

**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)

**A** For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

- B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**National Order of Trench Rats**  
**C/O Paul Bailey**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**324 Rutter Avenue**

City or town, state or country, and ZIP + 4  
**KINGSTON PA 18704**

**D** Employer identification number  
**65-0003196**

**E** Telephone number  
**570-714-2554**

**F** Accounting method  Cash  
 Accrual  Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: www.notrhg.com

**J** Organization type (check only one)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

- H** and are not applicable to section 527 organizations: **I**
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates **▶**
- H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **▶**

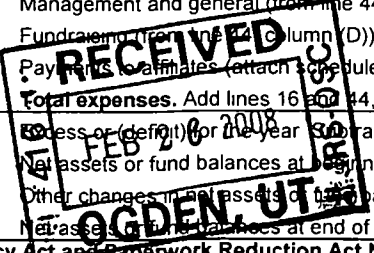
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** 116,499

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<u>17,847</u>		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <u>17,847</u> noncash \$ _____ )	<b>1e</b>			<u>17,847</u>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>	<u>See Statement</u>		<u>44,203</u>
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			<u>21,133</u>
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe <b>▶</b> _____ )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<u>22,888</u>		
<b>b</b>	Less cost of goods sold	<b>10b</b>	<u>9,741</u>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	<u>See Stmt</u>		<u>13,147</u>
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			<u>10,428</u>
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<u>106,758</u>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>			<u>102,566</u>
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>			
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 14, column (A)	<b>17</b>			<u>102,566</u>
<b>18</b>	Excess or deficit for the year. Subtract line 17 from line 12	<b>18</b>			<u>4,192</u>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<u>556,124</u>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<u>560,316</u>

SCANNED Revenue 0 2008



**Part II. Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) <b>Stmt 3</b> (cash \$ <b>11,108</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	<b>11,108</b>	<b>11,108</b>	
<b>23</b> Specific assistance to individuals (attach schedule) <b>Stmt 4</b>	<b>23</b>	<b>300</b>	<b>300</b>	
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	<b>9,381</b>	<b>9,381</b>	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b>	<b>1,850</b>	<b>1,850</b>	
<b>35</b> Postage and shipping	<b>35</b>	<b>2,064</b>	<b>2,064</b>	
<b>36</b> Occupancy	<b>36</b>	<b>35,333</b>	<b>35,333</b>	
<b>37</b> Equipment rental and maintenance	<b>37</b>	<b>352</b>	<b>352</b>	
<b>38</b> Printing and publications	<b>38</b>	<b>94</b>	<b>94</b>	
<b>39</b> Travel	<b>39</b>	<b>15,355</b>	<b>15,355</b>	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	<b>15,332</b>	<b>15,332</b>	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	<b>885</b>	<b>885</b>	
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <b>See Statement 5</b>	<b>43a</b>	<b>10,512</b>	<b>10,512</b>	
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>102,566</b>	<b>102,566</b>	<b>0</b>

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III. Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **PROMOTE PATRIOTISM AND FELLOWSHIP**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a DISABLED AMERICAN VETERANS**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**91,458**

**b PROMOTE MEMBERSHIP AND ACTIVITY IN THE D.A.V. THE N.O.T.R. IS AN HONOR SOCIETY WITH MEMBERSHIP LIMITED TO THOSE WHO SHOW THEIR DEVOTION MERITORIOUS SERVICE TO THE D.A.V. AND THE WELFARE OF THE DISABLED VETERAN, HIS WIDOW AND HIS ORPHANS.**

(Grants and allocations \$ **11,108** ) If this amount includes foreign grants, check here ▶

**11,108**

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

**102,566**

**Part IV. Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45	Cash-non-interest-bearing	108,482	45	85,304
	46	Savings and temporary cash investments	67,360	46	337,422
	47a	Accounts receivable	4,315		
	b	Less allowance for doubtful accounts		4,218	4,315
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts			
	49	Grants receivable			
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			
	51a	Other notes and loans receivable (attach schedule) <b>See Worksheet</b>			
	b	Less allowance for doubtful accounts		244,525	
	52	Inventories for sale or use			
	53	Prepaid expenses and deferred charges			
	54a	Investments—publicly-traded securities <b>See Statement 6</b>		129,067	130,459
	b	Investments—other securities (attach schedule)			
	55a	Investments—land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)			
	56	Investments—other (attach schedule)			
	57a	Land, buildings, and equipment basis	11,362		
b	Less accumulated depreciation (attach schedule) <b>See Statement 7</b>	8,484	2,672	2,878	
58	Other assets, including program-related investments (describe )				
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		556,324	560,378	
<b>Liabilities</b>	60	Accounts payable and accrued expenses			
	61	Grants payable			
	62	Deferred revenue			
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			
	64a	Tax-exempt bond liabilities (attach schedule)			
	b	Mortgages and other notes payable (attach schedule)			
	65	Other liabilities (describe <b>See Statement 8</b> )		200	62
66	<b>Total liabilities.</b> Add lines 60 through 65		200	62	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	-270,945	67	-282,728
	68	Temporarily restricted		68	
	69	Permanently restricted	827,069	69	843,044
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		556,124	560,316
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		556,324	560,378

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions )**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	106,758
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	106,758
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	106,758

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	102,566
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	102,566
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	102,566

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Albert M Sorrentino	GoldenRodent 0	0	0	0
Floyd W Buell	SilverRodent 0	0	0	0
Gerald Ogle	BlackPlague 0	0	0	0
Paul C Bailey	RedEyedGnawl 0	0	0	0
Rev Franklin Brown	Hole-yRodent 0	0	0	0
Robert J Auchu	TurquoiseRod 0	0	0	0
Terrance J Flick	BlueRodent 0	0	0	0
Vernon W Christian	BubonicPlagu 0	0	0	0
Vincent P Reed Jr	BenchRat 0	0	0	0
Wilbur L. Trahan	IronClaw 0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total officers), 75b (relationships), 75c (compensation), and 75d (conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions )

Table with 3 columns: Question, Yes, No. Rows include 76 (change in activities), 77 (governing documents), 78a/b (unrelated business income), 79 (liquidation), 80a/b (related organization), 81a (political expenditures), and 81b (Form 1120-POL).

Part VI Other Information (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	<b>83b</b> N/A		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b> N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		<input checked="" type="checkbox"/>
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b> 0		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b> 0		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b> 0		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b> 0		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>85g</b> N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>85h</b> N/A		
<b>86</b>	501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<input checked="" type="checkbox"/>
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<input type="checkbox"/> 0		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	<input type="checkbox"/> 0		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	<b>89e</b>		
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
	<b>89f</b>		
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
	<b>89g</b>		
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>	0
<b>91a</b>	The books are in care of <input type="checkbox"/> <b>Paul Bailey</b> <b>324 Rutter Avenue</b> Located at <input type="checkbox"/> <b>Kingston, PA</b>	Telephone no <input type="checkbox"/> <b>570-287-1175</b>  ZIP + 4 <input type="checkbox"/> <b>18704</b>	
<b>b</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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		<b>91b</b>	<input checked="" type="checkbox"/>

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings, Dividends, Net rental income, and Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly,

(b) Did the organization, during the year, pay premiums, directly or indirectly,

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer ID Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer ID Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Declaration section with signature lines for officer and preparer, and fields for date, SSN, PTIN, firm name, address, and phone number.

**Other Notes and Loans Receivable**

Forms  
**990 / 990-PF**

**2006**

For calendar year 2006, or tax year beginning **7/01/06**, and ending **6/30/07**

Name <b>National Order of Trench Rats C/O Paul Bailey</b>	Employer Identification Number <b>65-0003196</b>
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**Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>Note Receivable (Note B)</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>244,525</b>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>244,525</b>		

**Federal Statements****Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 14,430
Other Income - Dugout Fees	29,773
Total	<u>\$ 44,203</u>

**Statement 2 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
SALE OF REGALIA	\$ 22,888	\$ 9,741	\$ 13,147
Total	<u>\$ 22,888</u>	<u>\$ 9,741</u>	<u>\$ 13,147</u>

## Federal Statements

### Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address		Relationship to Org	Class of Activity				
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Payments to Dugouts			\$ 8,508	\$	\$		
Payment to D.A. V.			<u>2,600</u>				
Total			<u>\$ 11,108</u>	<u>\$ 0</u>	<u>\$ 0</u>		

## Federal Statements

### Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
Contributions	\$ 300
Total	\$ 300

### Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Bank Service Charges	2,117	2,117		
Equipment Rental	1,517	1,517		
Office Expenses	5,408	5,408		
Office Supplies	714	714		
Web Site Expenses	756	756		
Total	\$ 10,512	\$ 10,512	\$ 0	\$ 0

**Federal Statements****Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government Corporate Stock	\$	\$	
Mutual Funds - Banc of America - Van Securities - Banc of America	129,067	130,459	Market
Corporate Bonds			
Total	<u>\$ 129,067</u>	<u>\$ 130,459</u>	

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Equipment	\$ 10,271	\$	\$ 11,362	\$
Less: Accumulated Depreciation		7,599		8,484
Total	<u>\$ 10,271</u>	<u>\$ 7,599</u>	<u>\$ 11,362</u>	<u>\$ 8,484</u>

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accrued American Express	\$ 200	\$ 20
Accrued Capital One		42
Total	<u>\$ 200</u>	<u>\$ 62</u>