

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2025****Open to Public Inspection**

A For the 2025 calendar year, or tax year beginning , 2025 , and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final 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 860 DOLWICK DRIVE City or town, state or province, country, and ZIP or foreign postal code ERLANGER, KY 41018 F Name and address of principal officer: J. MARC BURGESS SAME AS C ABOVE H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates 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	D Employer identification number 52-1521276 E Telephone number (859) 441-7300 G Gross receipts \$ 78,422,315
J Website: 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: EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY. 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 2025 (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, Part I, line 11 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 17,598,710 21,657,531
	9 Program service revenue (Part VIII, line 2g) 0 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,201,740 12,040,568
	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) 20,800,450 33,698,099
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 10,917,539 17,862,856
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) 94,467
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 492,816 527,212
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 11,410,355 18,390,068
	19 Revenue less expenses. Subtract line 18 from line 12 9,390,095 15,308,031
	20 Total assets (Part X, line 16) 77,256,489 91,075,366
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 5,317,438 5,196,398
	22 Net assets or fund balances. Subtract line 21 from line 20 71,939,051 85,878,968

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

J MARC BURGESS, PRESIDENT

Type or print name and title

Date

7/8/2026**Paid Preparer Use Only**

Preparer's name

AARON HERSHBERGER

Preparer's signature

AARON HERSHBERGER

Date

06/22/2026Check ☐ if self-employed

PTIN

P00961884Firm's name **FORVIS MAZARS, LLP**Firm's EIN **44-0160260**Firm's address **312 WALNUT STREET SUITE 3000, CINCINNATI, OH 45202**Phone no. **(513) 621-8300**May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2025) Created 4/30/25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 17,862,856 including grants of \$ 17,862,856) (Revenue \$ 0)

GRANTS AND ALLOCATIONS TO CHARITABLE PROGRAMS. SEE SCHEDULE I LISTING SUPPORT PROVIDED TO PROGRAMS ASSISTING SICK AND INJURED VETERANS AND THEIR FAMILIES AND SCHEDULE O DESCRIBING THE NEED FOR THESE PROGRAMS.

4b (Code:) (Expenses \$ 116,176 including grants of \$ 0) (Revenue \$ 0)

GRANT PROCESSING AND MISCELLANEOUS SERVICE EXPENDITURES. SEE SCHEDULE I LISTING SUPPORT PROVIDED TO PROGRAMS ASSISTING SICK AND INJURED 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 on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,979,032

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
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, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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	✓
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	✓
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
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	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3
b Enter the number of Forms W-2G included on 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	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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 as charitable contributions?	6a		✓
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		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	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: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		☒
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	3		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		☒
6 Did the organization have members or stockholders? . . .	6		☒
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		☒
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		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	☒	
b Each committee with authority to act on behalf of the governing body? . . .	8b	☒	
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 on Schedule O . . .	9		☒

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	☒
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	☒
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	12a	☒
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	☒
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .	12c	☒
13 Did the organization have a written whistleblower policy? . . .	13	☒
14 Did the organization have a written document retention and destruction policy? . . .	14	☒
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . .	15a	☒
b Other officers or key employees of the organization . . .	15b	☒
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a	☒
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 AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JENNIE STRICKER, 860 DOLWICK DRIVE, ERLANGER, KY 41018, (859) 441-7300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. MARC BURGESS PRESIDENT	6.0 0.0	✓		✓				0	0	0
(2) BARRY A. JESINOSKI VICE PRESIDENT	6.0 0.0	✓		✓				0	0	0
(3) DENNIS R. NIXON SECRETARY / TREASURER	6.0 0.0	✓		✓				0	0	0
(4) COLEMAN F. NEE DIRECTOR (8/25-12/25)	4.0 0.0	✓						0	0	0
(5) DANIEL CONTRERAS DIRECTOR (1/25-8/25)	4.0 0.0	✓						0	0	0
(6) KIM K. HUBERS DIRECTOR	4.0 0.0	✓						0	0	0
(7) DANNY OLIVER DIRECTOR	4.0 0.0	✓						0	0	0
(8) DENICE T. WILLIAMS DIRECTOR	4.0 0.0	✓						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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
NONE		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	958,809			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,698,722			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 315,769			
	h	Total. Add lines 1a-1f		21,657,531			
Program Service Revenue				Business Code			
	2a			0	0	0	0
	b			0	0	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,009,598	0	0	3,009,598
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
	6a	Gross rents	(i) Real	0			
	b	Less: rental expenses	(ii) Personal	0			
	c	Rental income or (loss)		0			
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	53,755,186			
	b	Less: cost or other basis and sales expenses . .	(ii) Other	0			
	c	Gain or (loss)		44,724,216			
	d	Net gain or (loss)		9,030,970			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		0			
	b	Less: direct expenses		0			
	c	Net income or (loss) from fundraising events		0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19 . .		0			
	b	Less: direct expenses		0			
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances		0			
	b	Less: cost of goods sold		0			
	c	Net income or (loss) from sales of inventory		0	0	0	0
Miscellaneous Revenue				Business Code			
	11a			0	0	0	0
	b			0	0	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions			33,698,099	0	0	12,040,568

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**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 domestic organizations and domestic governments. See Part IV, line 21	17,862,856	17,862,856		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	7,743	0	0	7,743
c Accounting	51,682	22,050	29,632	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	148,566	0	148,566	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	153,756	0	83,272	70,484
12 Advertising and promotion	16,726	12,545	836	3,345
13 Office expenses	38,712	4,065	34,475	172
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	13,916	240	13,676	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	8,856	8,856	0	0
23 Insurance	5,024	2,512	2,512	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GRANT PROPOSAL PROCESSING	65,908	65,908	0	0
b REGISTRATION FEES	16,323	0	3,600	12,723
c	0	0	0	0
d	0	0	0	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	18,390,068	17,979,032	316,569	94,467
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	5,404,656	2	5,453,809
	3 Pledges and grants receivable, net	89,284	3	85,125
	4 Accounts receivable, net	164,897	4	420,113
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	319	8	319
	9 Prepaid expenses and deferred charges	22,172	9	15,143
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,895		
	b Less: accumulated depreciation	10b 47,313	12,438	10c 3,582
	11 Investments—publicly traded securities	71,429,397	11	84,941,275
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	133,326	15	156,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	77,256,489	16	91,075,366	
Liabilities	17 Accounts payable and accrued expenses	153,838	17	128,627
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	5,163,600	25	5,067,771
	26 Total liabilities. Add lines 17 through 25	5,317,438	26	5,196,398
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	71,626,380	27	85,878,968
	28 Net assets with donor restrictions	312,671	28	0
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	71,939,051	32	85,878,968
33 Total liabilities and net assets/fund balances	77,256,489	33	91,075,366	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,698,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,390,068
3	Revenue less expenses. Subtract line 2 from line 1	3	15,308,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,939,051
5	Net unrealized gains (losses) on investments	5	(871,928)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(496,186)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,878,968

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2025

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,449,181	17,081,488	19,055,895	17,598,710	21,657,531	89,842,805
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	14,449,181	17,081,488	19,055,895	17,598,710	21,657,531	89,842,805
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)						11,383,273
6 Public support. Subtract line 5 from line 4						78,459,532

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	14,449,181	17,081,488	19,055,895	17,598,710	21,657,531	89,842,805
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,365,270	1,117,971	1,766,107	2,288,840	3,009,598	9,547,786
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						99,390,591
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	78.94 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	84.13 %
16a 33¹/₃% support test—2025. 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 33¹/₃% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2025. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2024. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2025. 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 33¹/₃% support tests—2024. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Total annual distributions. Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 . . .			
b Excess from 2022 . . .			
c Excess from 2023 . . .			
d Excess from 2024 . . .			
e Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area for supplemental information with horizontal lines.

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number

52-1521276

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 1,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 800,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

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

Name of organization DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST	Employer identification number 52-1521276
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	----- ----- -----	----- ----- -----	----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	----- ----- -----	----- ----- -----	----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	----- ----- -----	----- ----- -----	----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	----- ----- -----	----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990)

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

If the organization answered "Yes" on 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on 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" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization

DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST

Employer identification number (EIN)

52-1521276

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and EINs 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 (grassroots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	18,390,068	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,390,068	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	0												
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN 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.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount	667,708	1,000,000	720,518	1,000,000	3,388,225
b Lobbying ceiling amount (150% of line 2a, column (e))					5,082,338
c Total lobbying expenditures	0	0	0	0	0
d Grassroots nontaxable amount	166,927	250,000	180,129	250,000	847,056
e Grassroots ceiling amount (150% of line 2d, column (e))					1,270,585
f Grassroots lobbying expenditures	0	0	0	0	0

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.				
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?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be 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 carry over lobbying and political campaign activity 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

[illegible]

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements

Complete if the organization answered "Yes" on 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 (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on 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 FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	50,895	47,313	3,582
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,582

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	5,067,771
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,067,771

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	32,469,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	(871,928)	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	(356,543)	
e	Add lines 2a through 2d		2e	(1,228,471)
3	Subtract line 2e from line 1		3	33,698,099
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	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	33,698,099

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	18,241,502
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	18,241,502
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	148,566		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines 4a and 4b			4c	148,566
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	18,390,068

Part XIII Supplemental Information

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

[illegible]

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	UNCOLLECTIBLE PLEDGES	- 186,799
	DIFFERENCE IN ACCOUNTING FOR CHARITABLE GIFT ANNUITIES	- 21,178
	INVESTMENT EXPENSES INCLUDED IN REVENUE PER AUDITED FINANCIAL STATEMENTS BUT NOT INCLUDED ON FORM 990, PART VIII, LINE 12	- 148,566

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASSISTANCE DOGS OF THE WEST 1590 SAN MATEO LN, SANTA FE, NM 87505-3918	85-0431646	501(C)(3)	18,000				REHABILITATION / THERAPEUTIC
(2) DAV NATIONAL SERVICE FOUNDATION 860 DOLWICK DRIVE, ERLANGER, KY 41018	52-1516071	501(C)(4)	484,544				TRANSPORTATION
(3) DONKA INCORPORATED 400 N COUNTY FARM RD, WHEATON, IL 60187-3908	36-3284578	501(C)(3)	50,000				EDUCATIONAL
(4) FOLDS OF HONOR FOUNDATION 5971 PATRIOT DRIVE, OWASSO, OK 74055-8201	75-3240683	501(C)(3)	35,000				EDUCATIONAL
(5) ISLAND DOLPHIN CARE, INC. 150 LORELANE PLACE, KEY LARGO, FL 33037	65-0728047	501(C)(3)	45,200				REHABILITATION / THERAPEUTIC
(6) K9S FOR WARRIORS, INC. 114 CAMP K9 ROAD, PONTE VEDRA, FL 32081-7011	27-5219467	501(C)(3)	20,000				REHABILITATION / THERAPEUTIC
(7) LIFECARE ALLIANCE 1699 WEST MOUND ST, COLUMBUS, OH 43223	31-4379494	501(C)(3)	45,000				HEALTH
(8) MARINE RAIDER FOUNDATION P.O. BOX 977, FISHERS, IN 46038	45-2913544	501(C)(3)	15,000				HEALTH
(9) NEWVIEW OKLAHOMA 501 N. DOUGLAS AVE, OKLAHOMA CITY, OK 73106	73-0592386	501(C)(3)	35,000				HEALTH
(10) NEW YORK LEGAL ASSISTANCE GROUP 100 PEARL STREET, NEW YORK, NY 10004	13-3505428	501(C)(3)	108,000				LEGAL
(11) SENIOR RESOURCES, INC. 2817 MILLWOOD AVENUE, COLUMBIA, SC 29205	57-0484965	501(C)(3)	35,000				HEALTH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99
3 Enter total number of other organizations listed in the line 1 table 6

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

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

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

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ACHILLES INTERNATIONAL 315 WEST 39TH STREET, SUITE 205, NEW YORK, NY 10018	13-3318293	501(C)(3)	25,000				REHABILITATION / THERAPEUTIC
(13) ADAPTIVE ADVENTURES 9053 HARLAN STREET, SUITE 34, WESTMINSTER, CO 80031	84-1512653	501(C)(3)	150,000				REHABILITATION / THERAPEUTIC
(14) ADAPTIVE SPORTS PROGRAM NEW MEXICO, INC. P.O. BOX 5676, SANTA FE, NM 87502-5676	85-0403958	501(C)(3)	20,900				REHABILITATION / THERAPEUTIC
(15) ALS UNITED MID-ATLANTIC 1015 VIRGINIA DRIVE, SUITE 110, FORT WASHINGTON, PA 19034	23-2387205	501(C)(3)	20,000				HEALTH
(16) AMERICAN HUMANE SOCIETY 1400 16TH STREET NW, SUITE 360, WASHINGTON, DC 20036-2215	84-0432950	501(C)(3)	40,000				REHABILITATION / THERAPEUTIC
(17) ANDERSON INTERFAITH MINISTRIES INC 1202 S MURRAY AVENUE, ANDERSON, SC 29624-2725	57-0896524	501(C)(3)	25,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(18) APPLIED BEHAVIORAL REHABILITATION INSTITUTE, INC. 655 PARK AVENUE, BRIDGEPORT, CT 06604	06-1520511	501(C)(3)	30,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(19) ARMED SERVICES ARTS PARTNERSHIP 2461 EISENHOWER AVENUE, FLOOR 2, ALEXANDRIA, VA 22314-4684	47-4007504	501(C)(3)	150,000				REHABILITATION / THERAPEUTIC
(20) A SANCTUARY FOR MILITARY FAMILIES, INC. 1099 BLUE CREEK ROAD, PAGOSA SPRINGS, CO 81147	26-1410596	501(C)(3)	25,000				HEALTH
(21) AUDIO INFORMATION NETWORK OF COLORADO 1805 HWY 42, SUITE 220, LOUISVILLE, CO 80027	84-1147123	501(C)(3)	30,000				REHABILITATION / THERAPEUTIC
(22) BLUE SKIES FOR THE GOOD GUYS AND GALS WARRIOR FOUNDATION 1711 RUN WAY, MIDDLETOWN, OH 45042-2300	47-4583313	501(C)(3)	21,600				REHABILITATION / THERAPEUTIC
(23) BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION INC 500 SE 17TH STREET, SUITE 101, FT LAUDERDALE, FL 33316-2547	65-0407370	501(C)(3)	41,500				HOMELESS / INDIGENT / CRISIS INTERVENTION
(24) CALIFORNIA AQUATIC THERAPY & WELLNESS CENTER, INC. 6801 LONG BEACH BOULEVARD, LONG BEACH, CA 90805	95-2382016	501(C)(3)	50,000				REHABILITATION / THERAPEUTIC
(25) CANINES FOR SERVICE, INC. 221 OLD DAIRY ROAD, UNIT 1, WILMINGTON, NC 28405	56-2118747	501(C)(3)	65,000				REHABILITATION / THERAPEUTIC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(26) CAPE AND ISLANDS VETERANS OUTREACH CENTER 247 STEVENS STREET, SUITE E, HYANNIS, MA 02601	22-2747295	501(C)(3)	40,000				HEALTH
(27) CENTRAL UNION MISSION 6811 KENILWORTH AVENUE, B RIVERDALE, MD 20737	53-0218650	501(C)(3)	26,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(28) COMFORT CREW FOR MILITARY KIDS 8127 MESA DRIVE, SUITE B206 #117, AUSTIN, TX 78759	26-0141940	501(C)(3)	21,750				REHABILITATION / THERAPEUTIC
(29) COMMUNITY HOPE, INC. 959 ROUTE 46 EAST, PARSIPPANY, NJ 07054	22-2647038	501(C)(3)	40,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(30) COMMUNITY LEGAL AID SERVICES, INC. 50 S MAIN STREET, SUITE 800, AKRON, OH 44308-1823	34-0753560	501(C)(3)	20,000				LEGAL
(31) COTS INC 819 S WEST AVENUE, APPLETON, WI 54915-2392	39-1913179	501(C)(3)	23,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(32) DEPT OF MICHIGAN P.O. BOX 26031, FRASER, MI 48026-6031	38-0489155	501(C)(4)	20,242				HOMELESS / INDIGENT / CRISIS INTERVENTION
(33) DISABLED AMERICAN VETERANS 860 DOLWICK DRIVE, ERLANGER, KY 41018	31-0263158	501(C)(4)	12,056,918				ADVOCACY / AWARENESS: \$150,000; COUNSELING & CLAIMS / FILING ASSISTANCE: \$85,000; REHABILITATION / THERAPEUTIC: \$107,000; REHABILITATION / THERAPEUTIC (CAMP CORRAL): \$600,000; REHABILITATION / THERAPEUTIC (BOULDER CREST RETREAT FOUNDATION): \$200,000; TRANSPORTATION: \$200,000; UNRESTRICTED: \$8,882,313; EMPLOYMENT (EMPLOYMENT INITIATIVE): \$1,825,105; EMPLOYMENT: \$5,000; HOMELESS / INDIGENT / CRISIS INTERVENTION: \$2,500
(34) EDWARD KLINE MEMORIAL HOMELESS VETERANS FUND 7881 W CHARLESTON BOULEVARD, STE 165, LAS VEGAS, NV 89117-8324	45-2285031	501(C)(3)	42,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(35) FEEDING PETS OF THE HOMELESS 710 WEST WASHINGTON STREET, CARSON CITY, NV 89703-3826	26-3010540	501(C)(3)	50,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(36) FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY, SUITE 410, ROCKVILLE, MD 20852	11-3158401	501(C)(3)	50,000				TRANSPORTATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(37) FIVE S.T.A.R. VETERANS CENTER, INC. 40 ACME STREET, JACKSONVILLE, FL 32211-7996	45-3545974	501(C)(3)	41,500				HOMELESS / INDIGENT / CRISIS INTERVENTION
(38) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BOULEVARD, PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	15,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(39) FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DRIVE, SUITE R, VISTA, CA 92081-8305	20-5523954	501(C)(3)	26,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(40) FREEDOM SERVICE DOGS, INC. 7193 S. DILLON COURT, ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	20,000				REHABILITATION / THERAPEUTIC
(41) FRIENDS OF DISABLED ADULTS AND CHILDREN TOO INC 4900 LEWIS ROAD, STONE MTN, GA 30083-1104	58-1709436	501(C)(3)	30,000				HEALTH
(42) GARY SINISE FOUNDATION P.O. BOX 40726, NASHVILLE, TN 37204	80-0587086	501(C)(3)	250,000				REHABILITATION / THERAPEUTIC
(43) GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS, NEW YORK, NY 10013-1207	13-3366846	501(C)(3)	25,000				HEALTH
(44) HABITAT FOR HUMANITY METRO MARYLAND 8380 COLESVILLE RD, SILVER SPRING, MD 20910	52-1299516	501(C)(3)	10,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(45) HARBOR HOMES 77 NORTHEASTERN BOULEVARD, NASHUA, NH 03062	02-0351932	501(C)(3)	19,000				EMPLOYMENT
(46) HEADSTRONG PROJECT, INC. 4504 162ND STREET, SUITE 203, FLUSHING, NY 11358	45-5261907	501(C)(3)	25,000				HEALTH
(47) HOMEMORE PROJECT INC 8821 AVIATION BOULEVARD, #90237, LOS ANGELES, CA 90009	85-2644419	501(C)(3)	9,800				HOMELESS / INDIGENT / CRISIS INTERVENTION
(48) HOMEWARD BOUND OF MARIN 1385 N. HAMILTON PARKWAY, NOVATO, CA 94949	68-0011405	501(C)(3)	10,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(49) HORSEPOWER INC 4537 WALPOLE ROAD, HIGH POINT, NC 27265-9125	56-1907424	501(C)(3)	10,000				REHABILITATION / THERAPEUTIC
(50) JOHN F MCPHERSON CHAPTER #1 23 HIGHLAND HTS, WINTHROP, ME 04364-1508	91-1951159	501(C)(4)	20,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(51) JOSEPH HOUSE, INC. 3304 COLERAIN AVENUE, P.O. BOX 14608, CINCINNATI, OH 45225	31-1383835	501(C)(3)	75,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(52) MENTAL HEALTH AMERICA OF GREATER HOUSTON 2211 NORFOLK, HOUSTON, TX 77098	74-1272394	501(C)(3)	20,000				HEALTH
(53) MERCY HOUSING LAKEFRONT 120 S LASALLE STREET, SUITE 1915, CHICAGO, IL 60603-3585	36-3453183	501(C)(3)	20,000				HOMELESS / INDIGENT / CRISIS INTERVENTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(54) MERCY MEDICAL ANGELS 101 WEST MAIN STREET, #1000, NORFOLK, VA 23510	52-1374161	501(C)(3)	25,000				TRANSPORTATION
(55) MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 1000 UNIVERSITY AVENUE WEST, SUITE 10, SAINT PAUL, MN 55104	41-1694717	501(C)(3)	75,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(56) MONROE POWERS CHAPTER #15 1239 UNIVERSITY AVENUE, SUITE 410, ROCHESTER, NY 14607-1636	11-6101243	501(C)(4)	22,928				HOMELESS / INDIGENT / CRISIS INTERVENTION
(57) MOUNTAIN RESOURCE CENTER, INC. P.O. BOX 425, CONIFER, CO 80433	84-1178699	501(C)(3)	90,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(58) MUSIC CONSERVATORY OF WESTCHESTER 216 CENTRAL AVENUE, WHITE PLAINS, NY 10606	13-6007082	501(C)(3)	20,000				REHABILITATION / THERAPEUTIC
(59) MUSICIANS ON CALL, INC. 618 GRASSMERE PARK, SUITE 1, NASHVILLE, TN 37211-3643	13-4067116	501(C)(3)	10,000				REHABILITATION / THERAPEUTIC
(60) NEADS INC. 305 REDEMPTION ROCK TRAIL, PO BOX 1100, PRINCETON, MA 01541	23-7281887	501(C)(3)	50,000				REHABILITATION / THERAPEUTIC
(61) NEW BRIDGE PLACE 645 WOOSTER STREET, LODI, OH 44254-1325	51-0598275	501(C)(3)	30,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(62) ONE80 PLACE P.O. BOX 20038, CHARLESTON, SC 29413	57-0789483	501(C)(3)	7,500				HOMELESS / INDIGENT / CRISIS INTERVENTION
(63) OPERATION TROOP APPRECIATION 2017 PENNSYLVANIA AVENUE, WEST MIFFLIN, PA 15122	81-0651982	501(C)(3)	9,500				HOMELESS / INDIGENT / CRISIS INTERVENTION
(64) OUR MILITARY KIDS 2911 HUNTER MILL ROAD, SUITE 203, OAKTON, VA 22124	56-2483648	501(C)(3)	216,000				REHABILITATION / THERAPEUTIC
(65) PALMETTO ANIMAL ASSISTED LIFE SERVICES 221 NORTH GRAMPIAN HILLS ROAD, COLUMBIA, SC 29223	20-8666026	501(C)(3)	18,000				REHABILITATION / THERAPEUTIC
(66) PATIENT AIRLIFT SERVICES (PALS) 7110 REPUBLIC AIRPORT, 2ND FLOOR, FARMINGDALE, NY 11735	27-2370028	501(C)(3)	12,000				TRANSPORTATION
(67) PROJECT ANGEL HEART 4950 WASHINGTON STREET, DENVER, CO 80216-2026	84-1199481	501(C)(3)	20,000				HEALTH
(68) PROJECT HOME INC 3841 KIPP STREET, MADISON, WI 53718-6878	39-1279307	501(C)(3)	7,300				HOMELESS / INDIGENT / CRISIS INTERVENTION
(69) PROJECT MEND 5015 WURZBACH ROAD, SAN ANTONIO, TX 78238	74-2647324	501(C)(3)	25,000				HEALTH
(70) QUALITY OF LIFE FOUNDATION, INC. 2750 KILLARNEY DRIVE, SUITE 100, WOODBRIDGE, VA 22192	26-1820245	501(C)(3)	100,000				REHABILITATION / THERAPEUTIC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(71) REBOOT RECOVERY P.O. BOX 381, PLEASANT VIEW, TN 37146-0381	45-3305357	501(C)(3)	50,000				HEALTH
(72) ROBERT IRVINE FOUNDATION INC 1227 N FRANKLIN STREET, TAMPA, FL 33602-3313	46-5420676	501(C)(3)	200,000				REHABILITATION / THERAPEUTIC
(73) RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, CHICAGO, IL 60607	36-2174823	501(C)(3)	35,000				HEALTH
(74) SALUTE, INC. 18 N BOTHWELL STREET, PALATINE, IL 60067-5022	06-1718308	501(C)(3)	50,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(75) SAMARITAN CENTER FOR COUNSELING AND PASTORAL CARE, INC. 8956 RESEARCH BOULEVARD, BLDG 2, AUSTIN, TX 78758-5969	74-1832864	501(C)(3)	50,000				HEALTH
(76) SAVE A WARRIOR, INC P.O. BOX 218117, COLUMBUS, OH 43221	45-5571507	501(C)(3)	1,000,000				HEALTH
(77) SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N, BROOKLYN PARK, MN 55428-1619	23-7417654	501(C)(3)	10,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(78) SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102, PMB 609, OCEANSIDE, CA 92057	26-0086305	501(C)(3)	30,000				EMPLOYMENT
(79) SOCIETY OF ST. VINCENT DE PAUL 420 W WATKINS ROAD, PHOENIX, AZ 85003-2830	86-0096789	501(C)(3)	17,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(80) SOLDIERS ANGELS 2895 NE LOOP 410, SUITE 107, SAN ANTONIO, TX 78218	20-0583415	501(C)(3)	40,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(81) SOUTH SHORE YOUNG MENS CHRISTIAN ASSOCIATION 79 CODDINGTON STREET, QUINCY, MA 02169-4525	04-2105881	501(C)(3)	10,800				HEALTH
(82) ST JOHNS COMMUNITY HEALTH 808 W 58TH STREET, LOS ANGELES, CA 90037-3632	95-4067758	501(C)(3)	45,000				LEGAL
(83) ST JOSEPH COMMUNITY SERVICES INC 46 MILFORD STREET, MANCHESTER, NH 03102-4769	02-0335003	501(C)(3)	30,000				HEALTH
(84) SUPPORT THE ENLISTED PROJECT, INC. 8320 JUNIPER CREEK LN, SAN DIEGO, CA 92126	20-3051279	501(C)(3)	20,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(85) TASK FORCE DAGGER FOUNDATION P.O. BOX 250, TERRA CEIA, FL 34250-0250	80-0439987	501(C)(3)	20,000				HEALTH
(86) THE CHICAGO LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED 1850 W. ROOSEVELT ROAD, CHICAGO, IL 60608	36-2169139	501(C)(3)	25,000				EMPLOYMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(87) THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI INC 2101 VANDIVER DRIVE, COLUMBIA, MO 65202-1910	43-1238934	501(C)(3)	25,000				HEALTH
(88) THE GIVE AN HOUR NONPROFIT CORPORATION P.O. BOX 1532, CLARKSBURG, MD 20871	61-1493378	501(C)(3)	19,000				HEALTH
(89) THE NATIONAL MILITARY FAMILY ASSOCIATION 2800 EISENHOWER AVENUE, STE 250, ALEXANDRIA, VA 22314-4587	52-0899384	501(C)(3)	20,000				REHABILITATION / THERAPEUTIC
(90) THE THRESHOLDS 4101 NORTH RAVENSWOOD AVENUE, CHICAGO, IL 60613	36-2518901	501(C)(3)	15,000				HEALTH
(91) UNIVERSITY OF CINCINNATI FOUNDATION P.O. BOX 19970, CINCINNATI, OH 45219	31-0896555	501(C)(3)	50,000				EDUCATIONAL
(92) USA CARES, INC. 11760 COMMONWEALTH DRIVE, LOUISVILLE, KY 40299	05-0588761	501(C)(3)	200,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(93) VETERANS CITY CHAPTER #68 5571 N GRETN A ROAD, SUITE C, BRANSON, MO 65616	32-0392601	501(C)(4)	8,500				HOMELESS / INDIGENT / CRISIS INTERVENTION
(94) VETERANS' OUTREACH 17 COLONIAL DRIVE, YOUNGSTOWN, OH 44505-2163	22-3272976	501(C)(3)	25,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(95) VETERANS RECOVERY RESOURCES 1200 SPRINGHILL AVENUE, MOBILE, AL 36604-2726	47-4013431	501(C)(3)	30,000				REHABILITATION / THERAPEUTIC
(96) VETJOBS 13971 LAKE MAHOGANY BOULEVARD, #2611, FORT MYERS, FL 33907	20-1130252	501(C)(3)	20,000				EMPLOYMENT
(97) VOLUNTEERS OF AMERICA, DAKOTAS 1309 W 51ST STREET, BOX 89306, SIOUX FALLS, SD 57109-9306	23-7353508	501(C)(3)	15,000				EMPLOYMENT
(98) WARRIOR EXPEDITIONS 6621 FAIRWAY VIEW TRAIL, ROANOKE, VA 24018-7473	46-5201997	501(C)(3)	10,000				REHABILITATION / THERAPEUTIC
(99) WASATCH ADAPTIVE SPORTS, INC. 9385 S. SNOWBIRD CENTER DRIVE, SNOWBIRD, UT 84092	94-2864171	501(C)(3)	20,000				REHABILITATION / THERAPEUTIC
(100) WESLEY COMMUNITY SERVICES ORGANIZATION 2091 RADCLIFF DRIVE, CINCINNATI, OH 45204-0000	31-0537097	501(C)(3)	150,000				HEALTH
(101) WILMINGTON AREA REBUILDING MINISTRY, INC. 909 MARKET STREET, WILMINGTON, NC 28401-4732	56-2076795	501(C)(3)	75,000				HOMELESS / INDIGENT / CRISIS INTERVENTION
(102) WISCONSIN VETERANS NETWORK INC 6317 W GREENFIELD AVENUE, WEST ALLIS, WI 53214-5047	82-1043745	501(C)(3)	10,000				HOMELESS / INDIGENT / CRISIS INTERVENTION

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(103) WORKSHOPS FOR WARRIORS 2970 MAIN STREET, SAN DIEGO, CA 92113	26-1721255	501(C)(3)	20,000				EMPLOYMENT
(104) YELLOW RIBBON FUND, INC. P.O. BOX 41048, BETHESDA, MD 20824-1048	36-4567583	501(C)(3)	140,000				HEALTH
(105) YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER CINCINNATI 1105 ELM STREET, CINCINNATI, OH 45202-7513	31-0537178	501(C)(3)	10,000				REHABILITATION / THERAPEUTIC

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 SICK AND INJURED VETERANS.

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2025**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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	✓	4	315,769	MARKET VALUE
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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER REPORTED ON SCHEDULE M, PART I, COLUMN B IS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST IS DEDICATED TO ONE, SINGLE PURPOSE: EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY. TO CARRY OUT THIS RESPONSIBILITY, THE CHARITABLE SERVICE TRUST SUPPORTS PHYSICAL AND PSYCHOLOGICAL REHABILITATION PROGRAMS; ENHANCES MOBILITY FOR VETERANS WITH AMPUTATIONS AND SPINAL CORD INJURIES; BENEFITS AGING VETERANS; AIDS AND SHELTERS HOMELESS VETERANS; AND EVALUATES AND ADDRESSES THE NEEDS OF VETERANS WOUNDED IN RECENT WARS AND CONFLICTS AND THEIR CAREGIVERS.
FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	THE DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST IS DEDICATED TO ONE SINGLE PURPOSE: EMPOWERING VETERANS TO LEAD HIGH-QUALITY LIVES WITH RESPECT AND DIGNITY. IN AN EFFORT TO FULFILL THAT PURPOSE THROUGHOUT THE NATION, THE TRUST AWARDS GRANT FUNDS TO NONPROFIT ORGANIZATIONS WITH PROGRAMS OR SERVICES THAT BENEFIT SERVICE MEMBERS OF EVERY ERA. THE TRUST GENERALLY SUPPORTS INITIATIVES THAT PROVIDE THE FOLLOWING: - FOOD, SHELTER, AND OTHER NECESSARY ITEMS; - MOBILITY ITEMS OR ASSISTANCE SPECIFIC TO INDIVIDUALS WITH BLINDNESS OR VISION LOSS; HEARING LOSS; OR AMPUTATIONS; - QUALIFIED THERAPEUTIC OR RECREATIONAL ACTIVITIES; - PHYSICAL OR PSYCHOLOGICAL REHABILITATION; - EDUCATION, TRAINING AND CAREER-READINESS; AND - OTHER FORMS OF DIRECT ASSISTANCE AS APPROPRIATE FOR SHORT OR LONG-TERM RELIEF FOR VETERANS, CAREGIVERS AND/OR THEIR FAMILIES. THOUGH THE SPECIFIC NEEDS OF VETERANS FROM EACH ERA MAY VARY, THE TRUST HAS SUPPORTED VETERANS SUFFERING FROM POST-TRAUMATIC STRESS DISORDER, TRAUMATIC BRAIN INJURIES, SUBSTANCE ABUSE ISSUES, AMPUTATIONS, SPINAL CORD INJURIES, AND OTHER PHYSICAL OR MENTAL AFFLICTIONS. GRANT FUNDS HAVE ALLOWED FOR VETERANS TO SECURE MEANINGFUL EMPLOYMENT, HEALTHCARE, HOUSING, FOOD, EDUCATION, CAMARADERIE, AND OVERALL SUPPORT FOR THE MANY CHALLENGES THAT SERVICE MEMBERS FACE UPON RETURNING FROM COMBAT. THROUGH FINANCIAL ASSISTANCE GRANTS, THE TRUST ENABLES ORGANIZATIONS TO SUSTAIN QUALITY PROGRAMMING TO MILLIONS OF VETERANS AND DEPENDENTS EACH YEAR.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FOLLOWING COMPLETION OF FORM 990 BY THE TRUST'S TAX PREPARER, THE ADMINISTRATOR AND ACCOUNTANTS REVIEW THE RETURN. UPON ACCEPTANCE, THE ADMINISTRATOR EMAILS AN ELECTRONIC VERSION OF THE FINAL RETURN TO ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND QUESTIONS. SUBSEQUENTLY THE RETURN IS FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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 DECISIONS 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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

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Name of the organization

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52-1521276

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND ACCESSIBLE FROM THE TRUST'S WEBSITE CST.DAV.ORG. THE ANNUAL REPORT AND MOST RECENT FORM 990 ARE ALSO ACCESSIBLE FROM THE TRUST'S WEBSITE, CST.DAV.ORG, AND UPON REQUEST OR FOR PUBLIC INSPECTION AT THE TRUST'S ADMINISTRATIVE OFFICE, 860 DOLWICK DRIVE, ERLANGER, KY 41018.								
FORM 990, PART VI, SECTION B, LINE 15 - COMPENSATION REVIEW PROCESS	IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, THERE IS NO COMPENSATION PAID TO OFFICERS OR DIRECTORS. IN 2025, THE BOARD OF DIRECTORS REAFFIRMED ITS POLICY THAT AUTHORIZES A PER DIEM BE PAID TO DIRECTORS AND OFFICERS WHOSE DUTIES REQUIRE THEIR ATTENDANCE AT BOARD OF DIRECTORS MEETINGS OR SUCH OTHER EVENTS WHERE THEY SERVE AS REPRESENTATIVES OF OR TRAVEL ON BUSINESS FOR THE TRUST. THE PRESIDENT DOES NOT RECEIVE COMPENSATION FOR SERVICES RENDERED IN CONJUNCTION WITH HIS POSITION AND EXERCISES SUPERVISION OVER THE TRUST'S AFFAIRS IN ACCORDANCE WITH POLICIES, DECISIONS AND MANDATES OF THE BOARD. AS ALL THE MEMBERS OF THE BOARD ARE VOLUNTEERS, THE BOARD HAS CONTRACTED WITH DISABLED AMERICAN VETERANS (DAV) TO UTILIZE THE SERVICES OF A DAV EMPLOYEE TO SERVE AS THE ADMINISTRATOR OF THE TRUST. THE TRUST REIMBURSED THE DAV \$37,316.69 IN 2025 FOR THOSE SERVICES. THE ADMINISTRATOR ASSISTS THE PRESIDENT AND OTHER OFFICERS IN THE IMPLEMENTATION OF BOARD DIRECTIVES. SHE ALSO ENSURES THAT THE PRESIDENT AND BOARD MEMBERS ARE KEPT FULLY ABREAST OF EVEN ROUTINE MATTERS SO THAT THEY MAY FULLY CARRY OUT THEIR RESPONSIBILITIES.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><thead><tr><th>(a) Description</th><th>(b) Amount</th></tr></thead><tbody><tr><td>UNCOLLECTIBLE PLEDGES</td><td>- 186,799</td></tr><tr><td>DIFFERENCE IN ACCOUNTING FOR CHARITABLE GIFT ANNUITIES</td><td>- 309,387</td></tr><tr><td>TOTAL</td><td>- 496,186</td></tr></tbody></table>	(a) Description	(b) Amount	UNCOLLECTIBLE PLEDGES	- 186,799	DIFFERENCE IN ACCOUNTING FOR CHARITABLE GIFT ANNUITIES	- 309,387	TOTAL	- 496,186
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