See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

1406

A For the 2013 calendar year, or tax year beginning JULY 01 , 2013, and ending JUNE 30 , 20 14

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

C Name of organization
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOME

Number & street (or P.O. box, if mail is not delivered to street addr.) | Room/suite
616 BROADWAY

City or town, state or province, country, and ZIP or foreign postal code
SOMERVILLE MA 02145

D Employer identification number
04-6188921

E Telephone number
(978) 697-7313

F Group Exemption Number ▶

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) -- ☐ 501(c)(3) ☒ 501(c)(19) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 128,211

SCANNED SEP 10 2015

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	6,985
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,400
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a: 118,826		
	b	Less: cost of goods sold — 7b: 67,372		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	51,454
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	60,839
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	10,952
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,854
	14	Occupancy, rent, utilities, and maintenance	14	25,742
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	21,382
	17	**Total expenses.** Add lines 10 through 16 ▶	17	60,930
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-91
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	184
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	93

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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

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9/15 JJ

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ..... ☒

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	184	22	93
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	184	25	93
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	184	27	93

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ..... ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ..... ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ SEE ATTACHMENT #2 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	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)? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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 KEVIN DOHERTY TREASURER Type or print name and title	Date 7/27/15

Paid Preparer Use Only	Print/Type preparer's name KATHLEEN DEBAKER	Preparer's signature	Date 7-16-15	Check ☐ if self-employed PTIN P00680038
	Firm's name ▶ HRB TAX GROUP INC			Firm's EIN ▶ 431871840
	Firm's address ▶ 125 AUBURN ST			Phone no. 207-878-9586

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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 N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE I	4-6188921

CHARITY PAYMENTS FOR PART I LINE 10
LINE 16 INSURANCE EXP DUES AND PUBLICATIPONS CONVENTION AND OFFICE EXP

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 07-01 , and ending 06-30-2014.

Name of Organization	Employer Identification Number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC	4-6188921

Primary Purpose
PROVIDE SERVICES TO DISABLED VETERANS THEIR FAMILIES AND WIDOWS

990 BOOKS ARE IN CARE OF

ATTACHMENT 2 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 07-01 , and ending 06-30-2014.

Name of Organization	Employer Identification Number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC	4-6188921

Part V - Line 42a

Individual Name ..... KEVIN DOHERTY

or

Business Name

Street Address ..... 616 BROADWAY

U.S. Address.

Zip code 02145 City SOMERVILLE State MA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (978) 697-7313

Fax Number .....

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

PER CAPITA	725	
NON SALES INCOME	6,260	
TOTAL CARRIED TO EZ1 LINE 1		6,985

STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

BANK FEES	349	
ADVISOR FEES	100	
CHAPTER ASSESSMENTS	645	
LICENSING FEE	1,700	
DAV AUXILARY DUES	60	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13		2,854

STATEMENT #3 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

TELEPHONE	558	
CABLE TV	1,944	
HALL CLEANING	6,928	
REPAIRS	1,309	
SECURITY	190	
ELECTRIC	5,790	
OIL	7,409	
WATER	1,614	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		25,742

STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

CONVENTION	1,977	
DUES AND SUBSCRIPTIONS	1,480	
BUILDING LIABILITY	2,472	
FIRE INSURANCE	1,533	
LIQUOR LIABILITY	4,051	
MEALS TAX	8,533	
MISC	501	
OFFICE EXP	835	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		21,382

STATEMENT #5 - LESS: COST OF GOODS SOLD (EZ1 LIONE 7B)

BEER	46,443
LIQUOR	19,305
COCA COLA	1,624

TOTAL CARRIED TO EZ1 LIONE 7B.....	67,372