

Form 990-EZ

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: NATIONAL ORDER OF TRENCH RATS INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 1068. City or town, state or country, and ZIP + 4: KINGSTON, PA 187044618

D Employer identification number: 65-0003196. E Telephone number: (570) 287-1155. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: WWW.NOTRHO.COM

H Check [X] 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)(3) [X] 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$89,402

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) includes contributions, program service revenue, membership dues, investment income, gaming and fundraising events, and total revenue of 78,059. Expenses section (lines 10-17) includes grants, benefits, salaries, and other expenses, totaling 72,532. Net Assets section (lines 18-21) shows excess/deficit of 5,527 and ending net assets of 468,715.

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	452,412	22	443,898
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	20,419	24	27,575
25 Total assets	472,831	25	471,473
26 Total liabilities (describe in Schedule O)	9,643	26	2,758
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	463,188	27	468,715

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this 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 \$ 4,200) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,200
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	68,332
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	72,532

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 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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes **No**

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47	Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	b 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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on preparer's knowledge.















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: 2011-10-25
 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

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 FLICK  4002 ST JAMES DRIVE KENNER, LA 70065	IMPERIAL ROD 000 00	0		
FLOYD BUELL  780 FOUNTAIN HILLS HENDERSON, NV 89002	IMPERIAL ROD 000 00	0		
ALBERT SORRENTINO  1054 BACON CIRCLE NE PALM BAY, FL 32905	IMPERIAL ROD 000 00	0		
JOEL DEVENISH  18029 BROOMALL AVENUE LAKE ELISNORE, CA 92530	IMPERIAL ROD 000 00	0		
BERNARD WALKOWIAK  55 SHADY DRIVE INDIANA, PA 15701	IMPERIAL ROD 000 00	0		
WILLIAM BRZEZINSKI  6224 ARMORY STREET NORTH LAS VEGAS, NV 890816564	IMPERIAL ROD 000 00	0		
LARRY POLZIN  13336 ALDERGROVE STREET SYLMAR, CA 91342	IMPERIAL ROD 000 00	0		
JIMMIE FOSTER  PO BOX 581 VALLEJO, CA 94590	IMPERIAL ROD 000 00	0		
GEORGE ZOSCSAK  8915 EUGENE STREET GREENVILLE, MI 48838	IMPERIAL ROD 000 00	0		
OSWALD PEDERSON  2510 GRAND BLVD KANSAS CITY, MO 64108	IMPERIAL ROD 000 00	0		
VINCENT REED  6 ELMWOOD ROAD LYNNFIELD, MA 01940	IMPERIAL ROD 000 00	0		
DOUGLAS JONES  324 RUTTER AVENUE KINGSTON, PA 18704	IMPERIAL ROD 000 00	0		
COLEMAN HEWETT  1448 MACGILICUDY DRIVE MACON, GA 31206	IMPERIAL ROD 000 00	0		
VERNON CHRISTIAN  16605 HIGHLAND AVENUE APT 6Q JAMAICA, NY 11432	IMPERIAL ROD 000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NATIONAL ORDER OF TRENCH RATS INC

Employer identification number

65-0003196

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	RENDEZVOUS REGISTRATION 5,855 TOTAL 5,855

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 5,043 TRAVEL 14,635 RENDEZVOUS CONVENTION 8,561 DUGOUTS 387 DUES AND SUBSCRIPTION 250 MISC OTHER EXPENSE 1,718 BAD DEBT EXPENSE 1,869 TOTAL 32,463

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 17,298 19,349 INVENTORIES FOR SALE OR USE 0 5,518 FIXED ASSETS 3,164 3,930 LESS ACCUMULATED DEPRECIATION 334 1,222 DEPOSIT 291 0 TOTAL 20,419 27,575

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,218 1,320 ACCRUED PAYROLL TAXES 1,689 1,438 ACCRUED CREDIT CARD 5,736 0

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE DEVOTION AND MERITORIOUS SERVICE TO THE DAV AND THE WELFARE OF THE DISABLED VETERANS, WIDOWS AND ORPHANS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 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

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT	FORM 990-EZ, PART III, LINE 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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

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. Rows 1-5 for Section 179 election details.

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

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. Rows 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2010 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. Rows 19a-i for various property types.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method, Amount. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, 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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use. Table with columns for percentage.

27 Property used 50% or less in a qualified business use. Table with columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

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) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and 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 include 37-41 regarding policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

TY 2010 Compensation Explanation

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Person Name	Explanation
TERRENCE 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	
VERNON CHRISTIAN	