

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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final 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): PO BOX 500208
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: MALABAR, FL 32950

D Employer identification number: 65-0003196
E Telephone number: (321) 480-5353
F Group Exemption Number:

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

H Check [X] 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) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 109,555

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. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 42,586 to -10,356.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

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 (321) 480-5353
Located at PO BOX 500208 MALABAR, FL ZIP + 4 32950

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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, (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 business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) 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 information furnished by the taxpayer. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer.

Sign Here ***** Signature of officer ALBERT SORRENTINO IREG Type or print name and title

Paid Preparer Use Only Print/Type preparer's name BARBARA NOONEY CPA Preparer's signature Firm's name FLAVIN NOONEY & PERSON INC Firm's address 2200 SOUTH BABCOCK STREET MELBOURNE, FL 32901

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
MICHAEL O'BRIEN IGR	000 00	0		
BOB BENT ISR	000 00	0		
BRUCE NOVAK IBR	000 00	0		
FREDERICK POWERS ITP	000 00	0		
ERIC JACKSON IBLP	000 00	0		
HERBERT LEWIS IBP	000 00	0		
ALBERT SORRENTINO IREG	000 00	0		
JOEL DEVENISH IBER	000 00	0		
BOB ARENS ICR	000 00	0		
KEN COUTURE IWF	000 00	0		
RONALD VOGEL IIC	000 00	0		
JEFF CARSON IHR	000 00	0		
KIRK JOHNSON IHIR	000 00	0		
EVERINGTON HOWELL IELR	000 00	0		
LARRY MILLER IRR	000 00	0		

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DONAL WILLIAM IRELR	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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014

**Open to Public
Inspection**

Name of the organization
NATIONAL ORDER OF TRENCH RATS INC

Employer identification number

65-0003196

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	RENDEZVOUS REGISTRATION 21,301 TOTAL 21,301
FORM 990-EZ, PART I, LINE 10	DISABLED AMERICAN VETS 4,100
FORM 990-EZ, PART I, LINE 16	EXPENSES BOARD 16,992 IGR 5,000 IREG 3,396 IS 2,579 RENDEZVOUS CONVENTION 12,785 MID-WINTER EXPENSE 1,444 OPERATIONS EXPENSE 9,017 NON-INVESTMENT DEPRECIATION 215 TOTAL 51,428
FORM 990-EZ, PART I, LINE 20	UNREALIZED LOSS ON INVESTMENTS -16,089 BOOK / TAX DEPRECIATION DIFFERENCE -23
FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 16,914 16,148 INVENTORIES FOR SALE OR USE 14,701 18,728 FIXED ASSETS 3,519 3,519 LESS ACCUMULATED DEPRECIATION 3,281 3,519 TOTAL 31,853 34,876
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 282 557
FORM 990-EZ, PART III	THE DEVOTION AND MERITORIOUS SERVICE TO THE DAV AND THE WELFARE OF THE DISABLED VETERANS, WIDOWS AND ORPHANS
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
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

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Attachment Sequence No 179

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

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 5 rows for property election details: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for listed property details: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 Summary rows.

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)

Table with 3 rows for special depreciation: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

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

Section A

Table with 2 rows for MACRS: 17 MACRS deductions for assets placed in service in tax years beginning before 2014, 18 Grouping assets.

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions.)

Table with 3 rows for summary: 21 Listed property, 22 Total, 23 Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (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
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.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
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

(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 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44