

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)
 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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

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	C Name of organization NATIONAL ORDER OF TRENCH RATS INC	D Employer identification number 65-0003196
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 500208	E Telephone number (570) 287-1155
	City or town, state or country, and ZIP + 4 MALABAR, FL 32950	F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: WWW.NOTRHQ.COM

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 121,600**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	44,161
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	18,124
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	36,116	
b Less cost of goods sold	7b	12,934	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	23,182	
8 Other revenue (describe in Schedule O)	8	23,199	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	108,666	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	15,648
	13 Professional fees and other payments to independent contractors	13	30,980
	14 Occupancy, rent, utilities, and maintenance	14	10,800
	15 Printing, publications, postage, and shipping	15	1,235
	16 Other expenses (describe in Schedule O)	16	38,678
17 Total expenses. Add lines 10 through 16	17	97,341	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,325
	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	451,045
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	462,370

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	435,487	22	434,259
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	18,840	24	31,372
25 Total assets	454,327	25	465,631
26 Total liabilities (describe in Schedule O)	3,282	26	3,261
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	451,045	27	462,370

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

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,100
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	92,241
30 SEE SCHEDULE O (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) <input checked="" type="checkbox"/>	32	97,341

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 week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of NATIONAL ORDER OF TRENCH RATS Telephone no (570) 714-2554 Located at PO BOX 500208 MALABAR, FL ZIP + 4 32950
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
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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 "

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (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) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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) nonexempt charitable trusts 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 Use Only Print/Type preparer's name Preparer's signature BARBARA NOONEY CPA Firm's name FLAVIN NOONEY & PERSON Firm's address 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TIMOTHY HEDGECOCK  IMPERIAL ROD	000 00	0		
DENNIS THOMPSON  IMPERIAL ROD	000 00	0		
MICHAEL O'BRIEN  IMPERIAL ROD	000 00	0		
BOB BENT  IMPERIAL ROD	000 00	0		
BRUCE NOVAK  IMPERIAL ROD	000 00	0		
HERBERT LEWIS JR  IMPERIAL ROD	000 00	0		
ERIC JACKSON  IMPERIAL ROD	000 00	0		
ALBERT SORRENTINO  IMPERIAL ROD	000 00	0		
BILL BRZEZINSKI  IMPERIAL ROD	000 00	0		
FREDERICK POWERS  IMPERIAL ROD	000 00	0		
BOB ARENS  IMPERIAL ROD	000 00	0		
WILLIAM ANTON  IMPERIAL ROD	000 00	0		
LIONEL ROGERS  IMPERIAL ROD	000 00	0		
BUDDY RICKMAN  IMPERIAL ROD	000 00	0		
GEORGE JONES  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

2012

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 23,199 TOTAL 23,199
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES BOARD 13,740 IGR 4,000 IREG 3,776 RENDEZVOUS CONVENTION 16,481 NON-INVESTMENT DEPRECIATION 681 TOTAL 38,678
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 13,780 15,914 INVENTORIES FOR SALE OR USE 3,537 14,613 FIXED ASSETS 3,746 3,519 LESS ACCUMULATED DEPRECIATION 2,223 2,674 TOTAL 18,840 31,372
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,564 3,257 ACCRUED PAYROLL TAXES 1,718 4
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
FIRST ACCOMPLISHMENT	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
SECOND ACCOMPLISHMENT	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
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	SEE SCHEDULE O

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return NATIONAL ORDER OF TRENCH RATS INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 65-0003196
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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.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	523

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	158
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	681
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%			S/L -		
		%			S/L -		
		%			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 questions 37-41 and Yes/No columns.

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 Part 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 2012 tax year (see instructions)

43 Amortization of costs that began before your 2012 tax year **43**

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

TY 2012 Compensation Explanation

Name: NATIONAL ORDER OF TRENCH RATS INC

EIN: 65-0003196

Person Name	Explanation
TIMOTHY HEDGECOCK	
DENNIS THOMPSON	
MICHAEL OBRIEN	
BOB BENT	
BRUCE NOVAK	
HERBERT LEWIS JR	
ERIC JACKSON	
ALBERT SORRENTINO	
BILL BRZEZINSKI	
FREDERICK POWERS	
BOB ARENS	
WILLIAM ANTON	
LIONEL ROGERS	
BUDDY RICKMAN	
GEORGE JONES	