Return of Organization Exempt From Income Tax
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

Department of the Treasury	P Do not cirtai social scoul
Internal Revenue Service	► Go to www.irs.gov/For

Open to Public

	O17 calendar year, or tax year beginning JUL 1, 2017 ar  C Name of organization	nd ending J		
Address change Name change	DISABLED AMERICAN VETERANS Doing business as		06- <b>&amp;∂9</b> 9423	
Initial return	Number and street (or P.O. hox if mail is not delivered to street address)	Room/suite	F Telephone number	

<u>K</u>	Form (	of organization: Corporation Trust Association X Other ► TAX E L Year of formation: 197	72 M State of legal domicile, CT
(P	art í	Summary	
Governance	1	Briefly describe the organization's mission or most significant activities: ASSIST DISABLED VET	PERANS
rna	2	Check this box   if the organization discontinued its operations or disposed of more than 25% of its ne	net assets
Š.	3	Number of voting members of the governing body (Part VI, line 1a)	3 300
ب ق	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0
Activities	6	Total number of volunteers (estimate if necessary)	6 0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
_	t	Net unrelated business taxable income from Form 990-T, line 34	7ь О.
		Prior Year	Current Year
₹ å	8	Contributions and grants (Part VIII, line 1h)  RECEIVED  Prior Year  1,09	
$\mathbf{S}$ $\mathbf{\bar{s}}$	9	Program service revenue (Part VIII, line 2g)	0. 0.
SCANNED SCANNED	10	1021 100	0.
Z, "	11	Other revenue (Part VIII, Column (A), lines 5, 60, 80, 90, 200, and 11e)	
<u>''</u> _	12	Total revenue - add lines 8 through 11 (must equal Part VIII, celumn A) to 2)	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 1,400.
MAR	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
₩s	15		0. 0.
<b>—</b>	<u>16</u>	Professional fundraising fees (Part IX column (A), line 11e)	0.  0.

Pert III Statement of Program Service Accomplishments  Check Schedule Contains a response or note to any line in this Part III  Briefly describe the organization's masson:  ASSIST DISABLED VETERANS VETERANS AND THEIR DEPENDENTS. FOSTER FELLOWSHIP AMONG DISARIED VETERANS THROUGH PARTICIPATION IN PRATERNAL.	Forn	n 990 (2017) DISABLED AMERICAN VETERANS	06-0699423 Page <b>2</b>
Briefly describe the organization's mission.  ASSIST DISABLED VETERANS VETERANS AND THEIR DEPENDENTS. FOSTER FELLOWSHIP AMONG DISABLED VETERANS THROUGH PARTICIPATION IN FRATERNAL.	L <u>Pa</u>	<del></del>	
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Form 990 (2017) DISABLED AMERICAN VETERANS	06-0699423 Page 3
Form 990 (2017) DISABLED AMERICAN VETERANS Part IV Checklist of Required Schedules	Yes No
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į	<u>Form</u>	990 (2017) DISABLED AMERICAN VETERANS	<u>06-0699423</u>	F	age 4
Ŀ	Pai	TIV Checklist of Required Schedules (continued)			
				Yes	No
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		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		<u>x</u>
	22_	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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	990 (2017) DISABLE								06-0699	/ = 4 -		ag
Part												_
<del>-</del> ,	Check if Schedule O contains a r	esponse or note	to an	ny lin	ie in	this I	Part V	······································				L
	<u>.</u>							1	1		Yes	1
	Enter the number reported in Box 3 of F				, .				a (	扎 -		
	Enter the number of Forms W-2G includ							<u></u>	<u>b</u> (	4		
	Did the organization comply with backup	p withholding rule	es tor	rep	ortat	ole p	ayme	nts to vendors and repo	ortable gaming	ĺ		
-	(gambling) winnings to prize winners?							1	I	1c	<del> </del>	_
	Enter the number of employees reported								,			
	filed for the calendar year ending with o	-			•			<u>-</u>	<del></del>	)	1 1	
	If at least one is reported on line 2a, did Note. If the sum of lines 1a and 2a is gre	-			•			• •	•	2b	<del> </del>	-
	Did the organization have unrelated bus			-						3a		_;
	f "Yes," has it filed a Form 990-T for this	=						- ·		3b	<u> </u>	
	At any time during the calendar year, did	•					-		hority over a	30		-
	inancial account in a foreign country (si									42		
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LEnter C Lable co Lable co Lable co Lable co C C C C C C C C C C C C C C C C C C C	O- in columns (Ď), (E), and (F) if no composite all of the organization's current key just the organization's five current highest impensation (Box 5 of Form W-2 and/or just all of the organization's former office ible compensation from the organization at all of the organization's former direction \$10,000 of reportable compensation rooms in the following order individual transcriptions (A)  Name and Title  HARLES GARTLAND  NODER  DAM HOROSKY  ANT  OBERT YOUNG  URER  EORGE SMITH	ensation was paiemployees, if any t compensated e Box 7 of Form 10 ers, key employee and any related extors or trustees in from the organizatees or director in nor any related (B)  Average hours per week (list any hours for related organizations below line)  20.00	d. y See mplo 099-N es, ar orga that ization ors, in orgar (do n box, i office	e insi yeess yeess yeess yeess yeess yeess yeess yeess yeess nan inizat recen and inizat recen and inizat recen and inizat yeess yees and inizat yeess yees and inizat yeess yees and inizat yeess yees yeess yees	tructs (other) of (other) other) of (other) of (other) of (other) of (other) other) other of (other) other) othe	ions are the more st configuration on the company on the configuration on the configuration of the configuration of the configuration on the configuration of the configuration o	for denan are than mpen the cauted of stees	n officer, director, truste \$100,000 from the organizated employees who repactly as a former directorganizations, officers, key employees ted any current officer, (D) Reportable compensation from the organization (W-2/1099-MISC)	ee " e, or key employee) with anization and any related eceived more than \$10 tor or trustee of the ories, highest compensated (E) Reportable compensation from related organizations (W-2/1099-MISC)  0.	ed org	(F) stimate nount of other npensarom the nanizati d relate	d dof
LEnter C Lable co Lable co Leporta List perand for C  (1) CF COMMAN (2) AI ADJUTY (3) RC FREASI (4) GE SERVIC	O- in columns (Ď), (E), and (F) if no composite all of the organization's current key just the organization's five current highest impensation (Box 5 of Form W-2 and/or just all of the organization's former office lible compensation from the organization at all of the organization's former direction \$10,000 of reportable compensation rises in the following order individual transcriptions in the following order individual transcriptions (A)  Name and Title  HARLES GARTLAND  NODER  DAM HOROSKY  ANT  OBERT YOUNG  URER  EORGE SMITH  CE OFFICER	ensation was paiemployees, if any t compensated e Box 7 of Form 10 ers, key employee and any related ctors or trustees in from the organizatees or director in nor any related (B)  Average hours per week (list any hours for related organizations below line)  20.00  2.00	d. y See mplo 099-N es, ar orga that zatior ors, in orgar (do n box, i	e insi yeess yeess yeess yeess yeess yeess yeess yeess yeess nan inizat recen and inizat recen and inizat recen and inizat yeess yees and inizat yeess yees and inizat yeess yees and inizat yeess yees yeess yees	truct s (oth s (oth s)) of lights six of lig	ions are the more st configuration on the company on the configuration on the configuration of the configuration of the configuration on the configuration of the configuration o	for denan are than mpen the cauted of stees	n officer, director, truste \$100,000 from the organizations officers, key employee ted any current officer, (D) Reportable compensation from the organization (W-2/1099-MISC)	ee " e, or key employee) with anization and any related eceived more than \$10 tor or trustee of the original of the structure of the compensation of the structure of the compensation of the structure of the str	ed org	(F) stimate nount of other npensarom the nanizati d relate	d of sons
LEnter C Lable co Lable co Lable co Lable co C C C C C C C C C C C C C C C C C C C	O- in columns (Ď), (E), and (F) if no composite all of the organization's current key just the organization's five current highest impensation (Box 5 of Form W-2 and/or just all of the organization's former office ible compensation from the organization at all of the organization's former direction \$10,000 of reportable compensation rooms in the following order individual transcriptions (A)  Name and Title  HARLES GARTLAND  NODER  DAM HOROSKY  ANT  OBERT YOUNG  URER  EORGE SMITH	ensation was paiemployees, if any t compensated e Box 7 of Form 10 ers, key employee and any related ctors or trustees in from the organizatees or director or any related (B)  Average hours per week (list any hours for related organizations below line)  20.00	d. y See mplo 099-N es, ar orga that zatior ors, in orgar (do n box, i	e insi yees yees MISC and hi inizat rece n anni astitu inizat Phi anti chi unlessa na anni anti chi unite sa anni chi unit	tructs (other) of (other) other) of (other) of (other) of (other) of (other) other) other of (other) other) othe	ions are the more st configuration on the company on the configuration on the configuration of the configuration of the configuration on the configuration of the configuration o	for denan are than mpen the cauted of stees	n officer, director, truste \$100,000 from the organizated employees who repactly as a former directorganizations, officers, key employees ted any current officer, (D) Reportable compensation from the organization (W-2/1099-MISC)	ee " e, or key employee) with anization and any related eceived more than \$10 tor or trustee of the ories, highest compensated (E) Reportable compensation from related organizations (W-2/1099-MISC)  0.	ed orgono,000 ganiza ed emp  Es ar  com fi organ orga	(F) stimate nount of other npensarom the nanizati d relate	

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Form 990 (2017) DISABLED AMERICAN VETERANS 06-0699423 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 06-0699423 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			LX
<u> ec</u>	tion 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 300	)		
	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	]	
	officer, director, trustee, or key employee?	2	}	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings hold or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>.                                      </u>		
			Yes	No
Oa	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy2 if "Yes." describe			
	1			

J <sub>t</sub>		
<u> </u>		
h.		
j.c.		
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p		
-		
Form 9 <u>90 (</u> 2017)	DISABLED AMERICAN VETERANS	06-0699423 Page 7

<b>(A)</b> Name and business addres	ss NONE	(B) Description of services	(C) Compensation
O Table 1 Code to the section for the least		tod about who recoved more than	
Total number of independent contractors (includir \$100,000 of compensation from the organization.)	_		5 000 (0017

	-	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ω.Ĕ	c	Fundraising events	1c					
i i	d	Related organizations	1d					
( E		Government grants (contribut						
Sign	f	All other contributions, gifts, gran				]		
돌	'	similar amounts not included abo						
IOS	-		<del></del>	-				
듯밁	g	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-11 5					
<del>- " </del>		Total. Add lines Ta II		Business Code				
	٥.			Business Code				
Ş	2 a							<del></del>
ine j	b				·····			
E S	C		·		·			
Re	d		<del> </del>	·	<del></del>			
Program Service Revenue	e	All selections		}				
_	T	All other program service reve	inue	<b>•</b>				
$\overline{}$		Total. Add lines 2a-2f	duudanda intar					<del>                                     </del>
-	3	Investment income (including	dividends, intere	st, and				
1		other similar amounts) Income from investment of tax	v avamnt hand r	rocoods				
	4		x-exempt bond p	noceeus				
1	5	Royalties	(ı) Real	(II) Personal				<del></del>
		0	(I) Heal	(ii) Fersonal				
1	6 a	Gross rents		<del>-</del>				
	D	Less, rental expenses						
	С	Rental income or (loss)		1				
	_ a	Net rental income or (loss)	(i) Convention	(u) Othor				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
ı	b	Less cost or other basis		]				
		and sales expenses	<del></del>	···-				
		Gain or (loss)		<u> </u>				
		Net gain or (loss)						<del></del>
e l	8 a	Gross income from fundraisin						
ĕ		including \$	of					
Other Revenue		contributions reported on line						}
ું હુ		Part IV, line 18	а					
5		Less direct expenses	b browne avents					
		Net income or (loss) from fund Gross income from gaming ad				· · · · · · · · · · · · · · · · · · ·	<del></del>	
	9 a							
		Part IV, line 19 Less, direct expenses	a b					
		Net income or (loss) from gan						
		Gross sales of inventory, less						
ĺ	io a	and allowances	a	58,392.				
			a b	46 000				
i		Less cost of goods sold		40,000	11,453.	11,453.		
}	<u>.c</u>	Net income or (loss) from sale		Business Carlo		11,133.	<del></del>	
}		Miscellaneous Revenu	18	Business Code	3,490.	3,490.		
		HALL RENTAL		<del></del>	2,662			<del> </del>
		JUKE BOX			1,901			<del> </del>
	С				1,301	1,001		
	d				8,053.			
1		Total. Add lines 11a-11d			19,506		0	0.
	12	Total revenue See instructions			19,500	1 19,000		5 000 (0017)

## Form 990 (2017) DISABLED AMERICAN VETERANS Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,400.	1,400.		
2	Grants and other assistance to domestic			}	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ł	
	individuals See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				- <del></del>
10	Payroli taxes	<del></del>			<del></del>
11	Fees for services (non-employees).				
	Management	1 005		1 005	
	Legal	1,085.		1,085.	
	Accounting	350.		350.	
	Lobbying Professional fundamental Sea Part IV Inc. 17				
_	Professional fundraising services. See Part IV, line 17	· <del>-</del>			
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	587.		587.	
12	Advertising and promotion			307.	
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				
16	Occupancy	13,145.		13,145.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	100.		100.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,448.		3,448.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		į		
-	LOSS ON CD	9,969.	·	9,969.	
		5,3031		37333.	
b					
ď					<del>-,</del>
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	30,084.	1,400.	28,684.	0.
<u>20</u> 26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ	ĺ		
	educational campaign and fundraising solicitation.	j			
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X. Balance Sheet

	Check if Schedule O contains a response or no	te to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		3,429.	1	6,499
2	Savings and temporary cash investments		18,682.	2	5,755
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former officers, directors,				
	trustees, key employees, and highest compens	ated employees Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqual				
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary	,		
	employees' beneficiary organizations (see instr)		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment, cost or other				
	basis Complete Part VI of Schedule D	10a 97,400.			
t	Less accumulated depreciation	10b 85,700.	11,700.	10c	11,700
11	Investments - publicly traded securities			_11	
12	Investments - other securities See Part IV, line	11		12	
13	Investments - program-related See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		33,811.	16	23,954
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete		21		
22	Loans and other payables to current and former officers, directors, trustees,				
	key employees, highest compensated employe	es, and disqualified persons			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrel		23		
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities (including federal income tax, payables to related third				
	parties, and other liabilities not included on line				
	Schedule D		·	25	
26	Total liabilities. Add lines 17 through 25	0.	26	0	
	Organizations that follow SFAS 117 (ASC 958	3), check here ▶ 🗓 and			
	complete lines 27 through 29, and lines 33 ar				
27	Unrestricted net assets		33,811.	27	<u>23,954</u>
28	Temporarily restricted net assets			_28	
29	Permanently restricted net assets			29	
1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶				
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or ed		31		
32	Retained earnings, endowment, accumulated in		32		
33	Total net assets or fund balances	33,811.	33	23,954	
34	Total liabilities and net assets/fund balances	33,811.	34	23,954	

	1990 (2017) DISABLED AMERICAN VETERANS	06-	-0699423	Pag	je 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	,50	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	, 08	84.
3	Revenue less expenses Subtract line 2 from line 1	3	<10	, 5'	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	8:	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	services and use of facilities 6			
7	Investment expenses	stment expenses 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_ 72	<u>21.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	23	, 9!	<u>54.</u>
Pa	t XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII					
			<u> </u>	Yes	No_
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		<u> </u>	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		1		
	separate basis, consolidated basis, or both:	1 1	- 1		
	Separate basis Consolidated basis Both consolidated and separate basis		2b		••
ь	Were the organization's financial statements audited by an independent accountant?				<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	• }		
	consolidated basis, or both		1 1		
	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				
	review, or compilation of its financial statements and selection of an independent accountant?	11 - 0	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				X
L	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irod aur	3a	$\dashv$	
Ö	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ii eu auc	3b		
	or addits, explain why in Schedule O and describe any steps taken to dilusigo such addits		1 20		

Form **990** (2017)

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Employer identification number 06-0699423 DISABLED AMERICAN VETERANS Form 990, Item K, Other Form of Organization: TAX EXEMPT ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11B: BOARD OF DIRECTORS REVIEWS BEFORE FILING FORM 990 PART XI OTHER CHANGES IN NET ASSETS OR FUND BALANCE PRIOR YEARS ADJUST \$ 721