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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
DISABLED AMERICAN VETERANS
(DAV) CHARITABLE SERVICE TRUST

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
3725 ALEXANDRIA PIKE

City or town, state or country, and ZIP + 4
COLD SPRING, KY 41076-1712

D Employer identification number
52-1521276

E Telephone number
(859)442-2055

G Gross receipts $ 10,903,143.

F Name and address of principal officer: RICHARD E. MARBES
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CST.DAV.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BUILDS BETTER LIVES FOR OUR NATION'S DISABLED VETERANS AND THEIR FAMILIES. SEE PART III.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,730,426.	5,411,282.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,866.	21,811.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,908,292.	5,433,093.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,405,502.	3,700,733.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,630.	13,202.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 197,318.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	359,344.	383,903.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,771,476.	4,097,838.
19	Revenue less expenses Subtract line 18 from line 12	2,136,816.	1,335,255.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,946,092.	16,535,742.
21	Total liabilities (Part X, line 26)	4,634,020.	4,701,968.
22	Net assets or fund balances. Subtract line 21 from line 20	9,312,072.	11,833,774.

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SCANNED AUG 30 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 10 August 2010

▶ DAVID L. TANNENBAUM, SECRETARY/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kirsten K Gaudet — Date: 8/5/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
DELOITTE TAX LLP
250 EAST FIFTH STREET, SUITE 1900
CINCINNATI, OH 45202

EIN ▶

Phone no ▶ (513)784-7100

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

917 4

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
BUILDS BETTER LIVES FOR OUR NATION'S DISABLED VETERANS AND THEIR FAMILIES BY SUPPORTING A BROAD SPECTRUM OF PHYSICAL/PSYCHOLOGICAL REHABILITATION AND ASSISTIVE PROGRAMS. SEE SCHEDULE O FOR DETAILED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,700,733. including grants of $ 3,700,733.) (Revenue $)
GRANTS AND ALLOCATIONS TO CHARITABLE PROGRAMS. SEE SCHEDULE O FOR DETAILED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4b (Code) (Expenses $ 85,419. including grants of $) (Revenue $)
GRANT PROCESSING AND MISCELLANEOUS SERVICE EXPENDITURES. SEE SCHEDULE O FOR DETAILED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,786,152.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• 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.*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — / X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	x	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		x
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 25*	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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		x
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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		x
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		x
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		x
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		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
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?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	7		
b	Enter the number of voting members that are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NANCY L. O'BRIEN - (859) 442-2055

3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076-1712

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD E. MARBES CHAIRMAN	5.00	X		X				3,890.	0.	0.
ARTHUR H. WILSON VICE CHAIRMAN	5.00	X		X				0.	0.	0.
DAVID L. TANNENBAUM SECRETARY/TREASURER	5.00	X		X				5,414.	0.	0.
DENNIS R. NIXON DIRECTOR	3.00	X						2,558.	0.	0.
EUGENE A. MURPHY DIRECTOR	3.00	X						0.	0.	0.
JERRY P. STEELMAN DIRECTOR	3.00	X						1,340.	0.	0.
RAYMOND E. DEMPSEY DIRECTOR (END 8/24/09)	3.00	X						0.	0.	0.
ROBERTO BARRERA DIRECTOR (START 8/24/09)	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								13,202.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		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		X
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 individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1,863,083.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,548,199.				
	g Noncash contributions included in lines 1a-1f $ 18,575.					
	h **Total.** Add lines 1a-1f	▶	5,411,282.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
	3 Investment income (including dividends, interest, and other similar amounts)	▶	260,696.			260,696.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory	5,231,165.				
	b Less: cost or other basis and sales expenses	5,470,050.				
	c Gain or (loss)	<238,885.>				
	d Net gain or (loss)	▶	<238,885.>			<238,885.>
Other Revenue	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions	▶	5,433,093.	0.	0.	21,811.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,700,149.	3,700,149.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	584.	584.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,202.		13,202.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	6,840.			6,840.
c Accounting	26,350.	13,175.	13,175.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	46,923.		46,923.	
g Other	4,378.	2,189.	2,189.	
12 Advertising and promotion	31,991.	23,993.	1,600.	6,398.
13 Office expenses	29,349.	6,124.	8,987.	14,238.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,064.		1,064.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,908.	1,454.	1,454.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ADMINISTRATIVE CHARGES	192,770.		25,656.	167,114.
b GRANT PROPOSAL PROCESS	38,484.	38,484.		
c REGISTRATION FEES	2,736.		8.	2,728.
d OTHER EXPENSES	110.		110.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,097,838.	3,786,152.	114,368.	197,318.
26 Joint costs Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	960,662.	2	1,052,792.
	3	Pledges and grants receivable, net	442,651.	3	410,812.
	4	Accounts receivable, net	89.	4	28.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,305.	8	9,099.
	9	Prepaid expenses and deferred charges	2,708.	9	6,990.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	12,465,573.	11	15,021,154.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	57,104.	15	34,867.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	13,946,092.	16	16,535,742.
Liabilities	17	Accounts payable and accrued expenses	215,442.	17	238,537.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	4,418,578.	25	4,463,431.
	26	**Total liabilities.** Add lines 17 through 25	4,634,020.	26	4,701,968.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,312,072.	27	11,833,774.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,312,072.	33	11,833,774.
	34	Total liabilities and net assets/fund balances	13,946,092.	34	16,535,742.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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		
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.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST	52-1521276

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,787,227.	3,195,514.	5,365,077.	7,305,109.	5,411,282.	24,064,209.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,787,227.	3,195,514.	5,365,077.	7,305,109.	5,411,282.	24,064,209.
5 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)						2,592,362.
6 **Public support.** Subtract line 5 from line 4						21,471,847.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,787,227.	3,195,514.	5,365,077.	7,305,109.	5,411,282.	24,064,209.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	201,913.	264,968.	361,891.	395,736.	260,696.	1,485,204.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			1,730.			1,730.
11 **Total support.** Add lines 7 through 10						25,551,143.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.03 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.05 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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 disqualified 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	**15**	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	**16**	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	**17**	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST	52-1521276

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	4,097,838.	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,097,838.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	354,892.	
g Grassroots nontaxable amount (enter 25% of line 1f)	88,723.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000.	465,944.	438,574.	354,892.	2,259,410.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,389,115.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	116,486.	109,644.	88,723.	564,853.
e Grassroots ceiling amount (150% of line 2d, column (e))					847,280.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ANNUITY PAYMENT LIABILITIES	4,463,431.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,463,431.

2. FIN 48 Footnote. In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,433,093.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,097,838.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,335,255.
4	Net unrealized gains (losses) on investments	4	1,382,644.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<196,197.>
9	Total adjustments (net). Add lines 4 through 8	9	1,186,447.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,521,702.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,189,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	<196,197.>		
e	Add lines **2a** through **2d**			2e	<196,197.>
3	Subtract line **2e** from line **1**			3	5,386,170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,923.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	46,923.
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	5,433,093.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,050,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	4,050,915.
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	46,923.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	46,923.
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	4,097,838.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART X: IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -- AN INTERPRETATION OF FASB STATEMENT NO. 109. THIS GUIDANCE WAS CODIFIED INTO ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, EFFECTIVE JULY 1, 2009. ASC TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION,

Part XIV Supplemental Information *(continued)*

CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE, AND TRANSITION. THE TRUST APPLIED ASC TOPIC 740, BEGINNING
JANUARY 1, 2009, AND NOTED NO EFFECT ON ITS FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:
DIFFERENCE IN ACCOUNTING FOR CHARITABLE GIFT ANNUITIES: -196197.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIFFERENCE IN ACCOUNTING FOR CHARITABLE GIFT ANNUITIES: -196197.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHILLES TRACK CLUB 42 W. 38TH STREET, SUITE 400 NEW YORK, NY 10018	13-3318293	501(C)(3)	35,000.	0.			REHABILITATION & THERAPEUTIC
AIR COMPASSION FOR VETERANS-MERCY MEDICAL AIRLIFT - 4620 HAYGOOD ROAD, SUITE 1 - VIRGINIA BEACH, VA 23455	26-1685451	501(C)(3)	10,000.	0.			MEDICAL CARE TRANSPORATION
ALPHA OMEGA VETERANS SERVICES 1183 MADISON AVENUE MEMPHIS, TN 38104	58-1761468	501(C)(3)	35,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
AMERICAN PAIN FOUNDATION 201 N. CHARLES STREET, SUITE 710 BALTIMORE, MD 21201	52-2002328	501(C)(3)	22,500.	0.			HEALTH
APPLIED BEHAVIORAL REHABILITATION INSTITUTE, INC. - 655 PARK AVENUE - BRIDGEPORT, CT 06604	06-1520511	501(C)(3)	20,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
AUDIO INFORMATION NETWORK OF COLORADO - 2200 CENTRAL AVENUE, SUITE A - BOULDER, CO 80301	84-1147123	501(C)(3)	12,500.	0.			REHABILITATION & THERAPEUTIC

2 Enter total number of section 501(c)(3) and government organizations ▶ 69.

3 Enter total number of other organizations ▶ 16.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE STATION, INC. P.O. BOX 27144 BALTIMORE, MD 21230	52-1594258	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
BERGIN UNIVERSITY OF CANINE STUDIES DBA ASSISTANCE DOG INSITITUTE - 1215 SEBASTOPOL ROAD - SANTA ROSA, CA 95407	68-0259118	501(C)(3)	30,000.	0.			REHABILITATION & THERAPEUTIC
BOBBY DODD INSTITUTE 2120 MARIETTA BLVD., NW ATLANTA, GA 30318	58-1847107	501(C)(3)	10,000.	0.			EMPLOYMENT
BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION - 1718 M STREET, NW, #148 - WASHINGTON, DC 20036	53-0237067	501(C)(3)	8,000.	0.			EMPLOYMENT
CARITAS COMMUNITIES 25 BRAINTREE HILL OFF PK, STE 206 BRAINTREE, MA 02184	04-2875899	501(C)(3)	15,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
CATHOLIC CHARITIES AND COMMUNITY SERVICES OF THE ARCHDIOCESE OF DENVER, INC - 4045 PECOS STREET - DENVER, CO 80211	84-0686679	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
CENTER FOR RESPITE CARE, INC. P.O. BOX 141301 CINCINNATI, OH 45250	20-2544994	501(C)(3)	40,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
CENTRAL OREGON VETERANS OUTREACH, INC. - 354 NE GREENWOOD AVENUE - BEND, OR 97701	76-0782755	501(C)(3)	15,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOPE, INC. 199 POMEROY ROAD PARSIPPANY, NJ 07054	22-2647038	501(C)(3)	25,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
CREATIVE ALTERNATIVES OF NEW YORK (CANY) - 225 WEST 99TH STREET - NEW YORK, NY 10025	13-3204610	501(C)(3)	10,000.	0.			REHABILITATION & THERAPEUTIC
CRISIS MINISTRIES P.O. BOX 20038 CHARLESTON, SC 29413	57-0789483	501(C)(3)	25,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
DEPARTMENT OF VETERANS AFFAIRS - DAYTON MEDICAL CENTER - 4100 WEST THIRD STREET - DAYTON, OH 45428		GOVERNMENTAL	15,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
DEPARTMENT OF VETERANS AFFAIRS - CINCINNATI/FT. THOMAS MEDICAL CENTER - 3200 VINE STREET - CINCINNATI, OH 45220		GOVERNMENTAL	7,500.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
DEPARTMENT OF VETERANS AFFAIRS - WASHINGTON, D.C. MEDICAL CENTER - 50 IRVING STREET NW - WASHINGTON, DC 20422		GOVERNMENTAL	20,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
DAV NATIONAL SERVICE & LEG HEADQUARTERS MOBILE SVC OFFICE - 807 MAINE AVENUE, SW - WASHINGTON, DC 20024	31-0263158	501(C)(4)	750,000.	0.			OUTREACH/CLAIMS BENEFITS ASSISTANCE
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	87,045.	0.			REHABILITATION & THERAPEUTIC

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	200,000.	0.			MEDICAL CARE TRANSPORATION
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	33,000.	0.			REHABILITATION & THERAPEUTIC
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	19,412.	0.			REHABILITATION & THERAPEUTIC
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	25,000.	0.			REHABILITATION & THERAPEUTIC
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	250,000.	0.			OUTREACH/CLAIMS BENEFITS ASSISTANCE
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	54,523.	0.			REHABILITATION & THERAPEUTIC
DAV NATIONAL SERVICE FOUNDATION - TRANSPORTATION NETWORK - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1516071	501(C)(4)	650,000.	0.			MEDICAL CARE TRANSPORATION
FAMILY HOUSING ADVISORY SERVICES, INC. - 2401 LAKE STREET - OMAHA, NE 68111	47-0526720	501(C)(3)	12,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM SERVICE DOGS 2000 WEST UNION AVENUE ENGLEWOOD, CO 80110	84-1068936	501(C)(3)	45,000.	0.			REHABILITATION & THERAPEUTIC
HOPE FOR THE WARRIORS - PMB 48 1335 WESTERN BLVD, SUITE E JACKSONVILLE, NC 28546	20-5182295	501(C)(3)	10,000.	0.			REHABILITATION & THERAPEUTIC
HOSPITAL HOSPITALITY HOUSE OF RICHMOND - 612 EAST MARSHALL STREET - RICHMOND, VA 23219	51-1240348	501(C)(3)	8,000.	0.			HEALTH
HVAF OF INDIANA, INC. 964 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	35-1890547	501(C)(3)	30,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
JOSEPH HOUSE, INC. 1526 REPUBLIC STREET, PO BOX 14608 CINCINNATI, OH 45202	31-1383835	501(C)(3)	50,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA - 2560 N. SANTIAGO BLVD. - ORANGE, CA 92867	41-1568278	501(C)(3)	15,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
MENTAL HEALTH SYSTEMS, INC. 9465 FARNHAM STREET SAN DIEGO, CA 92123	95-3302967	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 360 NORTH ROBERT STREET, SUITE 306 - SAINT PAUL, MN 55101	41-1694717	501(C)(3)	25,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number 52-1521276

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY BAY VETERANS, INC. 32C CANNERY ROW MONTEREY, CA 93940	77-0302740	501(C)(3)	20,000.	0.			REHABILITATION & THERAPEUTIC
NATIONAL ABILITY CENTER P.O. BOX 682799 PARKER CITY, UT 84068	94-3025807	501(C)(3)	7,500.	0.			REHABILITATION & THERAPEUTIC
NATIONAL ALLIANCE ON MENTAL ILLNESS - MINNESOTA (NAMI) - 800 TRANSFER ROAD, SUITE 31 - ST. PAUL, MN 55114	41-1317030	501(C)(3)	7,500.	0.			REHABILITATION & THERAPEUTIC
NATIONAL AMPUTEE GOLF ASSOCIATION 11 WALNUT HILL ROAD AMHERST, NH 03031	34-6575363	501(C)(3)	8,000.	0.			REHABILITATION & THERAPEUTIC
NATIONAL COALITION FOR HOMELESS VETERANS, INC. - 333 1/2 PENNSYLVANIA AVENUE, SE - WASHINGTON, DC 20003	52-1826860	501(C)(3)	15,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC.-NEADS NATIONAL CAMPUS - 305 REDEMPTION ROCK TRAIL SOUTH - PRINCETON, MA 01541	23-7281887	501(C)(3)	60,000.	0.			REHABILITATION & THERAPEUTIC
NATIONAL WILD TURKEY FEDERATION, INC. - P.O. BOX 530, 770 AUGUSTA ROAD - EDGEFIELD, SC 39824	57-0564993	501(C)(3)	25,000.	0.			REHABILITATION & THERAPEUTIC
OPERATION FIRST RESPONSE 20037 DOVE HILL ROAD CULPEPER, VA 22701	20-1622436	501(C)(3)	10,000.	0.			REHABILITATION & THERAPEUTIC

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OPERATION HOMEFRONT, INC. 8930 FOURWINDS DRIVE, SUITE 340 SAN ANTONIO, TX 78244	32-0033325	501(C)(3)	25,000.	0.			REHABILITATION & THERAPEUTIC
OUTWARD BOUND 910 JACKSON STREET GOLDEN, CO 80401	77-0431413	501(C)(3)	30,000.	0.			REHABILITATION & THERAPEUTIC
PATH (PEOPLE ASSISTING THE HOMELESS) - 340 NORTH MADISON AVENUE - LOS ANGELES, CA 90004	95-3950196	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
PATHWAYS TO CARE, INC. 430 PLUMOSA AVENUE CASSELBERRY, FL 32707	41-2025064	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
PHILADELPHIA VETERANS MULTI-SERVICE & EDUCATION CENTER - 213-217 NORTH 4TH STREET - PHILADELPHIA, PA 19106	23-2764079	501(C)(3)	50,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
RACING FOR OUR HEROES, INC. 6611 HILLCREST AVENUE, SUITE 343 DALLAS, TX 75205	20-8801659	501(C)(3)	150,000.	0.			REHABILITATION & THERAPEUTIC
RANDLIN ADULT FAMILY CARE HOMES, INC. - P.O. BOX 1488 - WAUSAU, WI 54402	31-1753025	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
SALVATION ARMY, NORTHWEST DIVISION 111 QUEEN ANNE AVENUE N. #300 SEATTLE, WA 98107	94-1156347	501(C)(3)	7,500.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION

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SWORDS TO PLOWSHARES 1060 HOWARD STREET SAN FRANCISCO, CA 94103	94-2260626	501(C)(3)	8,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	35,000.	0.			EMPLOYMENT
TEAM RIVER RUNNER, INC. P.O. BOX 12 BETHESDA, MD 20818	20-3838651	501(C)(3)	80,000.	0.			REHABILITATION & THERAPEUTIC
UNITED STATES ASSOCIATION OF BLIND ATHLETES - 33 N. INSTITUTE STREET - COLORADO SPRINGS, CO 80903	31-0977121	501(C)(3)	7,500.	0.			REHABILITATION & THERAPEUTIC
UNITED STATES VETERANS INITIATIVE, INC. - 1722 14TH STREET NW, SUITE 3-1 - WASHINGTON, DC 20009	95-4382752	501(C)(3)	35,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET - SAN FRANCISCO, CA 94143	94-3067788	501(C)(3)	250,000.	0.			HEALTH
VETERAN HOMESTEAD, INC. 69 HIGH STREET FITCHBURG, MA 01420	04-3199887	501(C)(3)	25,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
VETERANS AIRLIFT COMMAND 5775 WAYZATA BLVD., SUITE 700 ST. LOUIS PARK, MN 55416	20-4567769	501(C)(3)	35,000.	0.			MEDICAL CARE TRANSPORATION

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VETERANS TRANSITION CENTER OF MONTEREY COUNTY - 220 12TH STREET - MARINA, CA 93933	77-0431413	501(C)(3)	20,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
VETGROUP, INC. 103 NORTH MAIN STREET FORKED RIVER, NJ 08731	22-2840165	501(C)(3)	10,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION
VOLUNTEERS OF AMERICA SOUTHEAST, INC. - 600 AZALEA ROAD - MOBILE, AL 36609	13-1692595	501(C)(3)	25,000.	0.			HOMELESS/INDIGENT/CRISIS INTERVENTION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS ARE REQUIRED TO EXECUTE A GRANT AGREEMENT, WHICH OUTLINES THE TERMS AND CONDITIONS OF THE GRANT, INCLUDING BUT NOT LIMITED TO THE FOLLOWING PROVISIONS:

(1) PURPOSE FOR WHICH FUNDING IS AWARDED;

(2) THE FUNDS CANNOT BE RE-GRANTED WITHOUT THE EXPRESS PERMISSION OF THE TRUST AND IN NO CASE TO ORGANIZATIONS OR FOR PROJECTS OUTSIDE THE UNITED STATES;

(3) THE GRANTEE AGREES TO PROVIDE WRITTEN EXPENDITURE REPORTS OUTLINING FULFILLMENT OF THE PROGRAM GOALS;

Part IV Supplemental Information

(4) THE GRANTEE CERTIFIES THAT IT IS NOT ON ANY FEDERAL TERRORISM WATCH LISTS AND DOES NOT, WILL NOT AND HAS NOT KNOWINGLY PROVIDED FINANCIAL, TECHNICAL IN-KIND OR OTHER MATERIAL SUPPORT OR RESOURCES TO ANY INDIVIDUAL OR ENTITY THAT IS A TERRORIST OR TERRORIST ORGANIZATION, OR THAT SUPPORTS OR FUNDS TERRORISM; AND

(5) THE GRANTEE ACCEPTS AND WILL DISCHARGE FULL CONTROL OF THE GRANT FUNDS AND DISPOSITION OF SAME. THE RECIPIENT IS REQUIRED TO PROVIDE PERFORMANCE/EXPENDITURE REPORTS AT NO LESS THAN 6-MONTH INTERVALS UNTIL THE GRANT FUNDS ARE EXPENDED IN THEIR ENTIRETY. THE PERFORMANCE REPORTS ARE REVIEWED AND MONITORED TO ENSURE COMPLIANCE WITH THE PURPOSE OF THE GRANT AWARDED AND THE IMPACT ON AMERICA'S DISABLED VETERANS.

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FORM 990, PART VI, SECTION B, LINE 11: FOLLOWING COMPLETION OF FORM 990 BY THE TRUST'S TAX PREPARER, THE ADMINISTRATOR AND ACCOUNTANTS REVIEW THE RETURN. UPON ACCEPTANCE, THE ADMINISTRATOR MAILS A PAPER COPY OF THE FINAL RETURN TO ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS. SUBSEQUENTLY THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO ALL APPLICATIONS FOR FINANCIAL AID AND ASSISTANCE, ALL EMPLOYMENT MATTERS, AND ALL OTHER ACTIONS BY ANY OFFICER OR THE BOARD OF DIRECTORS OF THE TRUST AND APPLIES TO ALL ACTIVITIES IN WHICH THE TRUST IS CURRENTLY ENGAGED OR IN ANY WAY MAY BE ENGAGED AT ANY TIME IN THE FUTURE.

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

WHEN A CONFLICT IS DISCLOSED AND IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PARTY MUST CALL THE CONFLICT TO THE ATTENTION OF THE BOARD AND SHALL NOT VOTE ON THE MATTER.

IN FACE-TO-FACE MEETINGS, ANY PERSON HAVING A CONFLICT WILL RETIRE FROM THE ROOM AND SHALL NOT PARTICIPATE IN FINAL DELIBERATIONS OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE PERSON WILL PROVIDE THE BOARD OF

DIRECTORS WITH ANY AND ALL RELEVANT INFORMATION.

THE OFFICERS AND BOARD OF DIRECTORS REVIEW THE POLICY NO LESS THAN ANNUALLY TO DETERMINE NEED FOR REVISION. A COPY OF THE POLICY IS PROVIDED TO EACH OFFICER, MEMBER OF THE BOARD OF DIRECTORS AND EACH STAFF MEMBER SERVING THE TRUST OR WHO MAY BECOME ASSOCIATED WITH IT AT THE TIME OF THEIR ASSOCIATION. THE POLICY IS REVIEWED NO LESS THAN ANNUALLY FOR THE INFORMATION AND GUIDANCE OF ALL SUCH PERSONS. ANY NEW OFFICER, MEMBER OF THE BOARD OF DIRECTORS, AND NEW STAFF MEMBER IS ADVISED OF THE POLICY UPON UNDERTAKING THE DUTIES OF THEIR POSITION. EACH PERSON ANNUALLY SIGNS A STATEMENT AFFIRMING: RECEIPT OF A COPY OF THE POLICY; HIS/HER UNDERSTANDING OF THE POLICY; AGREEMENT TO COMPLY WITH THE POLICY; AND VERIFICATION THAT HE/SHE HAS DISCLOSED ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15B: IN 2009 THE BOARD OF DIRECTORS REAFFIRMED ITS POLICY THAT AUTHORIZES REIMBURSEMENT OF EXPENSES INCURRED BY DIRECTORS AND OFFICERS, I.E. CHAIRMAN, VICE CHAIRMAN AND SECRETARY/TREASURER, WHOSE DUTIES REQUIRE THEIR ATTENDANCE AT BOARD OF DIRECTORS MEETINGS OR SUCH OTHER EVENTS WHERE THEY SERVE AS REPRESENTATIVES OF OR TRAVEL ON BUSINESS FOR THE TRUST. THIS METHOD OF REIMBURSEMENT IS THE ONLY FORM OF 'COMPENSATION' PAID.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT AND MOST RECENT FORM 990 ARE ACCESSIBLE FROM THE TRUST'S WEBSITE, WWW.CST.DAV.ORG, AND ALSO UPON REQUEST OR FOR PUBLIC INSPECTION AT THE TRUST'S ADMINISTRATIVE OFFICE, 3725 ALEXANDRIA PIKE, COLD SPRING, KY 41076.

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST IS DEDICATED TO ONE SINGLE PURPOSE: BUILDING BETTER LIVES FOR OUR NATION'S DISABLED VETERANS AND THEIR FAMILIES.

TO CARRY OUT THIS RESPONSIBILITY, THE TRUST SUPPORTS A WIDE ARRAY OF PHYSICAL AND PSYCHOLOGICAL REHABILITATION AND RELIEF PROGRAMS, AS WELL AS SCIENTIFIC RESEARCH TO ASSIST THOSE INJURED OR SICKENED IN YOUR DEFENSE AND MINE.

PROGRAMS SUPPORTED BY THE TRUST FOCUS ON SEVERAL GROUPS OF PHYSICALLY AND PSYCHOLOGICALLY DISABLED VETERANS. KEY PROGRAMS INCLUDE:

* HELPING TO MAINTAIN A VOLUNTEER-OPERATED TRANSPORTATION NETWORK PROVIDING RIDES TO SICK AND DISABLED VETERANS WHO NEED TRANSPORTATION TO AND FROM VA MEDICAL CENTERS FOR TREATMENT;

* PROVIDING FOOD AND SHELTER TO HOMELESS AND NEEDY VETERANS, CONNECTING THEM TO ESSENTIAL MEDICAL CARE, VA BENEFITS COUNSELING, AND JOB TRAINING;

* MEETING THE SPECIAL NEEDS OF VETERANS FACED WITH SUCH SPECIFIC

DISABILITIES AS BLINDNESS, TRAUMATIC BRAIN INJURIES, POST-TRAUMATIC STRESS, AND AMPUTATION;

* SUPPORTING SIGNIFICANT THERAPEUTIC INITIATIVES;

* SUPPORTING PHYSICAL AND PSYCHOLOGICAL REHABILITATION PROJECTS AIMED AT SOME OF AMERICA'S MOST PROFOUNDLY DISABLED VETERANS;

* BRINGING HOPE TO THE FORGOTTEN AND SUFFERING FAMILIES OF DISABLED VETERANS.

THE CHARITABLE SERVICE TRUST CONTINUES TO SEEK NEW AND INNOVATIVE WAYS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF DISABLED VETERANS AND THEIR FAMILIES THROUGH PROGRAMS THAT:

* ENSURE QUALITY HEALTH CARE FOR VETERANS;

* ASSIST VETERANS SUFFERING POST-TRAUMATIC STRESS AND BRAIN INJURIES;

* ENHANCE RESEARCH AND MOBILITY FOR VETERANS WITH AMPUTATIONS AND SPINAL CORD INJURIES;

* BENEFIT AGING DISABLED VETERANS;

* EVALUATE AND ADDRESS THE NEEDS OF VETERANS DISABLED IN RECENT WARS AND CONFLICTS;

* LIFT HOMELESS VETERANS UP FROM DESPAIR;

* AND MUCH MORE, AS NEEDED.

2009 A YEAR OF CHALLENGE AND CHANGE

THE NUMBER OF AMERICAN TROOPS KILLED IN AFGHANISTAN DOUBLED IN 2009 FROM THE YEAR PREVIOUS, DUE TO HEAVIER COMBAT AND MORE DEVASTATING ROADSIDE BOMBS BEING USED BY TALIBAN TERRORISTS. THESE CRUDE BUT LETHAL EXPLOSIVE DEVICES CAN DEPLOY ENOUGH POWER TO FLIP A HEAVY ARMORED

VEHICLE INTO THE AIR. THEY INFLICT NIGHTMARISH COSTS ON OUR TROOPS - NOT JUST PHYSICAL WOUNDS, BUT INVISIBLE WOUNDS LIKE TRAUMATIC BRAIN INJURIES.

WITH THE MASSIVE CASUALTIES THAT HAVE COME OUT OF IRAQ AND AFGHANISTAN SINCE 9/11/2001, THE NUMBER OF DISABLED VETERANS UNDER AGE 55 SHOT PAST 1.1 MILLION OVER THE PAST DECADE. THESE YOUNGER MEN AND WOMEN NOW MAKE UP MORE THAN A THIRD OF ALL LIVING DISABLED VETERANS.

AND THE SACRIFICES SHOW NO SIGNS OF COMING TO AN END. COMBAT ESCALATES IN AFGHANISTAN AS 2009'S TROOP DEPLOYMENTS CONTINUE TO ESCALATE IN 2010. THE CASUALTIES COME HOME, BLEEDING AND BROKEN, NEEDING OUR HELP, MANY HAVING SURVIVED INJURIES THAT WOULD HAVE KILLED TROOPS IN ANY PRIOR WAR.

AFGHANISTAN AND IRAQ ARE BUT THE LATEST WARS THAT AMERICA - AND THE AMERICAN MILITARY - HAVE FACED OVER THE DECADES. SOME OF THESE WARS AND CONFLICTS ARE LONG GONE, BUT SHOULD NOT BE LONG FORGOTTEN. THOSE WHO BORE THE TERRIBLE WEIGHT OF THOSE CONFLICTS, INCLUDING THE WOUNDED WHO SACRIFICED SO MUCH, REMAIN WITH US TODAY. YES, TREATIES ARE SIGNED AND THE BATTLEFIELDS FALL SILENT, BUT THE PERSONAL BATTLES OF THE SICK AND INJURED GO ON FOR A LIFETIME.

YET A DISTURBING TREND SURFACED IN 2009 AFTER NEWS ORGANIZATIONS SURVEYED THEIR AUDIENCES AND LEARNED THAT PEOPLE ARE TIRED OF REPORTS FROM THE WAR ZONES. AS OUR TROOPS FIGHT BRAVELY ON IN THE NAME OF OUR

NATION, THE PEOPLE OF OUR NATION PAY LESS AND LESS ATTENTION. IT MAKES ONE WONDER: WHAT FATE WILL OUR HEROES FACE AFTER THE GUNS STOP FIRING AND THE IEDS STOP EXPLODING? WILL THEY BE FORGOTTEN?

THE DAV CHARITABLE SERVICE TRUST HAS SEEN SUCH FORGETFULNESS BEFORE. IT HAPPENED AFTER EVERY WAR IN THE 20TH CENTURY. WE AT THE DAV CHARITABLE SERVICE TRUST ARE VERY THANKFUL FOR PROPOSALS TO GREATLY INCREASE FUNDING FOR THE DEPARTMENT OF VETERANS AFFAIRS. IN THIS TIME OF WAR, THOSE FUNDS ARE URGENTLY NEEDED. BUT STILL, THERE ARE THINGS THE VA WILL NOT BE ABLE TO DO AND SOME THAT ARE BETTER LEFT TO THE AMERICAN PEOPLE TO ACHIEVE THROUGH THEIR NONPROFIT ORGANIZATIONS. SOMETIMES, TOO, THE VA NEEDS A PARTNER TO GAIN THE FLEXIBILITY REQUIRED TO LAUNCH AN INITIATIVE AND KEEP IT GOING.

THESE ARE THE TIMES WHEN THE DAV CHARITABLE SERVICE TRUST STEPS IN, WORKING HAND-IN-HAND WITH GOVERNMENT RESOURCES. THE TRUST ALSO MAKES IT POSSIBLE FOR VETERANS WITH SPECIFIC DISABILITIES TO TAKE ADVANTAGE OF SPECIALIZED PROGRAMS OUTSIDE THE GOVERNMENT THAT BENEFIT THEM IN VERY DIRECT WAYS.

RECORD OF ACHIEVEMENT

IN 1986, LEADERS OF THE DISABLED AMERICAN VETERANS SET UP THE DAV CHARITABLE SERVICE TRUST TO ADVANCE INITIATIVES THAT MIGHT NOT FIT EASILY INTO THE SCHEME OF WHAT IS TRADITIONALLY OFFERED THROUGH THE VA, STATE VETERANS' PROGRAMS, OR VETERANS' SERVICE ORGANIZATIONS. IN THIS ROLE, THE TRUST'S WORK PLAYS AN ESSENTIAL AND DECISIVE ROLE IN MAKING

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SURE AMERICA MEETS ITS OBLIGATIONS TO OUR NATION'S DISABLED DEFENDERS.

THE INVISIBLE WOUNDS OF WAR

THE INJURIES INFLICTED DURING SERVICE ON A FOREIGN BATTLEFIELD AREN'T ALWAYS AS OBVIOUS AS A LOST LIMB OR BLINDED EYE. BRAIN TRAUMA, COMBAT STRESS AND DEPRESSION ARE PERSISTENT FOES, AS IS THE PHENOMENON OF CHRONIC PAIN.

IN CONJUNCTION WITH THE AMERICAN PAIN FOUNDATION IN BALTIMORE, MD., THE DAV CHARITABLE SERVICE TRUST HELPED LAUNCH THE PUBLICATION OF A NEW BOOK BY DEREK MCGINNIS, "EXIT WOUNDS: A SURVIVAL GUIDE TO PAIN MANAGEMENT FOR RETURNING VETERANS AND THEIR FAMILIES" AND ITS COMPANION WEB SITE, WWW.EXITWOUNDSFORVETERANS.ORG.

THE FOUNDATION PROVIDES VETERANS LIKE MR. MCGINNIS - WHO SUSTAINED BRAIN INJURY, SHRAPNEL WOUNDS, EYE DAMAGE AND AMPUTATION OF HIS LEFT LEG WHILE SERVING IN THE U.S. NAVY IN IRAQ - WITH UNFETTERED ACCESS TO INFORMATION RELATING TO PAIN AND PAIN MANAGEMENT. "THANK YOU TO THE DAV CHARITABLE SERVICE TRUST FOR YOUR SUPPORT WITH THE DEVELOPMENT OF THIS PROJECT," WRITES WILL ROWE, CHIEF EXECUTIVE OFFICER OF THE AMERICAN PAIN FOUNDATION.

IN 2009, PENTAGON OFFICIALS ESTIMATED THAT UP TO 360,000 IRAQ AND AFGHANISTAN VETERANS HAVE ENDURED TRAUMATIC BRAIN INJURIES (TBIS), WITH APPROXIMATELY 45,000 TO 90,000 SUFFERING PERSISTENT SYMPTOMS THAT WARRANT SPECIALIZED CARE.

FROM SPEECH IMPAIRMENTS TO VISION PROBLEMS, FROM SLEEP DISORDERS TO MEMORY LAPSES, A RANGE OF DIFFICULTIES FACE OUR RETURNING AND DISABLED DEFENDERS. MANY MALADIES ARE THE RESULT OF ROADSIDE EXPLOSIONS, SNIPER ATTACKS AND SUICIDE BOMBINGS. RECURRENT AND CRIPPLING MIGRAINES DAMAGE THE LIVES OF 60% OF THE HEAD INJURY PATIENTS RETURNING FROM THE WARS.

FOR EXAMPLE, A GEORGIA MARINE WHO WAS SHOT IN THE HEAD BY AN IRAQI SNIPER NOW HAS TROUBLE REMEMBERING NAMES AND MUST USE A GLOBAL POSITIONING SYSTEM TO FIND HIS WAY THROUGH THE STREETS OF HIS HOMETOWN. TBI, INDEED, HAS BECOME THE SIGNATURE WOUNDS OF VETERANS RETURNING FROM IRAQ AND AFGHANISTAN. IN ADDITION, ONE IN FIVE VETERANS OF TODAY'S WARS - MORE THAN A THIRD OF A MILLION - SUFFERS DEPRESSION OR POST-TRAUMATIC STRESS DISORDER (PTSD).

MAKE NO MISTAKE ABOUT THESE "INVISIBLE WOUNDS." THESE ARE WAR-WOUNDED VETERANS, VAST NUMBERS SEVERELY DISABLED FOR LIFE. THE DAV CHARITABLE SERVICE TRUST KNOWS THAT BRAIN INJURIES AND MENTAL HEALTH ISSUES ARE LEADING REASONS WHY VETERANS MAKE UP A FIFTH OF THE HOMELESS PEOPLE IN AMERICA. THAT'S WHY THERE ARE SO MANY PROGRAMS FOR HOMELESS VETERANS LISTED IN THE "HOMELESS HEROES" SECTION THAT FOLLOWS.

MANY OTHER ENLIGHTENED INITIATIVES SUCH AS THESE ARE THRIVING ACROSS THE NATION WITH ASSISTANCE THROUGH THE DAV CHARITABLE SERVICE TRUST.

SOME EXAMPLES:

* BALTIMORE STATION IN MARYLAND PROVIDES HOUSING, FOOD, MEDICAL CARE

AND JOB TRAINING FOR VETERANS SUFFERING PTSD.

* FREEDOM SERVICE DOGS IN ENGLEWOOD, COLO., TRAINS AND PLACES DOGS WITH DISABLED VETERANS SUFFERING SPINAL CORD INJURIES, PTSD, AND TRAUMATIC BRAIN INJURY.

* MONTEREY BAY VETERANS IN MONTEREY, CALIF., USES MARINE ACTIVITIES TO OFFER A RECREATIONAL THERAPEUTIC PROGRAM TO DISABLED VETERANS.

* OCEANSIDE IVEY RANCH PARK ASSOCIATION IN OCEANSIDE, CALIF., PROVIDES THERAPEUTIC EQUESTRIAN ACTIVITIES FOR BRAIN-INJURED VETERANS.

* TEAM RIVER RUNNER IN BETHESDA, MD., USES KAYAKING TO PROMOTE THE PHYSICAL AND MENTAL HEALING OF SEVERELY INJURED TROOPS AT MILITARY AND VA MEDICAL FACILITIES.

* NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES IN PRINCETON, MASS., TRAINS ASSISTANCE DOGS FOR VETERANS. THEY FOCUS ON VETERANS SUFFERING PTSD AND BRAIN INJURIES.

* THE U.S. ASSOCIATION OF BLIND ATHLETES IN COLORADO SPRINGS, COLO., OFFERS SPORTING PROGRAMS FOR VETERANS AND ACTIVE DUTY TROOPS WHO LOST THEIR VISION WHILE IN THE SERVICE.

HOMELESS HEROES

APPROXIMATELY 131,000 VETERANS ARE HOMELESS ON ANY GIVEN NIGHT, ACCORDING TO THE VA. ABOUT TWICE THAT NUMBER EXPERIENCE HOMELESSNESS DURING ANY GIVEN YEAR. ONE OUT OF FOUR HOMELESS AMERICANS IS A MILITARY VETERAN. DAV PROFESSIONALS AND VOLUNTEERS ARE DEEPLY CONCERNED THAT 45% SUFFER FROM PSYCHOLOGICAL DISABILITIES. WITH WOMEN VETERANS THREE TIMES AS LIKELY TO BECOME HOMELESS AS WOMEN WHO DIDN'T SERVE, THEY NOW MAKE UP 4% OF HOMELESS VETERANS. THE PROBLEM GREW WORSE DURING THE

RECESSION, FORCING LOW-WAGE AND SOME MIDDLE-INCOME VETERANS INTO FORECLOSURE.

THESE ARE NOT ACCEPTABLE FACTS, BUT THEY'RE FACTS WE CANNOT IGNORE.

THE PROBLEM IS NOT LIMITED TO BIG CITIES WHERE IT'S MOST OBVIOUS. MANY HOMELESS VETERANS LIVE IN RURAL AREAS OR WANDER IN THE WILDERNESS.

DISTRESSED BY THIS SHOCKING SITUATION, THE DAV CHARITABLE SERVICE TRUST CONTINUED AND ENHANCED ITS ONGOING ACTIVITIES ON BEHALF OF HOMELESS VETERANS AND THEIR FAMILIES DURING 2009.

VARIOUS PROGRAMS ARE PARTNERING WITH THE TRUST TO CHANGE THE LIVES OF HOMELESS VETERANS IN SUBSTANTIAL WAYS:

* THE NATIONAL COALITION FOR HOMELESS VETERANS IN WASHINGTON, D.C. SUPPLIES TECHNICAL ASSISTANCE AND SUPPORTS A TOLL-FREE HOMELESS VETERAN HELP LINE.

* CARITAS COMMUNITIES OF BRAINTREE, MASS., SUPPLIES COUNSELING AND SERVICES FOR HOMELESS AND LOW-INCOME VETERANS IN A 60-UNIT HOUSING CENTER.

* CARRIAGE HOUSE COMMUNITY TABLE IN BOULDER, COLO., PROVIDES FOR THE IMMEDIATE NEEDS OF HOMELESS VETERANS AT ITS DAY SHELTER.

* CINCINNATI'S CENTER FOR RESPITE CARE OFFERS RESPITE CARE FOR HOMELESS VETERANS, INCLUDING MEDICAL TREATMENT AND SOCIAL SERVICES.

* CENTRAL OREGON VETERANS OUTREACH IN BEND SERVES HOMELESS VETERANS WITH EMERGENCY AND TRANSITIONAL SHELTER, AS WELL AS JOB TRAINING.

* IN JACKSON, MISS., A TRUST-FUNDED VA PROGRAM PROVIDES TRANSPORTATION ASSISTANCE AND HOUSING/FOOD STIPENDS TO HOMELESS VETERANS.

* HVAF OF INDIANA IN INDIANAPOLIS SUPPORTS A DROP-IN FACILITY FOR

HOMELESS VETERANS, PROVIDING FOOD, CLOTHING, AND SHOWER FACILITIES.

* LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA IN ORANGE DELIVERS EMERGENCY ASSISTANCE FOR VETERANS AND THEIR FAMILIES.

* MERCY HOUSE TRANSITIONAL LIVING SERVICES IN SANTA ANA, CALIF., PROVIDES TRANSITIONAL HOUSING FOR HOMELESS VETERANS.

* OPERATION HOMEFRONT IN SAN ANTONIO, TEXAS, PROVIDES RENT-FREE, SHORT-TERM HOUSING FOR INDIGENT VETERANS AND THEIR FAMILIES.

* PATHWAYS TO CARE IN CASSELBERRY, FLA., DIRECTS FOOD, SHELTER, AND MEDICAL CARE TO HOMELESS VETERANS.

* THE NORTHWEST DIVISION OF SALVATION ARMY IN SEATTLE GIVES DIRECT ASSISTANCE OF FOOD, CLOTHING, AND SHELTER TO DISABLED VETERANS AND THEIR FAMILIES.

* SOUTH PARK INN IN HARTFORD, CONN., PROVIDES FOOD, SHELTER, AND EMERGENCY MEDICAL SERVICES FOR INDIGENT VETERANS.

* THE HEART OF AMERICA STAND DOWN FOUNDATION IN KANSAS CITY, MO., PROVIDES FOOD, CLOTHING, AND HEALTH SCREENINGS TO INDIGENT VETERANS.

* THE PHILADELPHIA VETERANS MULTI-SERVICE & EDUCATION CENTER IN PENNSYLVANIA PROVIDES FOOD AND CLOTHING FOR HOMELESS VETERANS.

* THE VOLUNTEERS OF AMERICA SOUTHEAST IN MOBILE, ALA., SUPPLIES SUPPORT FOR HOMELESS VETERANS SUFFERING PTSD AND CHRONIC MENTAL ILLNESS IN A NEW 36-UNIT TRANSITIONAL HOUSING FACILITY.

* VETERAN HOMESTEAD IN FITCHBURG, MASS., MAKES AVAILABLE FOOD, HOUSING AND SUPPORT SERVICES FOR VETERANS WHO ARE ELDERLY, TERMINALLY ILL, HOMELESS OR OTHERWISE IN NEED.

MYRIAD OTHER HOMELESS VETERAN PROGRAMS THAT THE TRUST AIDS ALSO

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INCLUDE:

* ALPHA OMEGA VETERANS SERVICES, MEMPHIS, TENN.

* FAMILY HOUSING ADVISORY SERVICES, OMAHA, NEB.

* FIRST MARINE DIVISION ASSOCIATION, OCEANSIDE, CALIF.

* PATH (PEOPLE ASSISTING THE HOMELESS) OF LOS ANGELES, CALIF.

* SWORDS TO PLOWSHARES, SAN FRANCISCO, CALIF.

* UNITED STATES VETERANS INITIATIVE, WASHINGTON, D.C.

* VETERANS TRANSITION CENTER OF MONTEREY COUNTY, MARINA, CALIF.

* VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA.

* HOMELESS VETERANS' PROGRAMS THAT INVOLVE AN EMPLOYMENT COMPONENT ARE LISTED IN THE SECTION THAT FOLLOWS.

VETERANS AND THE JOB MARKET

THE DAV CHARITABLE SERVICE TRUST'S SUPPORT OF THE "ENTREPRENEURSHIP BOOT CAMP FOR VETERANS WITH DISABILITIES," DEVELOPED BY SYRACUSE UNIVERSITY IN NEW YORK STATE AND CONDUCTED AT OTHER UNIVERSITIES ACROSS THE COUNTRY, OFFERS DISABLED VETERANS COURSES IN ENTREPRENEURSHIP AND SMALL BUSINESS LEADERSHIP. THE PROGRAM IS ONE OF MANY INVESTMENTS THAT MAKE THE DIFFERENCE IN CULTIVATING OUR VETERANS' FUTURE OPPORTUNITIES FOR RAPID ADVANCEMENT.

NO ISSUE IS MORE IMPORTANT TO TROOPS RETURNING TO CIVILIAN LIFE TODAY THAN FINDING A GOOD JOB. THAT'S BEEN A PROBLEM ALL ALONG FOR OUR YOUNGEST VETERANS, WHO CONSISTENTLY SUFFER HIGHER UNEMPLOYMENT RATES THAN NON-VETERANS OF THE SAME AGE. MILITARY DISABILITIES ONLY COMPLICATE THE ISSUE, AND THE ECONOMIC DOWNTURN THAT CONTINUED IN 2009

SLAMMED OUR YOUNG DISABLED VETERANS TO THE GROUND.

LIFELINES SUCH AS THESE STEADFAST ORGANIZATIONS WORKING IN PARTNERSHIP WITH THE TRUST MAKE A DIFFERENCE FOR OUR UNEMPLOYED, DISABLED VETERANS:

* A TRUST GRANT TO BOBBY DODD INSTITUTE IN ATLANTA, GA., BRINGS CAREER SERVICES, EMPLOYMENT TRAINING, AND FOLLOW-UP ASSISTANCE TO DISABLED VETERANS. THIS ORGANIZATION SPECIALIZES IN THE EMPLOYABILITY OF SERIOUSLY DISABLED PEOPLE.

* THE BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION IN WASHINGTON, D.C., USES TRUST FUNDING TO ADDRESS THE EMPLOYMENT AND CAREER ADVANCEMENT NEEDS OF WOMEN VETERANS.

* CATHOLIC CHARITIES AND COMMUNITY SERVICES OF THE ARCHDIOCESE OF DENVER PROVIDE EDUCATION AND JOB TRAINING AS WELL AS EMPLOYMENT AND REFERRALS TO OUTSIDE SERVICES TO VETERANS.

* THE TRUST HELPS THE DAYTON, OHIO, VA TO PROVIDE NEEDY VETERANS WITH MEAL VOUCHERS, WORK CLOTHES, JOB SEARCHES, AND TRANSPORTATION TO WORK SITES.

* THE VA IN WASHINGTON, D.C., GETS TRUST ASSISTANCE TO SUPPORT THE ANNUAL WINTERHAVEN STANDDOWN, WHICH PROVIDES OUTREACH, HEALTHCARE SERVICE, AND EMPLOYMENT SERVICES.

* MENTAL HEALTH SYSTEMS IN SAN DIEGO, CALIF., RUNS CLUB VET, AN EMPLOYMENT AND TRAINING PROGRAM FOR HOMELESS VETERANS.

* RANDLIN ADULT FAMILY CARE HOMES IN WAUSAU, WIS., PROVIDES EDUCATION AND TRAINING, TRANSPORTATION, JOB TRAINING AND DEVELOPMENT FOR DISABLED VETERANS.

* THE CINCINNATI VA MEDICAL CENTER USES A TRUST GRANT TO OFFER AT-RISK

VETERANS CLOTHING, SHOES, PERSONAL CARE AND OTHER ITEMS THAT MAY BE NECESSARY TO OBTAIN GAINFUL EMPLOYMENT.

* APPLIED BEHAVIORAL REHABILITATION INSTITUTE IN BRIDGEPORT, CONN., SUPPLIES FOOD FOR HOMELESS VETERANS, AS WELL AS LIFE SKILLS AND VOCATIONAL TRAINING.

* CRISIS MINISTRIES IN CHARLESTON, S.C., PROVIDES TRANSITIONAL HOUSING AND EMPLOYMENT SERVICES FOR HOMELESS VETERANS.

* VETGROUP IN FORKED RIVER, N.J., PROVIDES HOMELESS VETERANS WITH MEDICAL SERVICES, EMERGENCY HOUSING AND EMPLOYMENT COUNSELING/JOB SEARCH ASSISTANCE.

OUTREACH TO AMERICA'S DISABLED HEROES

"RACING FOR OUR HEROES" IN DALLAS, TEXAS, IS USING A GRANT FROM THE DAV CHARITABLE SERVICE TRUST TO BRING THE JOY OF MOTOR SPORTS INTO THE LIVES OF VETERANS AS THEY RECOVER FROM INJURIES AND ILLNESSES SUFFERED FOR OUR COUNTRY. AS PART OF THEIR DAY IN THIS PROGRAM, WOUNDED TROOPS ACTUALLY GET TO RIDE ON THE TRACK WITH A PROFESSIONAL DRIVER. THE PROGRAM IS PLACING 14 VETERANS INTO NEW CAREERS IN THE MOTOR SPORTS FIELD.

OUTREACH TO DISABLED VETERANS AND THEIR FAMILIES NOT ONLY RECEIVED A SIGNIFICANT BOOST FROM THE DAV CHARITABLE SERVICE TRUST IN 2009. THE TRUST, FOR EXAMPLE, AWARDED $750,000 TO THE DAV IN ORDER TO PROVIDE OUTREACH TO DISABLED VETERANS AND THEIR DEPENDENTS ACROSS THE COUNTRY. THE GRANT PURCHASED 10 MOBILE SERVICE OFFICES THAT LITERALLY PUT DAV VETERANS' BENEFITS EXPERTS ON THE ROAD. THESE PROFESSIONALS ASSIST

VETERANS WHERE THEY LIVE, INCREASING THEIR ACCESS TO BENEFITS AND CLAIMS FILING ASSISTANCE.

THIS OUTREACH IS CRITICAL BECAUSE OUR NATION'S SYSTEM OF VETERANS' BENEFITS AND SERVICES IS SO LARGE AND COMPLICATED. WE CANNOT EXPECT OUR DISABLED HEROES AND THEIR FAMILIES TO COMPREHEND EVERYTHING TO WHICH THEY'RE ENTITLED.

JOINING HANDS WITH THE DAV'S NATIONAL ORGANIZATION, THE FORD MOTOR COMPANY CONTINUED ITS SUPERB, LONG-TERM SUPPORT OF THE DAV'S NATIONAL TRANSPORTATION NETWORK WITH A VERY SIGNIFICANT CONTRIBUTION OF VANS. THE VANS SHUTTLE THE SICK AND DISABLED TO AND FROM VA MEDICAL FACILITIES.

LAST YEAR, 152 NEW VANS HIT THE ROAD THROUGHOUT THE COUNTRY. IN 2009, DAV AND AUXILIARY MEMBERS, AS WELL AS OTHER CARING PEOPLE FROM THE COMMUNITY, VOLUNTEERED 1.6 MILLION HOURS, DRIVING 27 MILLION MILES AND PROVIDING MORE THAN 704,500 RIDES. WHILE THOSE STATISTICS ARE IMPRESSIVE, NO ONE CAN MEASURE THE THERAPEUTIC POWER THAT'S GENERATED WHEN THIS PROGRAM BRINGS DISABLED VETERANS INTO CONTACT WITH OTHER DISABLED VETERANS ONE-ON-ONE.

A HARLEY-DAVIDSON FOUNDATION GRANT IS SENDING DAV MOBILE SERVICE OFFICES TO TOWNS AND RURAL COMMUNITIES ACROSS AMERICA TO MAKE SURE VETERANS AND THEIR FAMILIES GET ALL THE INFORMATION THEY NEED ABOUT BENEFITS AND SERVICES EARNED THROUGH MILITARY SERVICE. POINTS VISITED

ARE LOCATIONS DISTANT FROM DAV NATIONAL SERVICE OFFICES.

THE DAV CHARITABLE SERVICE TRUST ALSO ASSISTED THE HOSPITAL HOSPITALITY HOUSE OF RICHMOND, VA. IN ACCOMMODATING VETERANS AND FAMILIES FACING MEDICAL CRISES AT THE VA MEDICAL CENTER THERE. BECAUSE THIS IS THE SITE OF SO MUCH LONG-TERM TREATMENT OF WOUNDS SUFFERED IN IRAQ AND AFGHANISTAN, THE NEED FOR THIS SERVICE IS CRITICAL NOW.

SOME OTHER EXAMPLES OF OUTREACH WORK SUPPORTED THROUGH THE DAV CHARITABLE SERVICE TRUST INCLUDE:

* AUDIO INFORMATION NETWORK OF COLORADO IN BOULDER PROVIDES BLIND AND VISUALLY IMPAIRED VETERANS WITH SPECIALLY ADAPTED RADIOS AND SPECIAL PROGRAMMING AND AUDIOCASSETTES.

* OPERATION FIRST RESPONSE IN CULPEPER, VA., PROVIDES ASSISTANCE TO INJURED TROOPS AND THEIR FAMILIES, INCLUDING HELP WITH RENT AND UTILITY PAYMENTS, VEHICLE PAYMENTS AND REPAIRS, FOOD AND LODGING COSTS.

* THE NATIONAL ALLIANCE ON MENTAL ILLNESS IN SAINT PAUL, MINN., PROVIDES PEER-TO-PEER MENTAL HEALTH SUPPORT GROUPS FOR DISABLED VETERANS.

* THE NATIONAL AMPUTATION FOUNDATION IN MALVERNE, N.Y., PROVIDES LEGAL COUNSEL, VOCATIONAL GUIDANCE AND PLACEMENT, AND TRAINING IN THE USE OF PROSTHETIC DEVICES FOR AMPUTEE VETERANS.

* SALUTE INC. IN PROSPECT HEIGHTS, ILL., PROVIDES FINANCIAL AID TO VETERANS AND THEIR FAMILIES FOR MORTGAGE/RENT, MEDICAL BILLS AND OTHER COSTS.

* THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO ADVANCES HIV RESEARCH

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TO IDENTIFY ANTI-VIRAL FACTORS IN HUMANS THAT MAY LEAD TO NEW DRUG THERAPIES FOR VETERANS AFFECTED BY HIV.

REHABILITATION

PROVIDING SOLID REHABILITATION OPPORTUNITIES TO DISABLED VETERANS IS ALWAYS A TOP PRIORITY FOR THE DAV CHARITABLE SERVICE TRUST, WHICH SUPPORTS PROGRAMS FROM COAST TO COAST. THE MISSION OF THESE DIVERSE AGENCIES IS HEART-INSPIRING AS WELL AS INNOVATIVE.

THE BERGIN UNIVERSITY OF CANINE STUDIES IN SANTA ROSA, CALIF., FOR INSTANCE, ENGAGES MILITARY PERSONNEL WHO HAVE BEEN DIAGNOSED WITH PTSD TO TRAIN SERVICE DOGS AS PART OF THEIR REHABILITATIVE THERAPY. THIS PROGRAM PLACES TRAINED DOGS WITH VETERANS SUFFERING FROM SPINAL CORD DAMAGE, AMPUTATIONS AND TRAUMATIC BRAIN INJURIES.

OTHER GROUND-BREAKING PROGRAMS ABOUND. ON THE VA'S CAMPUS IN FORT MEADE, S.D., THE DAV CHARITABLE SERVICE TRUST SPONSORS RETREATS FOR WOMEN VETERANS AND WOMEN MEMBERS OF VETERANS' FAMILIES. THESE FOCUS ON THE PSYCHOLOGICAL, PHYSICAL, SOCIAL AND SPIRITUAL ISSUES WOMEN FACE WITH RESPECT TO PTSD.

BECAUSE OUTWARD BOUND PROGRAMS SUCH AS THE ONE IN GOLDEN, COLO., PROVE THEIR WORTH TIME AND AGAIN AS PART OF AN OVERALL THERAPEUTIC APPROACH TO POST-TRAUMATIC STRESS DISORDER AMONG VETERANS, THE TRUST ONCE AGAIN FUNDED THE PARTICIPATION OF A NUMBER OF VETERANS.

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VETERANS WITH PSYCHOLOGICAL DISABILITIES ARE TAKING ADVANTAGE OF A TRUST-FUNDED REHABILITATIVE OPPORTUNITY OFFERED BY CREATIVE ALTERNATIVES OF NEW YORK. CONDUCTED AT THE BRONX VA MEDICAL CENTER, THIS PROGRAM PROVIDES THERAPEUTIC PROGRAMS THAT FACILITATE THERAPY.

WORKING WITH THE ACHILLES TRACK CLUB IN NEW YORK CITY, THE TRUST BRINGS AN EXCEPTIONAL OFFERING TO AMPUTEES AND OTHER SERIOUSLY DISABLED VETERANS. THROUGH ITS WORLDWIDE NETWORK OF PHYSICALLY DISABLED RUNNERS, THE CLUB REPLICATES ITS WALTER REED REHABILITATIVE MODEL AT OTHER MEDICAL FACILITIES ACROSS THE COUNTRY. IN ADDITION TO DEVELOPING PHYSICAL STRENGTH, THIS PROGRAM HELPS DISABLED VETERANS BUILD THE SKILLS NEEDED FOR PERSONAL INDEPENDENCE AND EMOTIONAL STABILITY.

THE WINTER SPORTS CLINIC IS ONE OF THE MOST POWERFUL EVENTS YOU SUPPORT THROUGH THE DAV CHARITABLE SERVICE TRUST. AT THIS ANNUAL EVENT, SPONSORED IN PART BY FORD MOTOR CO., NORTH AMERICA OPERATIONS IN DEARBORN, MICH., MANY OF THE NATION'S MOST PROFOUNDLY DISABLED VETERANS GAIN NEW AGILITY, STRENGTH AND CONFIDENCE AS THEY TAKE PART IN A NUMBER OF WINTER ATHLETIC PROGRAMS. PICTURE A BLIND VETERAN SKIING DOWN THE SIDE OF A MOUNTAIN, AND YOU'LL BEGIN TO IMAGINE THE INCREDIBLE POWER OF THIS PROGRAM.

SOME OTHER EXAMPLES TAKING FLIGHT THROUGH THE DAV CHARITABLE SERVICE TRUST INCLUDE:

* ACTS 19:11/PIKES PEAK THERAPEUTIC RIDING CENTER IN ELBERT, COLO., PROVIDES THERAPEUTIC EQUESTRIAN ACTIVITIES FOR DISABLED VETERANS.

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* ARTISTS FOR THE HUMANITIES IN APPLETON, WISC., PROVIDES CREATIVE ART THERAPY FOR VETERANS AND THEIR FAMILIES.

* COMMUNITY HOPE IN PARSIPPANY, N.J., PROVIDES TRANSITIONAL HOUSING AND RECOVERY SERVICES FOR VETERANS RECOVERING FROM MENTAL ILLNESS.

* GATHERING OF MOUNTAIN EAGLES IN YORKTOWN, VA., PROVIDES THERAPEUTIC ACTIVITIES FOR THE COMBAT WOUNDED.

* HOPE FOR THE WARRIORS IN JACKSONVILLE, N.C., SUPPORTS INJURED MILITARY SERVICE MEMBERS AND DISABLED VETERANS DURING TREATMENT AND RECOVERY.

* MERCY MEDICAL AIRLIFT IN VIRGINIA BEACH, VA., PROVIDES MEDICAL AIR TRANSPORT FOR VETERANS REQUIRING MEDICAL EVALUATION, DIAGNOSIS AND TREATMENT, AS WELL AS SUPPORTING COSTS OF AIR TRANSPORT FOR NEEDY FAMILIES OF VETERANS.

* THE DAV DEPARTMENT OF WISCONSIN TRANSPORTATION PROGRAM IN GREEN BAY OFFERS VETERANS TRANSPORTATION TO VARIOUS SERVICES.

* THE NATIONAL ABILITY CENTER IN PARKER CITY, UTAH, OFFERS SPECIALIZED, REHAB RECREATIONAL ACTIVITIES FOR VETERANS WITH DISABILITIES.

* THE NATIONAL AMPUTEE GOLF ASSOCIATION IN AMHERST, N.H., SUPPORTS THERAPEUTIC GOLF CLINICS ACROSS THE COUNTRY.

* THE NATIONAL WILD TURKEY FEDERATION IN EDGEFIELD, S.C., DELIVERS THERAPEUTIC PROGRAMS FOR DISABLED VETERANS, REMOVING BARRIERS THAT KEEP THEM FROM ENJOYING OUTDOOR ACTIVITIES SUCH AS HUNTING AND FISHING.

* VETERANS AIRLIFT COMMAND IN ST. LOUIS PARK, MINN., PROVIDES FREE AIR TRAVEL FOR MEDICAL AND OTHER COMPASSIONATE PURPOSES TO WOUNDED MILITARY SERVICE PERSONNEL, THROUGH A NATIONAL NETWORK OF VOLUNTEER AIRCRAFT OWNERS AND PILOTS.

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LOOKING TO THE FUTURE

AS THOUSANDS UPON THOUSANDS OF HEROIC VETERANS STREAM INTO MILITARY AND VA HOSPITALS, THE CHALLENGE HAS NEVER BEEN GREATER. FOR SOME, IT'S ALL ABOUT PHYSICAL REHABILITATION FROM HORRIFIC WOUNDS. FOR OTHERS, IT'S ALSO ABOUT OVERCOMING COMBAT STRESS (PTSD), BRAIN INJURIES, DEPRESSION, AND DEEPLY FELT BUT UNSEEN PAIN. MANY ARE SIMPLY CONFUSED, HURT AND ADRIFT IN A GOVERNMENTAL BUREAUCRACY AND PAPERWORK THEY NEVER IMAGINED.

FUNDING THESE PROGRAMS IN AN ERA TESTED BY THE CHALLENGES OF WAR, THE DAV CHARITABLE SERVICE TRUST LOOKS IN NEW DIRECTIONS AS IT BUILDS ON A PROUD RECORD OF COMPASSION FOR AMERICA'S DISABLED HEROES.

THE TRUST'S DIRECTORS KNOW THAT DEMAND FOR ASSISTANCE WILL ONLY GROW DURING 2010, DRIVEN BY TWO FACTORS. FIRST, MORE YOUNG VETERANS WILL RETURN FROM THE WARS IN AFGHANISTAN AND IRAQ INJURED AND SICK, AND WE MUST BE PREPARED TO HELP THEM IN WHATEVER WAYS ARE NEEDED. SECOND, WE CANNOT LOSE SIGHT OF THE NEEDS OF THE VETERANS OF PAST GENERATIONS WHO ALSO DEFENDED OUR FREEDOM AND NEED US TODAY.

WE CONFRONT A FUTURE THAT INCLUDES A NEW GENERATION OF DISABLED VETERANS FROM TODAY'S WARS IN AFGHANISTAN AND IRAQ, MANY OF WHOM SURVIVED INCREDIBLE WOUNDS. FOR EVERYONE INVOLVED IN THEIR CARE, THE CHALLENGES ARE ENORMOUS. WE'RE CONFIDENT IN THE TRUST'S ABILITY TO MEET THE CHANGING, GROWING NEEDS THAT ALL OF OUR DISABLED VETERANS WILL FACE.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST	52-1521276
	Number, street, and room or suite no. If a P.O. box, see instructions. 3725 ALEXANDRIA PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLD SPRING, KY 41076-1712	

Check type of return to be filed (file a separate application for each return).

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ NANCY L. O'BRIEN 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076-1712
  Telephone No. ▶ (859) 442-2055 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	**3b**	$	
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions