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Department of the Treasury Internal Revenue Service

SCANNED DEC 1 0 2014

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

A	Fort	the 2013 calendar year, or tax year beginning , 2013, and ending			,
뿌	Check	of applicable. C	D Em	ployer	identification number
┢	₹	change VIETNAM VETS LEGACY VETS MOTORCYCLE	3	8-39	15466
X	Initial	CTIE CHAPTED D OF WYOMTHO			number
-	Termi	PO BOX 1423	30	07-2	259-2483
F	1	CASPER, WY 82602-1423			
	Applic	ation pending	Nu	oup ⊏ mber.	xemption ►
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Chec	k ► X	ıf the	organization is not
1	Web	site: N/A requi	red to a	attach	Schedule B (Form
J	Tax-e	xempt status (check only one) — ☐ 501(c)(3) 🛛 501(c)(19) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 990,	990-EZ	, or 9	90-PF).
K		of organization: X Corporation Trust 1 Association Other			
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, of ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	r ıf total	 ►\$	133,385.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	ons 1	
		Check if the organization used Schedule O to respond to any question in this Part ! .			X
	1	Contributions, gifts, grants, and similar amounts received		1	133,365.
	2	Program service revenue including government fees and contracts	[2	
	3	Membership dues and assessments		3	
	4	Investment income		4	20.
	5 a	Gross amount from sale of assets other than inventory	ŀ		20.
	1	Less: cost or other basis and sales expenses		B 1	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	Gaming and fundraising events	• • • •	43	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000).	ľ	144.	
Ā	1	Gross income from fundraising events (not including \$ of contributions		7	
REVENUE	"	from fundraising events reported on line 1) (attach Schedule G if the sum		2 cc 2 - 1	
Ē		of such gross income and contributions exceeds \$15,000) 6b		Tare of the state	
	C	: Less direct expenses from gaming and fundraising events 6c		47.4	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	
	7 a	Gross sales of inventory, less returns and allowances		~	
	ь	Less cost of goods sold			
	c	: Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
	8	Other revenue (describe in Schedule O)	٦Ų [8	
	9	Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	3/-	9	133,385.
	10	Grants and similar amounts paid (list in Schedule O)	2.	10	-
	11	Benefits paid to or for members	'#	11	
E	12	Salaries, other compensation, and employee benefits	1.[12	
	13	Professional fees and other payments to independent contractors	≕ . [13	
PENSES	14	Occupancy, rent, utilities, and maintenance		14	
Ē	15	Printing, publications, postage, and shipping		15	884.
3	16	Other expenses (describe in Schedule O) See Schedule O		16	152,889.
	17	Total expenses. Add lines 10 through 16		17	153,773.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-20,388.
ASSET S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-column (B))	of-year -		
ΕĘ	1	figure reported on prior year's return)	· ·	19	0.
s		Other changes in net assets or fund balances (explain in Schedule O). See Schedule O.	_ ⊢	20	79,042.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	58,654.

Form **990-EZ** (2013)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

23 Land and buildings		1 990-EZ, (2013) VIETNAM VETS LE		LE	38	3-39:	15466 Page 2
22 Cash, savings, and investments	Pai	Balance Sheets (see the inst	ructions for Part II)	action in this Part II			
22		Check if the organization used Sche	edule O to respond to any qu	estion in this Part i		ear l	(B) End of year
23 24 Other assets (describe in Schedule O) 24 24 56 51 51 51 52 58 554 52 57 51 51 51 51 51 51 51	22				, , = -3		
25 Total lassets 0. 25 58, 654, 26 Total lassets or fund balances (line 27 of column (2)) must agree with line 21) 0. 22 5.8, 654, 27 Net assets or fund balances (line 27 of column (2)) must agree with line 21) 0. 22 5.8, 654, 28							
27 Net assets of fund balances (ine 22 of column (8) must agree with line 21). 28 Care of the organization used Schedule O to respond to any question in this Part III of Column (8) must agree with line 21). 30 Care of the organization used Schedule O to respond to any question in this Part III of Column (8) must agree with line 21). 31 Care of the organization's program service accomplishments for the services provided, the number of persons benefited, and other relevant information for each program title. 32 Care of the companization's program service accomplishments for each program title. 33 Care of the companization's program services accomplishments for each program title. 34 Care of the companization's program services for each program title. 35 Jif this amount includes foreign grants, check here. 36 Care of the companization includes foreign grants, check here. 37 Total program services (describe in Schedule O). 38 Total program services (describe in Schedule O). 39 Check the organization used Schedule O to respond to any question in the Part IV. 30 Check the organization used Schedule O to respond to any question in the Part IV. 30 Check the organization used Schedule O to respond to any question in the Part IV. 30 Check the organization used Schedule O to respond to any question in the Part IV. 31 Chief program services (describe in Schedule O). 32 Care of the organization used Schedule O to respond to any question in the Part IV. 33 Care of the organization used Schedule O to respond to any question in the Part IV. 34 Care of the organization of the part of th		-					
27 Net assets or fund balances (line 27 of column (8) must agree with line 21).			•• • •			_	
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 X (C)S) and SIGN (C)S (C)S (C)S (C)S (C)S (C)S (C)S (C)S							
Check if the organization used Schedule O to respond to any question in this Part III (Required for section 50) and 50 (c), do). <u>27</u>	
resective the organizations and section researched the organization and section researched the organization and section researched the organization services, as researched the services provided, the number of persons of the organization and section benefited, and other relevant information for each program title. 28 (Grants \$		Check if the organization used Sci	hedule O to respond to any o				juired for section 501
Continue	What	is the organization's primary exempt purpose? See	Schedule O				
Continue	Desc	cribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of a manner, describe the service	its three largest pro ces provided, the ni	gram services, as imber of persons		
(Grants \$) If this amount includes foreign grants, check here		fited, and other relevant information for e	each program title.	·	· · · · · · · · · · · · · · · · · · ·	101 0	1
Grants \$) If this amount includes foreign grants, check here. 29a Grants \$ 1 this amount includes foreign grants, check here. 30a	28					-	
Grants \$) If this amount includes foreign grants, check here. 29a Grants \$ 1 this amount includes foreign grants, check here. 30a						-	
Grants \$) If this amount includes foreign grants, check here. 29a Grants \$ 1 this amount includes foreign grants, check here. 30a		(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	į ,
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Grants \$	30	(Grants \$) if th	is amount includes foreign g	rants, cneck nere.		29 a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here. 31 Total program service expenses (add lines 28a through 31a) 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) Avarage hours per week devided to position (c) Reportable compensation conflictations to employee benefit plans, and deferred compensation of the compensat	30					-	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here. 31 Total program service expenses (add lines 28a through 31a) 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) Avarage hours per week devided to position (c) Reportable compensation conflictations to employee benefit plans, and deferred compensation of the compensat						i	
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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 wind devoted to respond to any question in this Part IV (c) Reportable compensation (c) ROBERT L. BRYSON Director 5 0. 0. 0. 0. 0. 0. HAROLD D. LEWALLEN Director 5 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				rants, check here.			
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 pesition (c) Reportable compensation (d) Health benefits, combibutions to employe element plane, and deferred other compensation (d) Health benefits, commendation (d) Health benefits, commendation (d) Health benefits, commendation (d) Health benefits, commendation (e) Estimated amount of other compensation (firm w 2/19/8) which paid, enter -0.) (e) Reportable compensation (firm w 2/19/8) which paid, enter -0.) (firm w 2/19/8) which paid (firm w 2/19/8) whi					····		
(c) Name and Title (b) Average hours per week devoted to pacition (compensation (compensation) (Pai					see the	Instructions for Part IV)
ROBERT L. BRYSON Director Solvential Director		Order if the organization used ou		Ì	(4) 1111	its,	
ROBERT L. BRYSON Director 5		(a) Name and Title	week devoted to position	(Forms W-2/1099-MIS) (If not paid, enter -0-	(' benefit plans, and de	ferred	
Director	ROF	RERT I. BRYSON	·		compensation		
HAROLD D. LEWALLEN			5		0.	0.	0.
GARY L VERMEULEN Director 5 0. 0. 0.							
Director 5 0. 0. 0. 0			5		0.	0.	0.
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Page 3

33	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	. X
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
• •	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		Х
35 8	a 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)?	35 a		.,
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q	35 b		X
		33.0	 	-
	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	35 c		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	20		,,
37:	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		X
	b Did the organization file Form 1120-POL for this year?	· 37 b	<u> FEFFE</u>	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	31.14.3	15777	<u>;</u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
	a Initiation fees and capital contributions included on line 9			7
•	b Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A			37.5
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A			뾃
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	報はは	是	·
	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	40 b		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			ar.c
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			置了
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	F. 27		
				路,
`	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	40 e		X
41	List the states with which a copy of this return is filed None			
42 8	a The organization's books are in care of ► GARY VERMEIILEN Telephone no ► 307-2	59-2	483	
42 8	books are in care of SARY VERMEULEN Telephone no. S 307-2		483	
	books are in care of SARY VERMEULEN Located at S1261 KINGSBURY DRIVE CASPER WY ZIP + 4 S2609 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		483 Yes	 No
	books are in care of SARY VERMEULEN Located at S1261 KINGSBURY DRIVE CASPER WY ZIP + 4 S2609 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)?			No X
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i	books are in care of GARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 82609 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.	42 b		X
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ı	books are in care of SARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 No 82609 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 filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	X X
43	books are in care of GARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 82609 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 filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 DId the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42 b 42 c	Yes	X X N/A No
43	books are in care of CARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 82605 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	X X N/A N/A No
43	books are in care of CARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 82605 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	X N/A NO X
43 44a	books are in care of CARY VERMEULEN Located at 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 82605 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	X X N/A N/A No
43	books are in care of F GARY VERMEULEN Located at F 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 R 82605 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 42 c	Yes	X X N/A N/A No X X
43 44 8	books are in care of F GARY VERMEULEN Located at F 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 R 2609 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O	42 b 42 c 42 c	Yes	X N/A N/A No X X X
43 44 44 45 45 45 45 45 45 45 45 45 45 45	books are in care of	42 b 42 c 42 c 44 a 44 b 44 d 45 a	Yes	X X N/A N/A No X X
43 44 44 45 45 45 45 45 45 45 45 45 45 45	books are in care of F GARY VERMEULEN Located at F 1261 KINGSBURY DRIVE CASPER WY ZIP + 4 F 82603 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 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 Bold the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Do Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed and transaction within the meaning of section 512(b)(13)?	42 b 42 c 42 c 44 a 44 b 44 d 45 a	Yes	X N/A N/A NO X X X X
43 443 453	books are in care of	42 b 42 c 42 c 44 a 44 b 44 d 45 a	Yes	X N/A N/A NO X X X X

Form	990-E	Z (2013) VIETNAM VETS LEGACY	Y VETS MOTORCYC	LE	38-391	.5466	P	Page 4
46	⊬ Did th candi	ne organization engage, directly or indired dates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I…	gn activities on behalf o	of or in opposition to	46	Yes	No X
Par	t VI			<u> </u>			·	1 21
		All section 501(c)(3) organization for lines 50 and 51.	ons must answer qu	uestions 47-49b and	d 52, and complete	the table	es	
		Check if the organization used Schedul	e O to respond to any	question in this Part VI	٠		_	
47	Did th	e organization engage in lobbying activities lete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No
48	•	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes.' complete Sche	dule E	. 48		\vdash
		ne organization make any transfers to an		· · · · · · · · · · · · · · · · · · ·		49 a	-	
		s,' was the related organization a section	_			49b		
50		lete this table for the organization's five high yees) who each received more than \$100,00				ey		
4		(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) Estimate other com		
						·		
	Comp	number of other employees paid over \$1 lete this table for the organization's five high ensation from the organization. If there is	nest compensated indepe	endent contractors who ea	ach received more than \$	100,000 of		
		(a) Name and business address of each independent co		(b) Type (of service	(c) Comp	ensatioi	n
						, , ,		
	-							
	Did th	number of other independent contractors ne organization complete Schedule A? No	ote. All section 501(c)(3	•				
		able trusts must attach a completed Sch s of perjury, I declare that I have examined this return,		lules and statements, and to the	a hact of my knowledge and but	► ∐ Yes	L	No
true, co	perialite prrect, a	nd complete Deplaration of preparer (other than office	r) is based on all information of	f which preparer has any knowl	edge	iei, it is		
Sign Here		Signature of officer MArold D, Len	vallen		Date /	7		
		Type or print name and title	Brandors dianatura	Insta	T	FIN		
Paid		Print/Type preparer's name CORDELL FONNESBECK, CPA	Preparer's signature CORDELL FONNESBEC	CPA 11/12/	Check Lif	ПN 01055873_		
Prepa		Furm's name ► Cordell Fonnesbeck,					_	
Use (עוחע	Firm's address > 123 West First Stre	et, Suite 620			83-029500		
May t	he IR	Casper, WY 82601 S discuss this return with the preparer sh	nown above? See instri	ıctıons	Trione in (30)	<u>266-294 </u> X Yes		No
			doorer dec matre			Form 990		

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2013

Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization VIETNAM VETS LEGACY VETS MOTORCYCLE CLUB CHAPTER D OF WYOMING

Employer identification number 38-3915466

	Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
	TO RAISE FUNDS FOR OTHER CHARITABLE ORGANIZATIONS THROUGH FUND RAISING EFFORTS	 AND
	PROVIDE ASSISTANCE TO OTHERS IN NEED THROUGH GRANTS, SCHOLARSHIPS AND MEMORIALS	
	Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts	
	(a) Did the organization, during the year, receive any funds, directly or	
- -	indirectly, to pay premiums on a personal benefit contract?	-
	(b) Did the organization, during the year, pay premiums, directly or	
	indirectly, on a personal benefit contract?	 No
		-
	··· - · · - · · · · · · · · · · · · · ·	_

2 013 Client 2000	Schedule O - Supplemental Information VIETNAM VETS LEGACY VETS MOTORCYCLE CLUB CHAPTER D OF WYOMING	Page 2
11/12/14	CLUB CHAPTER D OF W TOWING	09:24AN
Form 990-EZ, Part I, Lir Other Expenses	ne 16	03.2-17 ut
BANK FEESBANQUET COSTS BOARD MEETINGS COST OF MOTORCYCLE. DONATIONS TO OTHER DOOR PRIZES MEMORIALS. Office Expenses. OTHER POSTAGE RUN TO THE WALL EX SAFE DEPOSIT BOX R SCHOLARSHIPS GRANT.	\$ CHARITIES. PENSES. ENTAL ED Total \$	1,285. 1,135. 13,328. 1,322. 69,680. 14,185. 9,343. 4,399. 758. 385. 190. 7,795. 40. 2,576. 2,201. 6,557. 152,889.
_	Assets Or Fund Balances PON INCORPORATION	79,042.
	Total \$	79,042.

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