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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.

OMB No 1545-1150 2013

Open to Public Inspection

Department of the Treasury

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

men	nai neven	ue Service	Information about the mondations to at	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
A I	For the	2013 calenda	r year, or tax year beginning , 2013, and	ending		, 20		
В	Check if ap	of applicable C Name of organization			oloyer ide	ntification number		
	Address ch	ress change VIETNAM VETS MC, USA LEGACY VETS MC			27-1383016			
	Name char	me change Number and street (or P O box, if mail is not delivered to street address) Room/suite			phone nu	mber		
	nitial retur	n						
□ 7	Terminated	i i	502 BOATING CLUB ROAD					
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	F Grou	F Group Exemption			
	Application	pending	Saint Augustine, FL 32084-1544		nber ▶			
G	Accoun	nting Method		H Check ▶	☐ ıf t	he organization is not		
1	Websit	te: ►		-		Schedule B		
J 1	Гах-ехе	mpt status (c	heck only one) - ☐ 501(c)(3) 🛛 501(c)(19) ◀ (insert no) ☐ 4947(a)(1) or	- _ '		Z, or 990-PF)		
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other			<u> </u>		
		_	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if total assets				
				· · · · · · · · · · · · · · · · · · ·	▶\$	8,562		
	art I		e, Expenses, and Changes in Net Assets or Fund Balance					
<u>(</u>	1		gifts, grants, and similar amounts received		1 1	<u> </u>		
Ö	2				· — —			
	3		dues and assessments		. 3	8,562		
	4	Investment in	·		. 4			
	5a		nt from sale of assets other than inventory					
<u></u>	b		other basis and sales expenses		-			
SCANNED MAY	c) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c			
\leq	6							
==		Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than						
(& ≥								
(E)	ь	\$15,000)						
Reverue?		from fundrais						
			gross income and contributions exceeds \$15,000) 6b					
	c	Less direct e						
	1	Net income of	 1					
	_	line 6c)		. 6d				
	7a	Gross sales	of inventory, less returns and allowances					
	,	Less cost of	∄ 1					
	1	Gross profit of	. 7c					
	8	Other revenu	. 8	··				
	9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	(C) (D)	9	8,562		
	10		imilar amounts paid (list in Schedule O) to or for members	EIA JOH	. 10			
	11	Benefits paid	11	7,548				
	12	Salaries, other	12					
Ses	13	Professional	. 13					
Expenses	14	Occupancy,	. 14					
찣	15	Printing, publ	. 15					
	16	Other expens	. 16	170				
	17	Total expens	17	7,718				
	18	Excess or (d	. 18	844				
ets	19							
ASS			fund balances at beginning of year (from line 27, column (A)) (must agree w gure reported on prior year's return)		. 19	1,371		
Net Assets	20	=	es in net assets or fund balances (explain in Schedule O)		. 20	.,,,,		
Z	21		fund balances at end of year Combine lines 18 through 20		21	2,215		
For	<u> </u>		on Act Notice, see the separate instructions.			Form 990-EZ (2013)		
EEA			., and department members			(2010)		

Form 990-EZ (2013) VIETNAM VETS MC, USA LEG	ACY VETS MC			27-1	383	016 Page 2
Part II Balance Sheets (see the instructions for Part II)				•		<u></u>
*Check if the organization used Schedule O to respond to	any question in this Pa	art II	· · · · ·	<u> </u>		<u></u>
•			(A) Beg	inning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments				1,371	22	2,215
23 Land and buildings				0_	23	0
24 Other assets (describe in Schedule O)				0	24	0
25 Total assets				1,371	25	2,215
26 Total liabilities (describe in Schedule O)				0_	26	0
27 Net assets or fund balances (line 27 of column (B) must agree v	vith line 21)			1,371	27	2,215
Part III Statement of Program Service Accompli	shments (see the in	structions for	Part III)	_		Expenses
Check if the organization used Schedule O to respond to	o any question in this F	Part III		<u> </u>	(Red	quired for section
What is the organization's primary exempt purpose? SUPPORT VE	TERANS				501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	h of its three largest or	ogram service	25		orga	nizations and section
as measured by expenses In a clear and concise manner, describe th			,		4947	7(a)(1) trusts; optional
persons benefited, and other relevant information for each program title					for o	thers)
28 SUPPORTED SEVERAL VETERANS						
(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🗍	28a	7,548
29					ļ	•
(Grants \$) If this amount inc	cludes foreign grants, c	check here		▶ 📋	29a	
30						
	·					
(Grants \$) If this amount inc	cludes foreign grants, c	heck here		, ▶ 🔲	30a	
31 Other program services (describe in Schedule O)						
(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	31a	
32 Total program service expenses (add lines 28a through 31a)					32	7,548
Part IV List of Officers, Directors, Trustees, and Key Employ	7		ensated	(see the instruct	tions t	for Part IV)
Check if the organization used Schedule O to respond to	o any question in this F	Part IV .				<i>.</i>
	(b) Average	(c) Reporta		(d) Health benefits	' I	(e) Estimated amount of
(a) Name and title	hours per week	(Form W-2/1099		contributions to empl benefit plans, and		other compensation
	devoted to position	(if not paid, e	nter -0-)	deferred compensa	tion	
MORLEY J KILBOURN						
TREASURER	168	ļ <u></u>	0		0	0
BARRY MINNICH	_		_		_	_
RM	0	<u> </u>	0		_0	0
CHRISTOPHER J LACY	_		_			_
SECRETARY	5		0		0	0
DAVID L KEUL			_			•
PRESIDENT	5		0		- 0	0
RALPH E PRICHARD	_					
RM	0		0	-	0	0
GARY L DRYER			_			_
VICE PRESIDENT	10		0		0	0
		 		<u> </u>	-+	
	<u> </u>	 			\dashv	
		-				_
		 				
	}					
·					-	
	<u> </u>	L		<u> </u>		
EEA						Form 990-EZ (2013)

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>. O</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			l
	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			1,72
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250	•	\ _V
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	-	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	330		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		Х
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	330		Λ.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		Х
27 .	during the year? If "Yes," complete applicable parts of Schedule N	- 55		
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	10.0		
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1	†	
	Initiation fees and capital contributions included on line 9		ŧ	
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1	-	
	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
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,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	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 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		<u>X</u>
	If "Yes," enter the name of the foreign country	Į		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	į	1	
	and Financial Accounts.	40.	1	37
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c_		<u>X</u>
40	If "Yes," enter the name of the foreign country		_	Г
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here	i		L
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	<u> </u>	Yes	No
44 -	. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
44 a	completed instead of Form 990-EZ	44a	Ţ :	Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		ļ	- -
J	completed instead of Form 990-EZ	44b	Ī	Х
_	Did the organization receive any payments for indoor tanning services during the year?	44c	† –	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
u	explanation in Schedule O	44d	[[
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	i i	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		‡' ′	<u> </u>
	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		Х

Form 9	90-EZ (2013)	VIETNAM VETS MO	C,USA LEGACY VETS	MC		27-1383016	į į	⊃age	
							Yes	No	
46	_	engage, directly or indirectly,		ties on behalf of or in opp	osition		1		
		blic office? If "Yes," complete			<u> </u>	46	<u> </u>	X	
Par		01(c)(3) organizations							
		501(c)(3) organization:	s must answer questi	ions 47-49b and 52,	and complete	e the tables for	lines		
	50 and 51							•	
	Check if the	ne organization used So	chedule O to respond	to any question in t	this Part VI			<u>. Z</u>	
							Yes	N	
47	Did the organization	engage in lobbying activities	or have a section 501(h) ele	ection in effect during the	tax				
	year? If "Yes," comp	olete Schedule C, Part II .				47		X	
48	Is the organization a	school as described in section	n 170(b)(1)(A)(ıı)? If "Yes,"	complete Schedule E		48		X	
49a	Did the organization	make any transfers to an exe	mpt non-charitable related	organization?		49	3	X	
b	If "Yes," was the rela	ated organization a section 52	7 organization?			49	o		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, truste			rectors, trustees a	and key				
	employees) who ead	ch received more than \$100,00	00 of compensation from th	e organization. If there is	s none, enter "No	ne."			
		•	(b) Average (c) Reportable (d) Health be						
	(a) Name and	title of each employee	hours per week	compensation	contributions to em benefit plans, and de				
	NONE		devoted to position	(Forms W-2/1099-MISC)	compensatio		опрепза	uon	
									
							•		
	_								
f	Total number of other	er employees paid over \$100,0	▶						
51	Complete this table t	for the organization's five high	est compensated independ	lent contractors who each	n received more t	han			
	\$100,000 of compen	sation from the organization	If there is none, enter "Nor	ne "					
	(a) Name and busing	ness address of each independent con	tractor	(b) Type of service	e	(c) Compensat	ion		
	·····	. <u></u>							
	NONE								
					1				
		•							
	-								
								, <u>.</u>	
						_			
				<u> </u>					
d	Total number of other	er independent contractors eac	ch receiving over \$100,000	▶					
2	Did the organization	complete Schedule A? Note:	All section 501(c)(3) organ	izations and 4947(a)(1)					
	nonexempt charitable	e trusts must attach a comple	ted Schedule A	 <u> </u>		▶ 🔲 Ye	s 🛚	No	
Inder	penalties of perjury, I declar	re that I have examined this return, incl	dding)accompanying schedules ar	nd statements, and to the best of	my knowledge and be	elief, it is			
ue, co	orrect and complete Decla	ration of proparer (other than office	based on all information of which	preparer has any knowledge					
	1	John John 16 Apr							
Sigr	· • / ·	of officer			Date				
ter			ASURER						
		hyname and trile	-A						
	Print/Type pre	parer's name	Preparer's signature	Date	Check	_			
aid	JOHN D I		De Q. Cl	04-14-20	14 self-em	ployed P00368	850		
Preparer Firm's name ► C & C TAX AND ACCOUNTING Firm's EIN ►									
Use Only Firm's address ► 4543 WESCONNETT BLVD									
		Jacksonville FI	32210	· · · · · · · · · · · · · · · · · · ·	Phone no	904-771-026			
May 1	the IRS discuss this r	eturn with the preparer shown	above? See instructions	<u></u>		▶ 🗍 Ye	s 🗓	No	
ay 1	ine ino discuss this r	eturi with the preparer snown	above see instructions				S A		

27-1383016

◆ SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► 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

2013

Open to Public Inspection

Employer identification number

VIETNAM VETS MC, USA LEGACY VETS MC	27-1383016
01. Description of other expenses (Part I, line 16)	
Description Amount	
RENEWAL FEES 170	·
•	-
•	
	•
	3.