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

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning JULY 01 , 2014, and ending JUNE 30 , 20 15

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final 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 [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] 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) [X] 501(c)(19) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization. [ ] Corporation [ ] Trust [X] 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 ▶ $ 153,676

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	703
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	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	152,973	
	b	Less cost of goods sold	7b	85,079	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	67,894
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	68,597
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	13,778
	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	3,377
	14	Occupancy, rent, utilities, and maintenance		14	27,902
	15	Printing, publications, postage, and shipping		15	1,349
	16	Other expenses (describe in Schedule O)		16	22,228
	17	**Total expenses.** Add lines 10 through 16 ▶		17	68,634
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-37
	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	93
	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	56

SCANNED NOV 20 2015

RECEIVED NOV 05 2015 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2014)

FDA 14 990EZ1 BWF990

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	93	22	56
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	93	25	56
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)	93	27	56

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, 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 SEE ATTACHMENT #2

(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 X

(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
SEE ATTACHMENT #3				

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), and 501(c)(29) 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), and 501(c)(29) 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), and 501(c)(29) 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 #4 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			
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 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	Date 10/28/15
	▶ KEVIN DOHERTY TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KATHLEEN DEBAKER	Preparer's signature	Date 10-26-15	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)

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE I	04-6188921

CHARITY PAYMENTS TO VETS SOLDIERS HOME - PART 1 LINE 10

INSURANCE EXP DUES AND PUBLICATIONS AND OFFICE EXP - LINE 16

2014 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC INSPECTION

For calendar year 2014, or tax period beginning 07-01 , and ending 06-30-2015

Name of Organization	Employer Identification Number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC	04-6188921

Primary Purpose
PROVIDE SERVICES TO DISABLED VETERANS THEIR FAMILIES AND WIDOWS

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2014, or tax period beginning 07-01-2014, and ending 06-30-2015.

Name of Organization	Employer Identification Number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC	04-6188921

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses

Exempt Purpose Achievements

WE PROVIDED AID TO THE VETERANS AND THEIR FAMILIES

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2014, or tax period beginning 07-01-2014, and ending 06-30-2015.

Name of Organization: DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC

Employer Identification Number: 04-6188921

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
KEVIN DOHERTY TREASUER	18.00	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2014, or tax period beginning 07-01 , and ending 06-30-2015.

Name of Organization	Employer Identification Number
DISABLED AMERICAN VETERANS CHAPTER 27 OF SOMERVILLE INC	04-6188921

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		
NON SALES INCOME		
TOTAL CARRIED TO EZ1 LINE 1		

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

BANK FEES	360	
CHAPTER ASSESSMENTS	850	
LICENSING FEE	2,167	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13		3,377

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

CABLE TV	1,962	
HALL CLEANING	6,388	
REPAIRS	3,728	
SECURITY	211	
UTILITIES	15,613	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		27,902

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

CONVENTION	3,366	
DUES AND SUBSCRIPTIONS	600	
BUILDING LIABILITY	9,614	
MEALS TAX	8,648	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		22,228

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

BEER	64,066	
LIQUOR	18,773	
COCA COLA	2,240	
TOTAL CARRIED TO EZ1 LIONE 7B		85,079

