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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 410761712

D Employer identification number
52-1521276

E Telephone number
(859)442-2055

G Gross receipts $ 60,112,614

F Name and address of principal officer
Richard E Marbes
3725 Alexandria Pike
Cold Spring, KY 410761712

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) ☐ 501(c) ( ) ◀ (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

Activities & Governance

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 individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total 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
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,295,582	6,200,987
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,060	403,763
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,338,642	6,604,750
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,675,925	4,012,359
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,215	14,744
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶166,311		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	418,758	388,400
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,102,898	4,415,503
	19	Revenue less expenses Subtract line 18 from line 12	1,235,744	2,189,247
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	18,378,632	19,574,604
	21	Total liabilities (Part X, line 26)	4,746,280	4,725,159
	22	Net assets or fund balances Subtract line 21 from line 20	13,632,352	14,849,445

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 2012-07-30

▶ David L Tannenbaum Secretary/Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Matthew A Montgomery	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00492843
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 ▶ 86-1065772 Phone no ▶ (513) 784-7100

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,012,359 including grants of $ 4,012,359) (Revenue $)

Grants and allocations to charitable programs See Schedule I listing support provided to programs assisting disabled veterans and their families and Schedule O describing the need for these programs

4b (Code) (Expenses $ 98,872 including grants of $) (Revenue $)

Grant processing and miscellaneous service expenditures See Schedule I listing support provided to programs assisting disabled veterans and their families and Schedule O describing the need for these programs

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** ▶$ 4,111,231

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . .

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10			
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		
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 (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
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 or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7			
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , AZ , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , MA , MD , ME , MI , MN , MO , MS , NC , ND , NH , NJ , NM , NY , OH , OK , PA , RI , SC , TN , UT , VA , WA , WI , WV

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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
3725 Alexandria Pike
Cold Spring, KY 410761712
(859) 442-2055

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Richard E Marbes Chairman	6 00	X		X				2,820	0	0
(2) Arthur H Wilson Vice Chairman	6 00	X		X				0	0	0
(3) David L Tannenbaum Secretary/Treasurer	6 00	X		X				5,299	0	0
(4) Dennis R Nixon Director	4 00	X						4,733	0	0
(5) Eugene A Murphy Director	4 00	X						0	0	0
(6) Jerry P Steelman Director	4 00	X						1,892	0	0
(7) Donald L Samuels Director (Start 8/08/11)	4 00	X						0	0	0
(8) Wallace E Tyson Director (End 8/08/11)	4 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 (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	14,744	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of 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 2,484,265				
	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 3,716,722				
	g	Noncash contributions included in lines 1a-1f $ 31,852					
	h	**Total.** Add lines 1a-1f . . . . ▶		6,200,987			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		215,477			215,477
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 53,696,150				
	b	Less cost or other basis and sales expenses	(i) 53,507,864				
	c	Gain or (loss)	(i) 188,286				
	d	Net gain or (loss) . . . . ▶		188,286			188,286
	8a	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 . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	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				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . ▶		6,604,750	0	0	403,763

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)
Check if Schedule O contains a response to any question in this Part IX . . . .

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 United States See Part IV, line 21	4,012,359	4,012,359		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,744		14,744	
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	7,160			7,160
c Accounting	24,450	12,225	12,225	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees	54,784		54,784	
g Other	164,964	2,632	36,072	126,260
12 Advertising and promotion	24,369	18,277	1,218	4,874
13 Office expenses	43,710	9,788	12,722	21,200
14 Information technology	8,010	4,005	4,005	
15 Royalties . .				
16 Occupancy				
17 Travel	406		406	
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	3,570	1,785	1,785	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Grant Proposal Process	50,160	50,160	0	0
b Registration Fees	6,817	0	0	6,817
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,415,503	4,111,231	137,961	166,311
26 **Joint costs.** Check here ▶ if following SOP 98-2 (ASC 958-720) 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	979,121	2	787,821
	3	Pledges and grants receivable, net	423,549	3	405,085
	4	Accounts receivable, net		4	0
	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	15,980	8	19,572
	9	Prepaid expenses and deferred charges	5,363	9	3,933
	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	16,921,984	11	18,326,463
	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	32,635	15	31,730
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	18,378,632	16	19,574,604
Liabilities	17	Accounts payable and accrued expenses	256,090	17	237,890
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,490,190	25	4,487,269
	26	**Total liabilities.** Add lines 17 through 25	4,746,280	26	4,725,159
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	13,632,352	27	14,849,445
	28	Temporarily restricted net assets		28	0
	29	Permanently restricted net assets		29	0
		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	13,632,352	33	14,849,445
	34	Total liabilities and net assets/fund balances	18,378,632	34	19,574,604

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,604,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,415,503
3	Revenue less expenses Subtract line 2 from line 1	3	2,189,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	13,632,352
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-972,154
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,849,445

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493212002762

SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
Disabled American Veterans (DAV)
Charitable Service Trust

Employer identification number

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 **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?

(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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,365,077	7,305,109	5,411,282	5,295,582	6,200,987	29,578,037
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	5,365,077	7,305,109	5,411,282	5,295,582	6,200,987	29,578,037
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)						2,763,694
6 **Public Support.** Subtract line 5 from line 4						26,814,343

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	5,365,077	7,305,109	5,411,282	5,295,582	6,200,987	29,578,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361,891	395,736	260,696	234,045	215,477	1,467,845
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,730					1,730
11 **Total support** (Add lines 7 through 10)						31,047,612

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 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	86 370 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 620 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Schedule A, Part II, Line 10, Explanation of 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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the 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 on behalf of or in opposition to candidates for public office 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 funtion 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 the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1b)	0	
d	Other exempt purpose expenditures	4,415,503	
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,415,503	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	370,775	

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

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	92,694	
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	

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)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a	Lobbying non-taxable amount	438,574	354,892	355,145	370,775	1,519,386
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,279,079
c	Total lobbying expenditures					
d	Grassroots non-taxable amount	109,644	88,723	88,786	92,694	379,847
e	Grassroots ceiling amount (150% of line 2d, column (e))					569,771
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 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) non-deductible 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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493212002762

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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 Investment earnings or 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should 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
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should 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	4,487,269
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,487,269

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,604,750
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,415,503
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,189,247
4	Net unrealized gains (losses) on investments	4	-252,205
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-719,949
9	Total adjustments (net) Add lines 4 - 8	9	-972,154
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,217,093

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	5,805,017
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	-744,949		
e	Add lines **2a** through **2d**			2e	-744,949
3	Subtract line **2e** from line **1**			3	6,549,966
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	54,784		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	54,784
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,604,750

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

1	Total expenses and losses per audited financial statements			1	4,335,719
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	4,335,719
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	54,784		
b	Other (Describe in Part XIV)	4b	25,000		
c	Add lines **4a** and **4b**			4c	79,784
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,415,503

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, 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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	ASC Topic 740, Income Taxes, 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, classification, interest and penalties, disclosure, and transition The Trust applies ASC Topic 740 and notes no effect on its financial statements
Part XI, Line 8 - Other Adjustments		Difference in Accounting for Charitable Gift Annuities -224,258 Uncollectible Pledges -520,691 Returned Grant 25,000 Total to Schedule D, Part XI, Line 8 -719,949
Part XII, Line 2d - Other Adjustments		Difference in Accounting for Charitable Gift Annuities -224,258 Uncolletible Pledges -520,691
Part XIII, Line 4b - Other Adjustments		Grant Returned 25,000

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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? . . . . ☑ 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 . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 69

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 10

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 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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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, (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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Disabled American Veterans (DAV)
Charitable Service Trust

Employer identification number
52-1521276

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	31,852	Cost or selling price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Noncash contributions (securities) are received, processed and sold by Fifth Third Bank, Cincinnati, OH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493212002762

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Disabled American Veterans (DAV)
Charitable Service Trust

Employer identification number
52-1521276

Identifier	Return Reference	Explanation
	Form 990, Part III, Line 4	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 rehabilitation and relief programs targeting several groups of physically and psychologically impacted veterans * meeting the needs of those with such specific wounds such as amputations, brain injuries, blindness, paralysis and more, * making sure our most profoundly injured veterans get quality opportunities for physical and psychological rehabilitation, * maintaining a volunteer network to transport deserving veterans to medical care, * supporting significant therapeutic and research initiatives, * providing food and shelter to homeless and needy veterans while connecting them to medical treatment, VA benefits, and job training, * and bringing hope to the forgotten and suffering families of those who have served The Trust continues to seek new and innovative ways to make a positive difference * evaluating and addressing the needs of veterans disabled in recent conflicts, * ensuring quality healthcare for veterans, * assisting veterans suffering from Post-Traumatic Stress Disorder (PTSD), depression and substance abuse, * supporting research and enhanced mobility for veterans with amputations, brain injuries, and spinal cord injuries, * benefiting aging veterans, * offering hope to homeless veterans, * and much more, as needed REALITIES Though wars come and go, battles continue to be written in scars on the bodies and hearts of America's troops To date, nearly three quarters of a million veterans from Iraq and Afghanistan have sought care through the VA Of those, half were diagnosed with at least one mental health condition If military doctors are right, one in three returning troops suffers PTSD, as many as 778,000 in all We don't really know how many troops came home from the war zones with brain wounds (TBIs), but we know the numbers are staggering Recent war veterans have survived tragic wounds that would have killed troops in earlier wars, but they'll need serious care for the rest of their lives Most Americans are unaware of the impact of other wounds, such as the eye injuries that affect 50,000 recently-injured veterans At the time of this writing, unemployment among veterans age 18 to 24 hit 30%, nearly doubling joblessness among other citizens of the same age The Department of Veterans Affairs (VA) was reporting a backlog of nearly one million veterans waiting for action on disability claims And of course, the problems of aging veterans have not disappeared In fact, they've only grown worse over the years The needs are enormous, yet government is constantly asked to do more with less In this grave situation, the role of the DAV Charitable Service Trust is critical In 1986, DAV leaders formed the Trust to advance initiatives that might not easily fall within the scheme of programs traditionally offered by the VA, state veterans' programs and veterans' service organizations By supplementing the work of these agencies, filling gaps in crucial services, and ensuring the best in rehabilitation and treatment, the Trust plays an indispensable role in making sure America meets its obligations to those who keep us safe and free THE FUTURE It's an uncertain time for veterans whose lives have changed because of their service defending our safety and our freedom Even as our nation draws down troop strength in Afghanistan, many politicians are talking of pulling back from our nation's commitment to the men and women who sacrificed their blood and their health for our country It's a tragic mistake to assume that decreased combat involvement translates to reduced need among those who were on the front lines It doesn't matter when these American heroes fought - whether that was only recently, or years ago in the Gulf War, Vietnam, Korea, World War II, or any other armed conflict Through the support of generous and committed advocates, the DAV Charitable Service Trust is cause for great optimism and hope that our nation's defenders will not be forgotten after the last shot is fired Inspired by the compassion of its supporters, and with committed veterans at its helm, the Trust serves our heroes with both vision and efficiency to give those who have served the opportunity to live high quality lives and the hope to succeed beyond all limitations

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy applies to all applications for financial aid and assistance, all staffing matters, and all other actions by any Officer or the Board of Directors of the 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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	In accordance with the organization's Bylaws, there is no compensation paid to officers or directors In 2011 the Board of Directors reaffirmed its policy that authorizes reimbursement of expenses incurred by directors and officers whose duties require their attendance at Board of Directors meetings or such other events where they serve as representatives of or travel on business for the Trust This method of reimbursement is the only form of 'compensation' paid The Trust does not employee any personnel The Disabled American Veterans (DAV) provides the services of an Administrator on a part-time basis to the Trust The Trust reimbursed the DAV $28,982 in 2011 for those services

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -252,205 Difference in Accounting for Charitable Gift Annuities -224,258 Uncollectible Pledges -520,691 Returned Grant 25,000 Total to Form 990, Part XI, Line 5 -972,154

Additional Data

Software ID:
Software Version:
EIN: 52-1521276
Name: Disabled American Veterans (DAV) Charitable Service Trust

Form 990, Special Condition Description:

Special Condition Description

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1521276
Name: Disabled American Veterans (DAV) Charitable Service Trust

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Abilities Inc of Florida dba Service Source2735 Whitney Road Clearwater, FL 33760	59-0874493	501(c)(3)	12,000				Employment
Ability Center of Greater Toledo Assistance Dogs of America Inc 8806 State Route 64 Swanton, OH 43558	31-1186904	501(c)(3)	15,000				Rehabilitation & Therapeutic
Achilles Track Club42 W 38th Street Suite 400 New York, NY 10018	13-3318293	501(c)(3)	35,000				Rehabilitation & Therapeutic
Alachua County Organization for Rural Needs Inc 23320 N State Road 235 Brooker, FL 32622	59-1627845	501(c)(3)	20,000				Health
Apple Tree Dental 8960 Springbrook Drive Ste 150 Minneapolis, MN 55433	36-3411437	501(c)(3)	25,000				Health
Applied Behavioral Rehabilitation Institute Inc655 Park Avenue Bridgeport, CT 06604	06-1520511	501(c)(3)	26,000				Homeless/Indigent/Crisis Intervention
Association for Parrot CARE dba Serenity Park SanctuaryPO Box 84042 Los Angeles, CA 90073	26-0040658	501(c)(3)	30,000				Rehabilitation & Therapeutic
Audio Information Network of Colorado2200 Central Avenue Suite A Boulder, CO 80301	84-1147123	501(c)(3)	12,500				Rehabilitation & Therapeutic
Augusta Biomedical Research CorporationPost Office Box 3134 Augusta, GA 30914	58-1857974	501(c)(3)	10,000				Rehabilitation & Therapeutic
Baltimore Station Inc140 W West Street Baltimore, MD 21230	52-1594258	501(c)(3)	13,000				Homeless/Indigent/Crisis Intervention
Bay AgingPO Box 610 5306 Old Virginia Street Street Urbanna, VA 23175	54-1085032	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Bay Area Outreach and Recreation Programs (BORP) 3075 Adeline Street Suite 155 Berkeley, CA 94703	94-2324340	501(c)(3)	15,000				Rehabilitation & Therapeutic
Bobby Dodd Institute2120 Marietta Blvd NW Atlanta, GA 30318	58-1847107	501(c)(3)	13,000				Employment
Business and Professional Women's Foundation1718 M Street NW 148 Washington, DC 20036	53-0237067	501(c)(3)	25,000				Employment
Caritas Communities Inc 25 Braintree Hill Off Pk Ste 206 Braintree, MA 02184	04-2875899	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Catholic Charities and Community Services of the Archdiocese of Denver Inc4045 Pecos Street Denver, CO 80211	84-0686679	501(c)(3)	12,000				Homeless/Indigent/Crisis Intervention
Center for Independent Living of South Florida Inc6660 Biscayne Boulevard Miami, FL 33138	65-0379532	501(c)(3)	40,000				Homeless/Indigent/Crisis Intervention
Center for Respite Care IncPO Box 141301 Cincinnati, OH 45250	20-2544994	501(c)(3)	40,000				Homeless/Indigent/Crisis Intervention
Central Oregon Veterans Outreach Inc117 NW Lafayette Avenue Bend, OR 97701	76-0782755	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Chisholm Chisholm & KilpatrickOne Turks Head Place Suite 1100 Providence, RI 02903	27-4459831	N/A	200,000				Counseling & Claims Filing Assistance

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Colorado State Veterans Home - Walsenburg Huerfano County Hospital District 23500 US Hwy 160W Walsenburg, CO 81089	84-6027322	501(c)(3)	20,000				Health
Community Access IncPO Box 8885 South Charleston, WV 25303	55-0718265	501(c)(3)	10,000				Rehabilitation & Therapeutic
Community Hope Inc199 Pomeroy Road Parsippany, NJ 07054	22-2647038	501(c)(3)	30,000				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				Rehabilitation & Therapeutic
Crisis Ministries PO Box 20038 Charleston, SC 29413	57-0789483	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Department of Veterans Affairs - Ft Meade Black Hills Healthcare System113 Comanche Road Fort Meade, SD 57741		Governmental	6,350				Rehabilitation & Therapeutic
Department of Veterans Affairs - Grand Junction CO Winter Sports Clinic2121 North Avenue Grand Junction, CO 81501		Governmental	100,000				Rehabilitation & Therapeutic
Department of Veterans Affairs Medical Center50 Irving Street NW Washington, DC 20422	52-1856279	Governmental	31,800				Health
Department of Veterans Affairs Medical Center50 Irving Street NW Washington, DC 20422	52-1856279	Governmental	10,000				Homeless/Indigent/Crisis Intervention
Disabled American Veterans3725 Alexandria Pike Cold Spring, KY 41076	31-0263158	501(c)(4)	162,160				Rehabilitation & Therapeutic
Disabled American Veterans National Service & Legislative Headquarters807 Maine Avenue SW Washington, DC 20024	31-0263158	501(c)(4)	75,324				Counseling & Claims Filing Assistance
Disabled American Veterans3725 Alexandria Pike Cold Spring, KY 41076	31-0263158	501(c)(4)	200,000				Transportation
Disabled American Veterans3725 Alexandria Pike Cold Spring, KY 41076	31-0263158	501(c)(4)	275,000				Counseling & Claims Filing Assistance
Disabled American Veterans National Service & Legislative Headquarters807 Maine Avenue SW Washington, DC 20024	31-0263158	501(c)(4)	12,500				Educational
Disabled American Veterans - Women Veterans Summit 807 Maine Avenue SW Washington, DC 20024	31-0263158	501(c)(4)	20,000				Educational
Disabled American Veterans National Service Foundation3725 Alexandria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	225,000				Rehabilitation & Therapeutic
Disabled American Veterans National Service Foundation3725 Alexandria Pike Cold Spring, KY 41076	52-1516071	501(c)(4)	650,000				Transportation
Disabled American Veterans Yellowstone Chapter #612030 N Fifth E Idaho Falls, ID 83406	82-6013530	501(c)(4)	5,500				Rehabilitation & Therapeutic
Doe Fund Inc232 East 84th Street New York, NY 10028	13-3412540	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Family & Children Services (F&CS) 375 Cambridge Avenue Palo Alto, CA 94306	94-1167408	501(c)(3)	7,500				Rehabilitation & Therapeutic

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Family Housing Advisory Services Inc2401 Lake Street Omaha, NE 68111	47-0526720	501(c)(3)	12,000				Homeless/Indigent/Crisis Intervention
Freedom Service Dogs2000 West Union Avenue Englewood, CO 80110	84-1068936	501(c)(3)	48,000				Rehabilitation & Therapeutic
Hospital Hospitality House of Richmond612 East Marshall Street Richmond, VA 23219	54-1240348	501(c)(3)	8,000				Health
Island Dolphin Care Inc150 Lorelane Place Key Largo, FL 33037	65-0728047	501(c)(3)	20,000				Rehabilitation & Therapeutic
Jewish Family & Children's Services of Sarasota-Manatee Inc2688 Fruitville Road Sarasota, FL 34232	59-2693318	501(c)(3)	6,000				Homeless/Indigent/Crisis Intervention
LifeQuest TransitionsPO Box 2586 Colorado Springs, CO 80901	27-1079123	501(c)(3)	8,000				Rehabilitation & Therapeutic
Los Angeles Habilitation House Inc2041 San Gabriel Avenue Long Beach, CA 90810	20-8579946	501(c)(3)	7,500				Employment
MDRC16 East 34th Street 19th Floor New York, NY 10016	23-7379473	501(c)(3)	150,000				Employment
Mental Health Systems Inc9465 Farnham Street San Diego, CA 92123	95-3302967	501(c)(3)	10,000				Homeless/Indigent/Crisis Intervention
Minnesota Assistance Council for Veterans360 North Robert Street Suite 306 Saint Paul, MN 55101	41-1694717	501(c)(3)	17,500				Homeless/Indigent/Crisis Intervention
MiraCosta College FoundationOne Barnard Drive Oceanside, CA 92506	95-6151938	501(c)(3)	100,000				Educational
Missouri Veterans Home- St James Missouri Veterans Home Assistance League620 N Jefferson St James, MO 65559	43-1110491	501(c)(3)	20,000				Health
NACE Foundation 1440 South Creek Drive Houston, TX 77084	68-0517788	501(c)(3)	25,000				Educational
National Education for Assistance Dog Services Inc305 Redemption Rock Trail South Princeton, MA 01541	23-7281887	501(c)(3)	45,000				Rehabilitation & Therapeutic
New Directions Inc11303 Wilshire Boulevard VA Building 116 Los Angeles, CA 90073	95-4242745	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
New York University Veterans Writing Workshop70 Washington Square South 12th Floor New York, NY 10012	13-5562308	501(c)(3)	20,000				Rehabilitation & Therapeutic
Operation First Response Inc 20037 Dove Hill Road Culpeper, VA 22701	20-1622436	501(c)(3)	20,000				Rehabilitation & Therapeutic
Operation Homefront Inc 8930 Fourwinds Drive Suite 340 San Antonio, TX 78244	32-0033325	501(c)(3)	20,000				Rehabilitation & Therapeutic
PATH (People Assisting The Homeless)340 North Madison Avenue Los Angeles, CA 90004	95-3950196	501(c)(3)	10,000				Homeless/Indigent/Crisis Intervention
Philadelphia Veterans Multi-Service & Education Center 213-217 North 4th Street Philadelphia, PA 19106	23-2764079	501(c)(3)	30,000				Homeless/Indigent/Crisis Intervention

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Puppies Behind Bars Inc10 E 49th Street Suite 1900 New York, NY 10016	13-3969389	501(c)(3)	20,000				Rehabilitation & Therapeutic
Quantum Leap Farm Inc10504 Woodstock Road Odessa, FL 33556	59-3469464	501(c)(3)	30,000				Rehabilitation & Therapeutic
Racing For Our Heroes Inc6611 Hillcrest Avenue Suite 343 Dallas, TX 75205	20-8801659	501(c)(3)	135,000				Rehabilitation & Therapeutic
Rivers of Recovery PO Box 1730 Jackson, WY 83001	26-2260491	501(c)(3)	7,500				Rehabilitation & Therapeutic
Rock Valley Community Programs Inc203 W Sunny Lane Road Janesville, WI 53546	39-1438843	501(c)(3)	20,000				Homeless/Indigent/Crisis Intervention
San Diego State University Foundation5250 Campanile Drive San Diego, CA 92182	95-6042721	501(c)(3)	20,000				Rehabilitation & Therapeutic
Segs4Vets Disability Rights Advocates for Technology500 Fox Ridge Road St Louis, MO 63131	55-0877645	501(c)(3)	275,000				Health
Smith Farm Center for Healing and the Arts1632 U Street Washington, DC 20009	52-1977976	501(c)(3)	30,000				Rehabilitation & Therapeutic
Southeastern Guide Dogs Inc 4210 77th Street East Palmetto, FL 34221	59-2252352	501(c)(3)	30,000				Rehabilitation & Therapeutic
St Patrick Center 800 N Tucker Boulevard St Louis, MO 63101	43-1263499	501(c)(3)	25,000				Homeless/Indigent/Crisis Intervention
Swords to Plowshares1060 Howard Street San Francisco, CA 94103	94-2260626	501(c)(3)	10,000				Homeless/Indigent/Crisis Intervention
Thresholds4101 North Ravenswood Avenue Chicago, IL 60613	36-2518901	501(c)(3)	15,000				Homeless/Indigent/Crisis Intervention
United States Veterans Art Program (USVAP) 41 East 8th Street 2505 Chicago, IL 60605	48-1269085	501(c)(3)	7,500				Rehabilitation & Therapeutic
United States Veterans Initiative Inc1712 14th Street NW Suite 3-1 Washington, DC 20009	95-4382752	501(c)(3)	15,000				Homeless/Indigent/Crisis Intervention
University of Connecticut Foundation2390 Alumni Drive Unit 3206 Storrs, CT 06269	06-6070722	501(c)(3)	20,000				Employment
Urban Ministries of Durham410 Liberty Street PO Box 249 Durham, NC 27701	58-1505891	501(c)(3)	12,000				Homeless/Indigent/Crisis Intervention
Veteran Homestead Inc69 High Street Fitchburg, MA 01420	04-3199887	501(c)(3)	50,000				Homeless/Indigent/Crisis Intervention
Vietnam Veterans Memorial Fund 2600 Virginia Ave NW Suite 104 Washington, DC 20037	52-1149668	501(c)(3)	50,000				Public Education
Wounded Warrior Outdoors1041 Crown Park Circle Winter Garden, FL 34787	27-1453102	501(c)(3)	20,000				Rehabilitation & Therapeutic