLOVE RD GILFORD, NH 03241	46-4105905	8,250	0		
(43) PENTAGON FCU FOUNDATION 2930 EISENHOWER AVENUE ALEXAMDRIA, VA 22314	54-2062271	9,000	0		
(44) QUEEN OF HEARTS THERAPEUTIC 6405 DANA AVENUE JURUPA VALLEY, CA 91752	33-0907556	9,000	0		
(45) REBUILDING TOGETHER MGT CTY 18225A FLOWER HILL WAT GAITHERSBURG, MD 20879	52-1667026	10,000	0		
(46) RETRIEVING FREEDOM INC 20360 TANGLE NOOKROAD SEDALIA, MO 65301	45-3282513	9,500	0		
(47) SALUTE INC 18 N BOTHWELL ST PALATINE, IL 60067	06-1718308	11,000	0		
(48) SAMARITAN CENTER FOR COUNSEL 8956 RESEARCH BLVD BLDG 2 AUSTIN, TX 78758	74-1832586	10,000	0		
(49) SAMARITAN CENTER FOR COUNSEL	74-1832864	8,000	0		

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AUSTIN, TX 78758	1					1
(50) SELF DISCOVERY PAIN POSITION 4021 MCGINNIS FERRY RD 133 SUMANEE, GA 30024	82-4443563	7,500	0			
(51) SHINING HOPE FARMS 328 WHIRLPOOLWILL LANE MT HOLLY, NC 28120	30-0067482	10,000	0			
(52) SOLDIER STRONG 1127 HIGH RIDGE ROAD STAMFORD, CT 06905	46-2142225	11,000	0			
(53) THE PATRIOT PROJECT 525 N MAIN STREET NORTH CANTON, OH 44720	46-3984327	11,500	0			
(54) THE SALVATION ARMY MIAMI AREA 1907 NW 38TH STREET MIAMI, FL 33142	58-0660607	12,500	0			
(55) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	10,000	0			
(56) USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	10,000	0			
(57) VEHICLES FOR VETERANS 1536 MONO AVE SAN LEANDRO, CA 94578	81-1097320	7,000	0			
(58) VETERANS MOVING FORWARD 44225 MERCURE CIRCLE SUITE 13 DULLES, VA 20166	27-3117964	7,500	0			
(59) VETERANS OF FOREIGN WARS 7807 1329 SUNNYSIDE ROAD HIAWASSWW, GA 30546	51-0207256	9,000	0			
(60) VETERANS PROMISE 737 MAIN STREET DICKSON CITY, PA 18519	81-4486826	17,500	0			
(61) VILLAGE FOR VETS PO BOX 491971 LOS ANGELES, CA 90049	81-1275379	10,000	0			
(62) VOLUNTEERS OF AMERICA 441 CENTRE STREET JAMAICA PLAIN, MA 02130	04-6004304	7,500	0			
(63) WELCOME HOME INC PO BOX 491971 LOS ANGELES, CA 90049	43-1372690	7,500	0			
(64) WORKING WARDROBES 2000 E MCFADDEN AVE SANTA ANA, CA 92705	33-0669145	10,000	0			
(65) YMCA OF GREATER CINCINNATI 1105 ELM STREET CINCINNATI, OH 45202	31-0537178	10,000	0			
(66) YOGA 4 CHANGE INC PO BOX 330117 ATLANTIC BEACH, FL 32233	46-4993274	6,500	0			
Enter total number of section		organizations listed in the line 1 table . e 1 table .		· · · · · · · ·	· · · · ·	0
or Paperwork Reduction Act Notice			Cat No. 50055F		Sche	dule I (Form 990) 2021

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

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Page 2 -----

Schedule I (Form 990) 2021						Page 2
		to Domestic Individuals. C tional space is needed.	Complete if the organization	n answered "Yes" on For	m 990, Part IV, line 22.	
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Suppleme	ntal Informa	tion. Provide the informa	tion required in Part I,	line 2; Part III, colum	nn (b); and any other addition	al information.
Return Reference	Explan	ation				

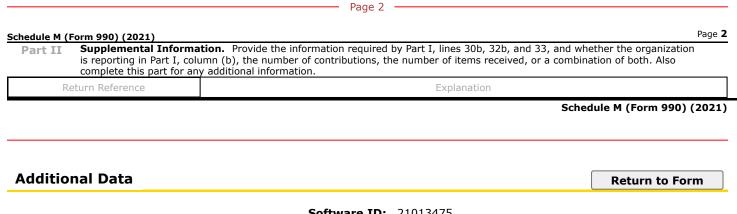
Cat. No. 50055P

Schedule I (Form 990) 2021

Additional Data

Return to Form

efil	e Public Visua	l Render Ob	jectId: 20	02311719349300611 -	Submission: 2023-0	6-20		FIN: 26- 1	L446183
SCHEDULE M			Ν	Ioncash Contri	butions		(OMB No. 15	545-0047
(⊦or	m 990)	►Complete if the	if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.						21
► Attach to Form 9									
	ment of the Treasury I Revenue Service	▶Go to <u>www.irs.</u>	<u>gov/Form9</u>	1 <mark>90</mark> for the latest informat	ion.	Open to Pul Inspectio			
	Name of the organization Employer identif								
DISAL		IONAL FOONDATION				26-1446	183		
Ра	rt I Types	of Property				-			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noi		(d) f determini tribution an	
	Art—Works of art								
2 3	Art—Historical tr Art—Fractional ir								
4	Books and public								
-	Clothing and hou								
	Cars and other v								
	Boats and planes Intellectual prop								
	Securities—Publi	,				-			
10	Securities—Close	,							
	Securities—Partr								
	or trust interest					_			
	Securities—Misco								
13	Qualified conserved contribution—H structures	istoric							
	Qualified conservence contribution—O	ther							
	Real estate—Res Real estate—Cor								
10	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
22	Historical artifact	ts							
	Scientific specim								
24	Archeological art								
	IN-KIN CONTE	ID RIBUTION	Х	1	463,99	UFAIR MA	ARKET VAL	UE	
25	Other ▶ ()								
	IN-KIN		Х	1	41,16	2 FAIR MA	ARKET VAL	UE	
26	Other ► ()	RIBUTION							
	IN-KIN		Х	1	42,60	0 FAIR MA	ARKET VAL	UE	
27		RIBUTION							
	Other \blacktriangleright ())							
-	,	,	the organiza	ation during the tax year for	contributions				
				3, Part IV, Donee Acknowledg		29			
						B			Yes No
30a	hold for at least	three years from the	ne date of th	 contribution any property r ne initial contribution, and wh 	nich isn't required to be use			ust	
b		e the arrangement						30a	No
31	Does the organi	zation have a gift a	cceptance n	olicy that requires the review	v of any nonstandard contr	ibutions?		31	No
	-	-	• •	or related organizations to so					
	If "Yes," describ							32a	No
33	If the organizati	on didn't report an	amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked	,		
	describe in Part	II							
For P	aperwork Reduction	on Act Notice, see th	e Instruction	is for Form 990.	Cat. No. 51227J		Schedu	e M (Form	990) (2021



 Software ID:
 21013475

 Software Version:
 2021v4.1

efile Public	efile Public Visual Render ObjectId: 202311719349300611 - Submission: 2023-06-20 TIN: 26-1446183									
SCHEDULE O (Form 990) Department of the Treasury		Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	OMB No. 1545-0047 2021 Open to Public							
Internal Revenue Serv		Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection						
Name of the org DISABLED VETERA		DNAL FOUNDATION	Employer iden 26-1446183	tification number						
Return Reference										
Form 990, Part VI, Line 11b: Form 990 Review Process	Part VI, Line FOR APPROVAL PRIOR TO ISSUANCE AND FILING. 11b: Form 990 Review									
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	I, Line PRESIDENT ASKS THE BOARD IF THERE ARE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. IF THESE ARE DISCUSSED OPENLY AND DEALT WITH APPROPRIATELY. nation nitoring cement Comment									
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management										
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	THEY STAFF THE C APPRO	OARD MEMBERS ARE ACTIVE IN THE VETERAN'S ADMINISTRATION OR ENTIT ARE AWARE OF MARKET RATES FOR COMPENSATION. THE BOARD CONDUC COMPENSATION. THE BOARD PLANS TO INSTITUTE APPROPRIATE POLICIE COMPENSATION OF THE CHIEF ADMINISTRATIVE OFFICER IS APPROPRIATELY OVED BY THE BOARD AND THAT ONLY COMPARABLE/FAIR COMPENSATION F INTEMPORANEOUS SUBSTANTIATION OF PEER GROUPS IN THE SAME GEOG	CTS INFORMAL S AND PROCEE Y BENCHMARK PACKAGE IS OF	SURVEYS TO SET DURES TO ENSURE ED, REVIEWED AND FERED AS EVIDENCE						
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No doo	cuments available to the public.								
For Paperwork Reduc	ction Act N	lotice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K		Schedule O (Form 990) 2021						
Additiona	l Dat	a		Return to Form						

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