



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

DISABLED AMERICAN VETERANS GOLD COAST CHAPTER 133

Employer identification number

51-0173481

ANSWER TO QUESTION PART VI SECTION B POLICIES 11b

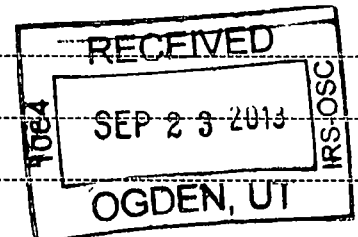
THE COMPLETED FORM 990 IS REVIEWED BY THE PREPARER AND THE TREASURER

ANSWER TO QUESTION PART VI SECTION C DISCLOSURE 19

THE ORGANIZATION HAS AVAILABLE THE FORM 990 AND GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS AVAILABLE AT THE ORGANIZATION OFFICE AND ALL MEMBERS AND INTERESTED PARTIES ARE MADE AWARE OF

THIS FACT ORALLY AT EACH MONTHLY MEETING



Name of the organization	Employer identification number
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Area with horizontal dashed lines for providing details.