SCANNED AUG 0 4 2010

Forn	LING 06/08/2010 12 43 PM n 990 artment of the Treasury nal Revenue Service	Return of Organization Exempt Frounder section 501(c), 527, or 4947(a)(1) of the Internal Revelone benefit trust or private foundatio The organization may have to use a copy of this return to satisfy	enue Coo on)	de (except bla		OMB No 1545-0047 2009 Open to Public Inspection
A	For the 2009 calendar yea	ear, or tax year beginning , and ending	トン			
	Check if applicable Address change Please use IRS label or	C Name of organization ROLLING THUNDER, INC.	Α٦	TAC		yer identification number
1	Name change print or	Doing Business As		-	+	
	type. nitial return See	Number and street (or P O box if mail is not delivered to street address) PO BOX 216		Room/suite	•	one number -369-5439
	Termination Specific Instruc-	City or town, state or country, and ZIP + 4			G Gross rece	pts \$ 540,670
	Amended return tions.	NESHANIC STATION NJ 08853				
	Application penuing	e and address of principal officer	·		affiliate H(b) Are all include	affiliates
1		501(c) (4) 4 (insert no) 4947(a)(1) or 527			_	
J		collingthunder1.com			100E	exemption number
	Type of organization X Corp		L '	Year of formation	1995	M State of legal domicile NJ
Р	art I Summar					
Governance	TO EDUCAT VIA PUBLI DISABLED	he organization's mission or most significant activities FE PUBLIC ABOUT PRISONERS OF WAR/MISSING IN IC SEMINARS AND RALLYS. ALSO COMMITTED TO BE VETERANS FROM ALL WARS If the organization discontinued its operations or disposed of more	HELPI	NG	ats	
9			uiaii 207	o or its rict ass	3	
•ಶ "೧		members of the governing body (Part VI, line 1a)			4	
Activities &	,	endent voting members of the governing body (Part VI, line 1b)			5	
ťi		employees (Part V, line 2a)			6	
¥		volunteers (estimate if necessary)			7a	
	_	ated business revenue from Part VIII, column (C), line 12			7a 7b	0
	b Net unrelated bus	siness taxable income from Form 990-T, line 34	ı	Prior Y		Current Year
ø	8 Contributions and	d grants (Part VIII, line 1h)	ļ		24,158	115,443

171,889 134,311 Program service revenue (Part VIII, line 2g) RECEIVED 8,895 11,896 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 93,324 147,926 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, RS-OSC 406,575 401,267 Total revenue - add lines 8 through 11 (must equal Part VIII, Grants and similar amounts paid (Part IX, column (A), lines 1-14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A)) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,418 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 409,538 410,565 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 409,538 410,565 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -9,298 -2,963 19 Revenue less expenses Subtract line 18 from line 12 Net Assets or Fund Balances End of Year Beginning of Current Year 379,520 382,283 20 Total assets (Part X, line 16) ,300 3,500 21 Total liabilities (Part X, line 26) 376,020 378,983 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block

penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here gnature of officer Date Type or print name and little Preparer's identifying number Check if Preparer's Paid self-P00227318 signature 06/08/10 employed > Preparer's 22-2920165 CPA Shar EIN **Use Only** Firm's name (c 495 Union Avenue Unit 1F if self-employed), address, and ZIP + 4 ▶ 732-302-9800 Middlesex, 08846 ŊJ

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes | | No Form **990** (2009)

Form 990 (2009)	ROLLING THUNDER,	INC.	52-1955913	Page 2
	tatement of Program Serv	ice Accomplishments		
TO EDUC		PRISONERS OF WAR/MI RALLYS. ALSO COMMIT LL WARS		
the prior For	anization undertake any significant p rm 990 or 990-EZ? scribe these new services on Sched	orogram services during the year which	were not listed on	Yes X No
services?	anization cease conducting, or make scribe these changes on Schedule (e significant changes in how it conducts	, any program	Yes X No
4 Describe the Section 501	e exempt purpose achievements for (c)(3) and 501(c)(4) organizations a	reach of the organization's three larges and section 4947(a)(1) trusts are require evenue, if any, for each program service	ed to report the amount of grants and	
4a (Code EDUCATI		05,248 including grants of \$ POW/MIA & ASSISTAN) (Revenue \$ CE TO VETERANS)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
45 (0000) (Exponedo V	motoring grante or \$\psi\$, (November 4	,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progr (Expenses	ram services (Describe in Schedule \$ 4,335 incl	eO) uding grants of \$) (Revenue \$)
	ram service expenses	309,583	7	
				Form 990 (2009)

	990 (2009) ROLLING THORDER, TRC. 32 199912				aye J
Pa	rt IV Checklist of Required Schedules			 -	
	1. 11			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				x
•	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				x
	candidates for public office? If "Yes," complete Schedule C, Part I		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
_	Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		_		x
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		ا ہا		x
_	complete Schedule D, Part I		6		Λ.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Λ.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				x
_	complete Schedule D, Part III		8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ا ہا		x
	complete Schedule D, Part IV		9		Λ_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		40		x
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			x	
	VII, VIII, IX, or X as applicable		11	^	:
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets]	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			1	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				_
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
'-	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes " complete Schedule G. Part III		19	X	1

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

to the origination of the common (A) into PT 'Pres', complete Schedule I, Parts I and II 21 X 22 X 22 X 23 24 X 24 25 25 25 25 25 25 25	21	Did the expansion report more than \$5,000 of greats and other assistance to governments and executations		Yes	No
the conganization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 "If "Yes," complete Schedule I, Parts I and III conganization answer "Yes" to Part VII, Section A, Line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, Line 3, 4, or 5 about compensation of the employees? If "Yes," complete Schedule I, and the organization answer "Yes" to Part VII, Section A, Line 3, 4, or 5 about compensation of the employees? If "Yes," complete Schedule I, and the organization where a tax-exempt bond is seen with an outstanding periodal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule I, I I'll the part of the organization marks and proceeds of fax-exempt bonds beyond a temporary period exception? 24b Did the organization marks and proceeds of fax-exempt bonds beyond a temporary period exception? 25c Did the organization marks and an escrow account other than a refunding escrow at any time during the year? 24d Did to declare and its exempt bonds? 25d Section 501((5)) and 501((6)) organizations of the borganization engage in an excess benefit transaction with a disqualified period under the program of the progr	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		¥
Unused States on Part IX, cotumn (A), Inc 2º II "Yes," complete Schedule I, Parts I and III 2 Det the organization answer "Yes" to Part IVI, Section A, Inc 3. 4, or 5 about compensation of the organization sucurent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Section A, Inc 3. 4, or 5 about compensation of the state day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24b through 24 and complete Schedule I. If NO, 90 to Inc 25 Details of the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Details of the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Details of the organization minest any accessory of the state of the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Details of Defense any tax-exempt bonds? 24c Details of Defense and the state of Defense and the Defense and the State of Defense and the Defense	22		21		
the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization for unret and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization was a tax-exempt bond size with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$24b through 24d and complete Schedule K II "No." go to line 25 24b Did the organization marks any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization marks any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization marks and is an "on behalf off issuer for bonds outstanding secrow at any time during the year? 24d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did to separate the organization and as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did to defease and as an "on behalf off issuer for bonds outstanding at any time during the year? 24d Did to defease and the timesaction with a designation and as a "on behalf off issuer for bonds outstanding at any time during the year? 24d Did to defeate the ransaction has not been exported on any of the organization species of the second of the defeate of the organization prover grant and that the transaction has not been exported on any of the organization prover Bonds and the provision of the following particles of the provision of the following particles of the provision of the following particles (see Schedule L, Part II Did to organization provide a grant or other assistance is an officer, director, trustee, or key employee? If "Yes," complete Schedul	22		22		x
organization's current and former officers, directors, trustees, key employees, and highest compessated employees? If "Yes," complete Schedule J Sto, 000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b brough 24d and complete Schedule I. I This year, that was sued after December 31, 2002? If "Yes," answer lines 24b brough 24d and complete Schedule II. I This year, that was sued after December 31, 2002? If "Yes," answer lines 24b brough 24d and complete Schedule II. I This year, and the organization marks any proceeds of fax-exempt bonds beyond a temporary period exception? 24b brough 24d and complete Schedule II. I This year, and the organization marks and an access about of the thran a refunding scorow at any time during the year to defease any tisx-exempt bonds? 24c blot the organization and as on the organizations. Did the organization engage in an excess benefit transaction with a disqualified person units and sto (E)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person units and stores. Complete Schedule I., Part II. 25a X. Is the organization 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 organizations prior Forms 950 or 900-E2? If "Yes," complete Schedule I., Part II. 25b X. Was allowed to or by a current or former officer, director, trustee, key employee, biphly compensated employee, or disqualified person outstanding as of the end of the organization is say year? If "Yes," complete Schedule II., Part IV. 26b X. Was the organization a party of the organization is say year? If "Yes," complete Schedule II., Part IV. 27b X. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV. 27b X. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV. 27b X. A current or former officer, director,	22				
employeas? If "Yes," complete Schedule I 24b Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 25b Did the organization miser any proceeds of tax-exempt bonds beyond a temporary period exception? 26b Did the organization miser any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization miser any proceeds of tax-exempt bonds soutstanding at any time during the year? 27c Did the organization and a sa or "on behalf of" issuer for bonds outstanding at any time during the year? 27c Did the organization and a sa or "on behalf of" issuer for bonds outstanding at any time during the year? 27c Section 31(4)(3) and 51(4)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 27c Section 31(4)(4) organizations. Did the organization or spage or an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organizations or Forms 990 or	23				
246 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. Part I but the organization mixes any to defease any tax-exempt bonds? 24c			23		x
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes", complete Schedule L, Part I b Is the organization 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 organizations prior Forms 590 or good-E27 If "Yes", complete Schedule L, Part II 25b X 27c Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part II 27c View, "original person during the year? III" yes, "complete Schedule L, Part III 28d Was the organization prior to a purson committee member, or to a purson related to such an indiredual? If "Yes," complete Schedule L, Part III 28d Was the organization approxip to a business transaction with one of the following parties (see Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II 39d Did the organization releave c			242		x
C Did the organization maintain an escrow account other than a refunding ascrow at any time during the year to defease any tak-exempt bonds? 246	h				
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Section 591(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b 1s the organization aware that the regaged in an excess benefit transaction what 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-E27 If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's bray year? If "Yes," complete Schedule L, Part II 26 X 200 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A family member of a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization or a family member) was an officer, director, trustee, or key employee of the organization or a family member of a current or former officer, director, trustee, or other similar assets, or qualified conservation organization receive contributions of art, historical freasures, or other similar assets, or qualified conservation organization receive contributions of art, historical freasures, or other similar assets, o	a				
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U.S. Information Returns Enter -0 - find applicable D. Enter the number of Forms W-25 included in line 1a. Enter -0 - if not applicable D. He bright per number of Forms W-25 included in line 1a. Enter -0 - if not applicable D. He cognization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamfing) withings by prize winners? 22. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fired for the calenders year anding with or within the year covered by this return. D. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1a and 2a is greater than 230, you may be required to e-file filth in the constitution of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 33. D. If he organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 34. All any lime during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Secretary	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
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Form 990 (2009	מ	in res, enter the amount of tax-exempt interest received or accrued during the year [12b]	E. Form	<u></u>	(2000)

Farm 990 (2009) ROLLING THUNDER, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_[
b	Enter the number of voting members that are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	6		X
о 7а	Does the organization have members, stockholders, or other persons who may elect one or more members	۳		
<i>,</i> a	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	—	37	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	Х	_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	422		x
40	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by	'		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		
а	The organization's CEO, Executive Director, or top management official	15a	·	Х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	[Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization DO BOX 216			
N	ESHANIC STATION NJ 08853			

C. QQQ (0000)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

|X| Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Highest co employee ndıvıdual nstitutional week from from related other employee the organizations compensation (W-2/1099-MISC) organization from the compensated (W-2/1099-MISC) organization trustee Itrustee and related organizations ARTHUR MULLER 0 0 EXE DIRECTOR 0 GARY M SCHEFFMEYER 0 0 0 PRESIDENT LYNNE JENKS 0 0 0 VICE-PRES CATHERINE KMETZ 0 0 SECRETARY 0 EDWIN J GLOVER 0 0 0 TREASURER MICHAEL COBB 0 0 0 CHAIR OF BRD AUGUSTAS J DANTE 0 0 0 DIRECTOR MARK GIVEN 0 0 0 DIRECTOR LUCY D WALSH 0 0 DIRECTOR 0 NANCY REGG 0 DIRECTOR 0 0 BILL PARKER 0 0 DIRECTOR 0 JOSEPH BEAN NAT'L RPT OFR 0 0 0 NANCY FRANKE 0 0 0 DIRECTOR THOMAS J MC ATEE ALTERNATE DIRECTOR 0 0 0 JAY HORNE 0 0 ALTERNATE DIRETOR

	n A. Officers	r	tees	, Ke			ees,	anc	d Highest Compensated E				
(A) Name and Tit	tle	(B) Average hours per			chec	,	hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org ar	other npensation of the ganization related panization panization of the ganization o	on n d
			-			_							
											<u></u>		
								_					
													
	••		<u> </u>			Ĺ		Ļ_					
Total Total number of user reportable competence.					nose	liste	d ab	▶ ove)	who received more than \$	I 100,000 іп			
3 Did the organizat	ion list any fo	rmer officer, dire	ctor	or tru					ee, or highest compensated	I	F"		es No
the organization	l listed on line	e 1a, is the sum o	f rep	ortal	ble c	omp	ensa	tion	and other compensation from the complete Schedule J for s			3	
individual 5 Did any person lisservices rendered									unrelated organization for uch person			5	X
Section B. Independe	ent Contracto	ors								#100 000 of			
Complete this tab compensation from	m the organia	zation	nsau	ea in	uepe	ande	ni co	T	ctors that received more that				<u>~</u>
	Name and	(A) I business address							Descrip	(B) tion of services		Compe	C) ensation
2 Total aurah a of	ndonoad	nontroctors (ti-	dus =	b. A.		m.+-	1 10 1		Noted observables				····
2 Total number of a more than \$100,0			_				. iO (·····	e listed above) who received	J 		0 Q	90 (2000)

	All Statement of Paye		1110.		<u> </u>		Page 9
Part \	VIII Statement of Reve	enue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
					function revenue	revenue	under sections 512, 513, or 514
इ इ 1	a Federated campaigns	1a					
眶등	b Membership dues	1b	97,578				1
ge ,	c Fundraising events	1c	·	1			
aligna ,	d Related organizations	1d		1			
, E	e Government grants (contributions)	1e		1			
risi	f All other contributions, gifts, grants,			1			
	and similar amounts not included above	1f	17,865				
Contributions, gifts, grants and other similar amounts	g Noncash contributions included in lines 1a			1			
유민	h Total. Add lines 1a–1f	🕶	•	115,443			
0	Total Not into 12 11		Busn. Code				
D 2	a Program Service Rev	enue	555 5555	134,311	134,311		
્રે ફિ	b	ende					
ਭ	C			-			
Ξ	d d					· · ·	
S L	•						
<u> </u>	• All other program convectors	DUG					
~	f All other program service reve	iiue		134,311			
	Total. Add lines 2a–2f	duudo-do :		134,311			+
3	, ,	aiviaenas, ii	nterest, and	8,895			8,895
١.	other similar amounts)			0,893			0,095
4	Income from investment of tax	-exempt bo	na proceeds				
5	Royalties	1	P				
	(ı) Real		(II) Personal				
6				1			
	Less rental exps			1			1
'	Rental inc or (loss)						
	Net rental income or (loss) Gross amount from		•				
'	sales of assets (i) Secuntie	s	(II) Other				1
	other than inventory			1			
1	D Less cost or other	j		1			
İ	basis & sales exps			1			
•	Gain or (loss)			1			
(Net gain or (loss)						
	 Gross income from fundraising ever 	nts					•
ğ	(not including \$			1			
8	of contributions reported on line 1c)			1			1
٣	See Part IV, line 18	a	109,951	1			1
Other Revenue	Less direct expenses	b	50,317	1			1
، ا	Net income or (loss) from fund	Iraising <u>eve</u>	nts >	59,634	59,634		
9:	a Gross income from gaming activitie	s		1			1
	See Part IV, line 19	a	172,070	1			1
1	b Less direct expenses	b	83,778				
	Net income or (loss) from gam	ing activitie		88,292	88,292		
	a Gross sales of inventory, less						
	returns and allowances	a					1
,	b Less cost of goods sold	b		-			‡
	Net income or (loss) from sale		ory b	1	1		1
	Miscellaneous Revenue		Busn. Code				
11				Ť	j		1
1	- b						
1	C						
	d All other revenue					•	+
	Total. Add lines 11a-11d						1
12		ins		406,575	282,237		0 8,895
	Total Nevenue. See moducilo			=00,075			0,035

Farm 990 (2009)

ΠΔΔ

E--- QQD (2000)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			<u>.</u>		<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				····
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	6,405	-	6,405	
	Legal	3,500		3,500	
	Accounting	3,300		3,300	
	Lobbying Preference of fundamental converse See Bot IV line 17				
e	Professional fundraising services See Part IV, line 17				
f ~	Investment management fees				
g 42	Other		· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	16,937		16,937	
16	Occupancy	25,740	25,553	187	
17 18	Travel Payments of travel or entertainment expenses	23,740	23,333	107	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,335	4,335		
23	Insurance		1,555		
	mountailes		•	<u> </u>	
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together			•	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			1	
а	GIFTS/DONATIONS	49,614	49,614		
b	PINS/FLAGS & PATCHES	48,678	48,678		
c	OFFICE HELP	46,718	46,718	-	
d	VETERANS PROGRAM	42,739	42,739		
e	POW/MIA PROGRAM	42,413	42,413		
f	All other expenses	122,459	49,533	71,508	1,418
25	Total functional expenses. Add lines 1 through 24f	409,538	309,583	98,537	1,418
26	Joint costs. Check here ▶ If following		/		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and]			

	art X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			270 110	1	276 400
	2	Savings and temporary cash investments	_	378,112	2	376,429	
	3	Pledges and grants receivable, net	-		3		
	4	Accounts receivable, net		_		4	····
	5	Receivables from current and former officers, directors, tr			1		
		employees, and highest compensated employees Comp	-		ŧ		
		Schedule L	-		5		
	6	Receivables from other disqualified persons (as defined to			1		
		4958(f)(1)) and persons described in section 4958(c)(3)(E		- 1			
S		Part II of Schedule L		_		6	
Assets	7	Notes and loans receivable, net		_		7	
Ş	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges	f 1	Ļ	2,293	9	2,433
	10a	Land, buildings, and equipment cost or				- 1	
	İ	other basis Complete Part VI of Schedule D	10a	45,806		- 1	
	b	Less. accumulated depreciation	10b	45,148	1,878	10c	658
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34))		382,283		379,520
	17	Accounts payable and accrued expenses		3,300	17	3,500	
	18	Grants payable			18		
	19	Deferred revenue	Ĺ		19		
	20	Tax-exempt bond liabilities		L		20	
es	21	Escrow or custodial account liability Complete Part IV of	Schedule D	Ĺ		21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key	Ĭ.		1	
į		employees, highest compensated employees, and disqua	alified	-			
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,300	26	3,500
S		Organizations that follow SFAS 117, check here ▶ X	and			1	
ည		complete lines 27 through 29, and lines 33 and 34.	_			Ī	
<u>a</u>	27	Unrestricted net assets			378,983	27	376,020
Ва	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets				29	
בַּ		Organizations that do not follow SFAS 117, check her	e ▶	[
<u>-</u>		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
AS.	32	Retained earnings, endowment, accumulated income, or		Ī		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		Ī	378,983 382,283	33	376,020
ž	34	Total liabilities and net assets/fund balances		Ī	382,283	34	379,520

Form **990** (2009)

Schedule O

issued on a consolidated basis, separate basis, or both

the Single Audit Act and OMB Circular A-133?

Fqrm	990 (2009) ROLLING THUNDER, INC.	52-1955913		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				-
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other			
	If the organization changed its method of accounting from a prior year of	or checked "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by a	an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent	nt accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that as	ssumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection	on of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection pro	ocess during the tax year, explain in			

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

ame	of the organization		Employe	r identification number		
R	OLLING THUNDER, INC.		52-1955913			
	rt I Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or Ac				
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised				
	funds are the organization's property, subject to the organization's exclu	sive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be				
	used only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other				
	purpose conferring impermissible private benefit?			Yes No		
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form	990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)				
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	rtant land	d area		
	Protection of natural habitat	Preservation of certified historic stri	ucture			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation	vation contribution in the form of a conservat	ion			
	easement on the last day of the tax year		·····			
				Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/0	6	2d			
3	Number of conservation easements modified, transferred, released, extra	nguished, or terminated by the organization	during			
	the taxable year					
4	Number of states where property subject to conservation easement is lo	cated				
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the year				
	-					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year				
_	* \$					
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section				
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		•	Yes No		
9	In Part XIV, describe how the organization reports conservation easeme	•				
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	rganization's financial statements that descr	ibes			
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other Si	milar A	seate		
+ ~	Complete if the organization answered "Yes" to		iiiiai 7			
1a	If the organization elected, as permitted under SFAS 116, not to report		vorks of			
	art, historical treasures, or other similar assets held for public exhibition,			ce.		
	provide, in Part XIV, the text of the footnote to its financial statements th	·		,		
b	If the organization elected, as permitted under SFAS 116, to report in its		s of art,			
	historical treasures, or other similar assets held for public exhibition, edu					
	provide the following amounts relating to these items	,	•			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$		
	(ii) Assets included in Form 990, Part X		>	\$ 		
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial gain, provide	e the			
	following amounts required to be reported under SFAS 116 relating to the	•				
а	Revenues included in Form 990, Part VIII, line 1		>	\$_		
b	Assets included in Form 990, Part X		•	-		

Sche	dule D (Form 990) 2009 ROLLING	THUNDER,	INC.		<u>52</u>	<u>-19559</u>	913		P	age 2
Pa	rt III Organizations Maintainii	ng Collection	s of Art, I	Historical Treas	ures, or Oth	ner Simil	ar Assets (continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other red	cords, check	any of the following	that are a signi	ficant use o	of its			
а	Public exhibition	d	Loan	or exchange progran	ns					
b	Scholarly research	e	Other							
C	Preservation for future generations									
4	Provide a description of the organization's of Part XIV	collections and ex	plain how th	ey further the organ	zation's exempt	t purpose ir	ı			
5	During the year, did the organization solicit	or receive donate	ons of art, hi	storical treasures, or	r other similar				- L.	Դ
	assets to be sold to raise funds rather than If IV Escrow and Custodial A					rod "Voc	" to Form 00	_		No
TA	irt IV Escrow and Custodial A IV, line 9, or reported an	_	•	_	allon answei	eu res	to ronn sa	o, i aii		
4-					r assats not			· · · · ·		
та	Is the organization an agent, trustee, custom	dian or other inter	mediary for	contributions or othe	assets not					7 N.
	included on Form 990, Part X?	\	- f-ll	4-61-				Ye	5	No
D	If "Yes," explain the arrangement in Part XI	v and complete tr	ie tollowing	table				Amoun	,	
	S halana						4-	Amoun		
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e		_	
f	Ending balance									
	Did the organization include an amount on		line 217					Ye	s _	No
	If "Yes," explain the arrangement in Part XI					5 . 11.4	" 10			
Pa	rt V Endowment Funds. Com	 						"		
		(a) Currer	nt year	(b) Prior year	(c) Two years t	ack (d) T	hree years back	(e) Fou	years	back
1a	Beginning of year balance									
b	Contributions							,		
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the ye	ar end balance he	eld as							
а	Board designated or quasi-endowment ▶	9	, o							
b	Permanent endowment ▶									
С	Term endowment ▶ %									
	Are there endowment funds not in the poss	ession of the orga	nization tha	it are held and admir	nistered for the					
	organization by	-5 -						[Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ıı), are the related organization	ns listed as requir	ed on Sche	dule R?				3b		
4	Describe in Part XIV the intended uses of the	·								
Pa	art VI Investments—Land, Bui) Part X line	e 10		_		
	Description of investment		other basis	(b) Cost or ot		(c) Accumula	ited	(d) Book	value	
	Josephon of investment	1 ''	stment)	basis (other		depreciatio		(-,		
12	Land	,	•	<u> </u>			······································		_	
										
	Buildings			+					_	
	Leasehold improvements			15	,806	4 5	5,148			658
	Equipment			+	,,,,,,,	72.0	,, 1 7 0			550
	Other I. Add lines 1a through 1e (Column (d) must	l agual Form 000	Part V. activ	mp (R) line 10(e) \		•			_	658
Total	Add mies i a through i e (Column (d) musi	equal Form 990,	rait A, COIU	шш (в), ше то(с))	-		<u> </u>			
							Schedul	e v (Fori	ท ษษ0	r, ∠UUS

1 (a) Description of liability (b) Amount
Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 ROLLING THUNDER, INC.	52-19559	13	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	
	art XII Reconciliation of Revenue per Audited Financial Stater		turn	
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
	Recoveries of prior year grants	2c	┨	
C C	Other (Describe in Part XIV)	2d	┨	
d			١ , ١	
e	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	
3		1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	⊣	
b	Other (Describe in Part XIV)	4b	┥, 1	
_C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	A MIM P	5	
	art XIII Reconciliation of Expenses per Audited Financial State	ements with Expenses per		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
С	Other losses	2c	-	
d	Other (Describe in Part XIV)		-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	l f	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	↓	
b	Other (Describe in Part XIV)	4b	_	
c	Add lines 4a and 4b		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			·
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, Part IV, lines 1b		_
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d and 4b Also complete		
this p	part to provide any additional information	·		
	· · · · ·			
_		:	_	_

Sche	edul	le D	(Fo	rm 9	90):	2009	•	RC)LI	'II	1G	TH	IUI	NDE	ER,	,]	CNC	Ι.								5	2-1	95	59.	13						Pag	ge 5
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SCHEDULE G (Form 990 or 990-EZ)

990 or 990-EZ) Com

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009 Open To Public

Inspection Employer identification number Name of the organization 52-1955913 ROLLING THUNDER, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to (ii) Activity (iv) Gross receipts (i) Name of individual raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of contributions? col (I) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

Cabadala C (Earn 000 as 000 ET) 2000

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (d) Total events (add col (a) through SPECIAL EVENTS None col (c)) (event type) (event type) (total number) 109,951 109,951 Gross receipts Less Charitable contributions Gross revenue (line 1 109,951 109,951 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 50,317 50,317 Other direct expenses 50,317 Direct expense summary Add lines 4 through 9 in column (d) 59,634 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 172,070 172,070 Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs 83,778 83,778 Other direct expenses % % Yes Yes Yes X No X No X No Volunteer labor 83,778) Direct expense summary Add lines 2 through 5 in column (d) 88,292 Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities X Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain X Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain X 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sche	chedule G (Form 990 or 990-EZ) 2009 ROLLING THUNDER,	INC.	52-195591	13	P	age 3
					Yes	No
13	Indicate the percentage of gaming activity operated in					
а	a The organization's facility		13a %			
b	b An outside facility		13b %	_		
14	Provide the name and address of the person who prepares the organization's	gaming/special events books				
	and records			-		
	Name ORGANIZATION					
	PO BOX 216					
	Address ► NESHANIC STATION		NJ 08853			
15a	Does the organization have a contract with a third party from whom the organ	ization receives gaming				
	revenue?			15a		X
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶	\$	and the			
	amount of gaming revenue retained by the third party ▶ \$					
С	c If "Yes," enter name and address of the third party					Ī
	Name ►					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	Director/officer Employee Independent co	ontractor				
17	Mandatory distributions					
а	a Is the organization required under state law to make charitable distributions from	om the gaming proceeds to				
	retain the state gaming license?			17a		X
b	b Enter the amount of distributions required under state law distributed to other	exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$			Ī	L	<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization ROLLING THUNDER, INC.

Employer identification number 52-1955913

Form 990, Part III, Line 4d - All Other Achievements

EDUCATION SERVICES ABOUT POW/MIA & ASSISTANCE TO VETERANS

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

THE EXECUTIVE DIRECTOR AND BOARD MEMBERS REVIEW THE RETURN PROIR TO FILING

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL BOOKS AND RECORDS IF REQUESTED

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return Identifying number 52-1955913 ROLLING THUNDER, INC. Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 250,000 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 3,114OFFICE EQUIPMENT 3,114 7 7 Listed property Enter the amount from line 29 3,114 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 3,114 9 9 Tentative deduction Enter the smaller of line 5 or line 8 3.368 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 0 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 0 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 6,482 13 Carryover of disallowed deduction to 2010. 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property С 10-year property A 15-year property 20-year property S/L 25-year property 25 yrs S/L h Residential rental 27 5 vrs MM property 27 5 yrs ММ S/L MM Nonresidential real 39 vrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L S/L 40-year MM 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28

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

For assets shown above and placed in service during the current year, enter the

1,221

21

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	Service			
If you are		th Extension, complete only Part I and check this box	•	▶ X
_		utomatic) 3-Month Extension, complete only Part II (on page 2 of th	nis form)	
Do not compl	ete Part II unless you have alre	ready been granted an automatic 3-month extension on a previously fi	filed Form 8868	
Part I	Automatic 3-Month Ex	xtension of Time. Only submit original (no copies nee	eded).	
A corporation	required to file Form 990-T and	d requesting an automatic 6-month extension—check this box and cor	molete	
Part I only	required to me remined a rand	7 requesting an automate of mental extension. Check the ear and ear	p.o.co	▶ □
•	erations (including 1120 C filors	c) partnerships DEMICs and trusts must use Form 7004 to request s	an extension of	٠ ـــا
•	ome tax returns	s), partnerships, REMICs, and trusts must use Form 7004 to request a	an extension of	
		n electronically file Form 8868 if you want a 3-month automatic extensi	ion of time to file	
	•	a corporation required to file Form 990-T) However, you cannot file F		
	,	not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or		
•	` ' '	n 990-T. Instead, you must submit the fully completed and signed page		
•	•	g of this form, visit www irs gov/efile and click on e-file for Charities & N	, ,	
Type or	Name of Exempt Organization	on	Employer identi	fication number
print	The state of the s	- ''		
File by the	ROLLING THUNDE	ER, INC.	52-19559	13
due date for	Number, street, and room or	r suite no If a P O box, see instructions		
filing your return See	PO BOX 216			
instructions	City, town or post office, state	te, and ZIP code For a foreign address, see instructions		
	NESHANIC STATI	ION NJ 08853		
	f return to be filed (file a separ	rate application for each return)		
	an	Form 990-T (corporation)		Form 4720
X Form 99	,0	H		
Form 99	90-BL	Form 990-T (sec 401(a) or 408(a) trust)	—	Form 5227
Form 99	90-BL 90-EZ	The state of the s		Form 6069
Form 99	90-BL 90-EZ	Form 990-T (sec 401(a) or 408(a) trust)		
Form 98 Form 98 Form 98 The books Telephone If the orga If this is for	90-BL 90-EZ 90-PF s are in the care of ► ORG e No ► inization does not have an office	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A GANIZATION FAX No ce or place of business in the United States, check this box ganization's four digit Group Exemption Number (GEN) X If it is for part of the group, check this box		Form 6069
Form 98 Form 98 Form 98 The books Telephone If the orga If this is for for the whole 9 a list with the 1 I reques	90-BL 90-EZ 90-PF Se are in the care of ▶ ORG PROPE ORG	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A GANIZATION FAX No ce or place of business in the United States, check this box ganization's four digit Group Exemption Number (GEN) X If it is for part of the group, check this box is the extension will cover on this for a corporation required to file Form 990-T) extension of time	7 If this is and attach	Form 6069
Form 99 Form 99 Form 99 The books Telephone If the orga If this is for the whole go a list with the second until 0	90-BL 90-EZ 90-PF So are in the care of ▶ ORG PENO ▶ Inization does not have an office or a Group Return, enter the orgoroup, check this box Plames and EINs of all members It an automatic 3-month (6 months 18/15/10), to file the execution.	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A GANIZATION FAX No ce or place of business in the United States, check this box ganization's four digit Group Exemption Number (GEN) X If it is for part of the group, check this box is the extension will cover	7 If this is and attach	Form 6069
Form 99 Form 99 Form 99 The books Telephone If the orga If this is for the whole go a list with the second of the control of t	90-BL 90-EZ 90-PF So are in the care of ▶ ORG PENO ▶ Inization does not have an office or a Group Return, enter the orgoroup, check this box Prames and EINs of all members It an automatic 3-month (6 months 18/15/10), to file the executions are contained to the care organization's return for	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A GANIZATION FAX No Dee or place of business in the United States, check this box ganization's four digit Group Exemption Number (GEN) X If it is for part of the group, check this box is the extension will cover this for a corporation required to file Form 990-T) extension of time tempt organization return for the organization named above. The extension will extension of the extension will cover the extension will cover the extension of t	7 If this is and attach	Form 6069
Form 98 Form 98 Form 98 The books Telephone If the orga If this is for the whole gaist with the early of the countil the count	and the care of Normal	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A GANIZATION FAX No Dee or place of business in the United States, check this box ganization's four digit Group Exemption Number (GEN) X If it is for part of the group, check this box is the extension will cover this for a corporation required to file Form 990-T) extension of time tempt organization return for the organization named above. The extension or	7 If this is and attach	Form 6069
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