

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 black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL ORDER OF TRENCH RATS INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1068 <hr/> City or town, state or country, and ZIP + 4 KINGSTON, PA 187044618	D Employer identification number 65-0003196 <hr/> E Telephone number (570) 287-1155 <hr/> F Group Exemption Number
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▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: WWW.NOTRHQ.COM

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

J Tax-Exempt status (check only one) — 501(c)(4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 82,065

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	43,139
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	13,517
	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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	19,545	
b Less cost of goods sold	7b	13,126	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,419	
8 Other revenue (describe ▶)	8	5,864	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,939	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	10,200
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	22,851
	13 Professional fees and other payments to independent contractors	13	6,071
	14 Occupancy, rent, utilities, and maintenance	14	5,573
	15 Printing, publications, postage, and shipping	15	7,456
	16 Other expenses (describe ▶)	16	57,904
	17 Total expenses. Add lines 10 through 16	17	110,055
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,116
	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	504,304
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	463,188

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		490,284	22	452,412
23 Land and buildings			23	
24 Other assets (describe ▶)		16,254	24	20,419
25 Total assets		506,538	25	472,831
26 Total liabilities (describe ▶)		2,234	26	9,643
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		504,304	27	463,188

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE DEVOTION AND MERITORIOUS SERVICE TO THE DAV AND THE WELFARE OF THE DISABLED VETERANS, WIDOWS AND ORPHANS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28 THE TRENCH RATS CONTRIBUTE AND SUPPORT THE SERVICE OFFICERS PROGRAM OF THE DAV THE NOTR ALSO CONTRIBUTE TO THE DISABLED AMERICAN VETERANS SERVICE FOUNDATION WHICH ASSIST THE LEGISLATIVE PROGRAMS OF THE DAV AND TO THE MEMORIAL HONOR ROLL OF BENEFICIARIES OF THE PERPETUAL REHABILITATION FUND (Grants \$ 10,200)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	10,200
29 THE NATIONAL TRENCH RATS AND PROJECTS ADOPTED BY THE DUGOUTS IN THEIR LOCAL COMMUNITIES HAVE HELPED PUBLICIZE AND ENHANCE THE NAME AND PRESTIGE OF THE ORGANIZATION BY PROVIDING LOCAL SUPPORT TO DISABLED VETERANS, WIDOWS, AND ORPHANS (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	99,855
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	110,055

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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 period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>NATIONAL ORDER OF TRENCH RATS</u> Telephone no ▶ <u>(570) 714-2554</u> PO 1068 Located at ▶ <u>KINGSTON, PA</u> ZIP + 4 ▶ <u>18704</u>		
42b	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.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein, and I believe that the return and any schedules or attachments are true, correct, and complete. Declaration of preparer (other than officer) if no officer signature is present.

Please Sign Here

Signature of officer

ALBERT SORRENTINO IMPERIAL RED -EYED GNAWER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature THOMAS P FLAVIN CPA Date 2010-10-20

Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS P FLAVIN & ASSOCIATES PA
 330 FIFTH AVENUE
 INDIALANTIC, FL 32903

May the IRS discuss this return with the preparer shown above? See instructions for details.

Additional Data**Software ID:****Software Version:****EIN:** 65-0003196**Name:** NATIONAL ORDER OF TRENCH RATS INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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	(E) Expense account and other allowances
TERRENCE J FLICK 4002 ST JAMES DRIVE KENNER, LA 70065	IMPERIAL ROD 0	0		
FLOYD BUELL 780 FOUNTAIN HILLS HENDERSON, NV 89002	IMPERIAL ROD 0	0		
ALBERT SORRENTINO 1054 BACON CIRCLE NE PALM BAY, FL 32905	IMPERIAL ROD 0	0		
JOEL DEVENISH 18029 BROOMALL AVENUE LAKE ELISNORE, CA 92530	IMPERIAL ROD 0	0		
BERNARD WALKOWIAK 55 SHADY DRIVE INDIANA, PA 15701	IMPERIAL ROD 0	0		
WILLIAM BRZEZINSKI 6224 ARMORY STREET NORTH LAS VEGAS, NV 890816564	IMPERIAL ROD 0	0		
LARRY POLZIN 13336 ALDERGROVE STREET SYLMAR, CA 91342	IMPERIAL ROD 0	0		
JIMMIE FOSTER PO BOX 581 VALLEJO, CA 94590	IMPERIAL ROD 0	0		
GEORGE ZOSCSAK 8915 EUGENE STREET GREENVILLE, MI 48838	IMPERIAL ROD 0	0		
OSWALD PEDERSON 2510 GRAND BLVD KANSAS CITY, MO 64108	IMPERIAL ROD 0	0		
VINCENT REED 6 ELMWOOD ROAD LYNNFIELD, MA 01940	IMPERIAL ROD 0	0		
DOUGLAS JONES 324 RUTTER AVENUE KINGSTON, PA 18704	IMPERIAL ROD 0	0		
COLEMAN HEWETT 1448 MACGILICUDY DRIVE MACON, GA 31206	IMPERIAL ROD 0	0		
MICHAEL STOKES 700 STELLA LEBANON, MO 65536	IMPERIAL ROD 0	0		

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Lines 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Lines 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Lines 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Lines 17-18.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Lines 19a-i.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method. Lines 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Lines 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover written policies, personal use, and qualified demonstration use.

Part VI Amortization

Table for Section C with columns (a)-(f). Rows 42-44 cover amortization of costs for 2009 and before 2009.

TY 2009 Compensation Explanation

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Person Name	Explanation
TERRENCE J FLICK	
FLOYD BUELL	
ALBERT SORRENTINO	
JOEL DEVENISH	
BERNARD WALKOWIAK	
WILLIAM BRZEZINSKI	
LARRY POLZIN	
JIMMIE FOSTER	
GEORGE ZOSCSAK	
OSWALD PEDERSON	
VINCENT REED	
DOUGLAS JONES	
COLEMAN HEWETT	
MICHAEL STOKES	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Item No.	1
Class of Activity	
Donee's Name	DISABLED AMERICAN VETERANS DISABLED AMERICAN VETERANS
Donee's Address	3725 ALEXANDRIA PIKE 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE	14,696	17,298
FIXED ASSETS	11,362	3,164
LESS ACCUMULATED DEPRECIATION	9,804	334
DEPOSIT		291
	16,254	20,419

TY 2009 Other Expenses Schedule

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Description	Amount
EXPENSES	
OFFICE SUPPLIES	7,923
TRAVEL	18,892
RENDEZVOUS CONVENTION	15,646
IREG OTHER EXPENSES	2,657
INSURANCE	229
DUGOUTS	11,892
DUES AND SUBSCRIPTION	140
MISC OTHER EXPENSE	525

TY 2009 Other Liabilities Schedule**Name:** NATIONAL ORDER OF TRENCH RATS INC**EIN:** 65-0003196

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	184	2,218
ACCRUED PAYROLL TAXES	1,716	1,689
ACCRUED CREDIT CARD	334	5,736
	2,234	9,643

TY 2009 Other Revenues Schedule

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Description	Amount
RENDEZVOUS REGISTRATION	5,428
MISC OTHER INCOME	436