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Form -990-EZ

Part I

## Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

OMB No 1545-1150

2012

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) Open to Public All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 Department of the Treasury at the end of the year may use this form. Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization B Check if applicable D Employer identification number VIETNAM VETS MC, USA LEGACY VETS MC Address change 27-1383016 Number and street (or P O box, if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return Terminated 502 BOATING CLUB ROAD City or town, state or country, and ZIP + 4 Amended return F Group Exemption Application pending Saint Augustine, FL 32084-1544 Number ▶ Accounting Method X Cash Accrual Other (specify) ▶ H Check ► ☐ if the organization is not Website: ▶ required to attach Schedule B X 501(c)(19) ◀ (insert no) J Tax-exempt status (check only one) - 501(c) (3) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check F If the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally

not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if

the organization chooses to file a return, be sure to file a complete return	
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,	
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	9,749

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

	1	Contributions, gifts, grants, and similar amounts received	1 1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	9,749
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less cost or other basis and sales expenses	1 1	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
SCANNED Revenue	a	Gross income from gaming (attach Schedule G if greater than		
See.		\$15,000)		
<b>Z</b> \$	b	Gross income from fundraising events (not including \$ of contributions	1 1	
<b>₹</b> &		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b		
$\mathbf{A}$	С	Less direct expenses from gaming and fundraising events 6c		
APR	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
No.		line 6c)	6d	
ଞ୍ଚ		Gross sales of inventory, less returns and allowances		
2	b	Less: cost of goods sold		
2013	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	_
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9,749
	10	Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members  Salaries other compensation, and employee benefits	10	
	11	Benefits paid to or for members	11	8,559
φ	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occurrency set withten and marketoneses.	13	161
<u>e</u>	14	Occupancy, rent, utilities, and maintenance	14	62
Û	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	8,782
m	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	967
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	162
Net Assets	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	1,129

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)



-Form	990-EŻ	(2012)

VIETNAM VETS MC, USA LEGACY VETS MC

27-1383016

Page 2

ra	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	o any question in this Pa	rt II	<del></del>		<u></u>
			(A) B	eginning of year	<u></u>	(B) End of year
22 (	Cash, savings, and investments		[	162	22	1,371
23	Land and buildings		[	0	23	0
24 (	Other assets (describe in Schedule O)			0	24	0
<b>25</b> '	Total assets			162	25	1,371
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)		162	27	1,371
	art III Statement of Program Service Accompl		structions for Part I		1	Expenses
	Check if the organization used Schedule O to respond				(Red	juired for section
Wha	at is the organization's primary exempt purpose? SUPPORT VE		<u> </u>	<u> </u>	⊣ '	c)(3) and 501(c)(4)
					1 '	nizations and section
	cribe the organization's program service accomplishments for each				1 -	7(a)(1) trusts, optional
as II	neasured by expenses In a clear and concise manner, describe to sons benefited, and other relevant information for each program tit	ne services provided, in la	e number of		i	thers)
	SUPPORTED SEVERAL VETERA	<u>.                                    </u>			1010	ulers )
20 :	SOFFORTED SEVERAL VETERA					
-				· · · · · · · · · · · · · · · · · · ·	1	
-	(O-a-t ®					
•	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	<u>· · · · · ▶ ⊔</u>	28a	3,436
29					ł	
-						
	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	<u></u> ▶ 📋	29a	
30						
_						
_						
9	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	▶ 🔲	30a	
31	Other program services (describe in Schedule O)					
(	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	▶ 🔲	31a	-
32 <sup>:</sup>	Total program service expenses (add lines 28a through 31a)				32	3,436
	art IV List of Officers, Directors, Trustees, and Key Emplo				tions	
·	Check if the organization used Schedule O to respond		. 15.4			<u>—</u>
			(c) Reportable	(d) Health benefits	$\neg$	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	oloyee	(e) Estimated amount of
		devoted to position	(Form W-2/1099-MISC) (if not paid, enter -0-	benefit plans, an deferred compens		other compensation
MOR	RLEY J KILBOURN		(ii not paid, enter 40-	deletted compens	auon	
	EASURER	220		o	o	0
_	RRY MINNICH			<del></del>	<del>- 1</del>	
RM		0				0
	RISTOPHER J LACY	<del> </del>		9	0	0
	CRETARY					•
	VID L KEUL	5		0	0	0
		_				_
	ESIDENT	5		0	0	
	LPH E PRICHARD	_				
RM		0		0	0	0
	RY L DRYER				İ	
VIC	CE PRESIDENT	10		0	0	0
				,		
		1			_	
		1	<u> </u>		$\neg \dagger$	
		1		1		
	<del></del>	<del> </del>	<del> </del>	<del> </del>		

	1990-EZ (2012) VIETNAM VETS MC, USA LEGACY VETS MC 27-13830	16	F	Page 3
Pai	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	<u>· · · · </u>		÷╚
			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
or -	•	-	<u> </u>	<u> </u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
þ	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		
С	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			<del> </del>
30		200		v
	during the year? If "Yes," complete applicable parts of Schedule N	36	ļ	X
	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
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1	Ī	
	· 1			
a	Initiation fees and capital contributions included on line 9	-		
ь	Gross receipts, included on line 9, for public use of club facilities			
40 a	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		I	
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	ł	Ī	Ì
		406	İ	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<b>├</b> -	ļ
С	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,		ŧ	
	4955, and 4958		[	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		ļ	
	reimbursed by the organization		Ī	
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
•	A DATE OF THE PARTY OF THE PART	40e		Ì
4.4		406	<u> </u>	
41	List the states with which a copy of this return is filed   FL			
42 a	The organization's books are in care of   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		Yes	No
	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 Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		1	
С	At any time during the calendar year, did the organization maintain an office outside of the US?	42c		<u>X</u>
	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			
			Yes	No
44.5	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.00	···
44 a			Ŧ	7.
	completed instead of Form 990-EZ	44a	ļ	<u>X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		Ī	
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<u> </u>	
-	explanation in Schedule O	44d	Ť	
4-	·		├	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	<u>X</u>
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		ŧ	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		ŧ	
	Form 990-EZ (see instructions)	45b		X
				(0040)

Form 990-EZ (2	012) VIETNAM VETS MC	USA LEGACY VETS	МС	27-138	3016	F	Page 4
46 Did th	e organization engage, directly or indirectly, in	n nolitical campaign activit	ties on hehalf of or in oor	osition		Yes	No
	didates for public office? If "Yes," complete S	National Of Board	•		46	#	X
Part VI	Section 501(c)(3) organizations All Section 501(c)(3) organizations 50 and 51 Check if the organization used Sch	must answer quest					
	Check if the organization used Sci	ledule O to respond	to any question in	uns rait vi	<u> </u>	Yes	No
	e organization engage in lobbying activities of If "Yes," complete Schedule C, Part II	have a section 501(h) el	•		47		
,	organization a school as described in section				48		
	e organization make any transfers to an exem		organization?		49a	_	<u> </u>
	s," was the related organization a section 527	-			49b		<u> </u>
	lete this table for the organization's five highe iyees) who each received more than \$100,000	· · · · · · · · · · · · · · · · · · ·					
emplo	yees) who each received more man \$100,000			(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		e) Estimate other co		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation			
			<del> </del>				
			<u> </u>				
	number of other employees paid over \$100,00 lete this table for the organization's five highe		dont contractors who con	- h recovered more than			
	000 of compensation from the organization of			mreceived more mair			
				(1)			
(a) Name a	and address of each independent contractor paid more than		(b) Type of service	;e (c) C	ompensatio	<b>π</b>	
			<del> </del>				
		<del>_</del>					
- Total	number of other independent contractors each	h reconume over \$100,000	<u></u>				
-	number of other independent contractors each e organization complete Schedule A? <b>Note:</b> A	• • •					
	cempt charitable trusts must attach a complete				☐ Yes	· [X]	No
Under penalties	s of perjury, I declare that I have examined this return inclu						
true, correct, ar	d complete Declaration of preparer other than since its	pased on all information of which	preparer has any knowledge				
	Sport of Will	and					
Sign	Signature of Officer			Date 9 Spil 201	10		
Here	MORLEY J KILBOURN, TREA	SURER		7 April 201	<u> </u>		
<del></del>	Print/Type preparer's name	Prenarer's rignature	Date	Check I if	PTIN		
Paid	JOHN D DAVIS	John 1012	04-09-2	CHECK LJ "	00368	850	
Preparer	<del></del>	ACCOUNTING		Firm's EIN ▶			
Use Only	Firm's address ▶ 4543 WESCONNETT						
	Jacksonville FL	<del></del>		Phone no 904-77			
	discuss this return with the preparer shown	above? See Instructions	<u> </u>	<u></u>	Yes	_=	No
EEA					Form 99	90-EZ	(2012