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Form **990**
Department of the Treasury
Internal Revenue Service

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)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

For the 2007 calendar year, or tax year beginning , and ending

- Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☒ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

Enlisted Assoc of AR National Guard

Number and street (or P O box if mail is not delivered to street address)

P.O. Box 535

Room/suite

City or town, state or country, and ZIP + 4

North Little Rock AR 72115-0535

D Employer identification number
71-0393457

E Telephone number
501-212-5007

F Accounting method: ☒ Cash
☐ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ☐ Yes ☐ No

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: **N/A**

J Organization type

(check only one) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527

Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **158,183**

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

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

b Direct public support (not included on line 1a)

c Indirect public support (not included on line 1a)

d Government contributions (grants) (not included on line 1a)

e Total (add lines 1a through 1d) (cash \$ **500** noncash \$)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income or (loss) Subtract line 6b from line 6a

7 Other investment income (describe)

8a Gross amount from sales of assets other than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1b)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

18 Excess or (deficit) for the year Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

FEB 24 2014
14 PR BRANCH 500
1c OGDEN
1d

1e **500**

2 **67,907**

3 **58,454**

4 **2,335**

5

6a

6b

6c

7

(A) Securities

(B) Other

8a

8b

8c

8d

9a

28,987

9b

20,702

9c **8,285**

10a

10b

10c

11

12 **137,481**

13 **48,193**

14 **8,356**

15 **59,054**

16

17 **115,603**

18 **21,878**

19 **109,300**

20

21 **131,178**

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ _____ non-cash \$ _____)					
If this amount includes foreign grants, check here ☐	22a				
22b Other grants and allocations (attach schedule)					
(cash \$ _____ non-cash \$ _____)					
If this amount includes foreign grants, check here ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	985		985	
32 Legal fees	32	293		293	
33 Supplies	33	1,208		1,208	
34 Telephone	34	1,591		1,591	
35 Postage and shipping	35	836	836		
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	3,776	3,776		
39 Travel	39				
40 Conferences, conventions, and meetings	40	14,084	14,084		
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	4,791		389	4,402
43 Other expenses not covered above (itemize)					
a See Statement 2	43a	88,039	29,497	3,890	54,652
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	115,603	48,193	8,356	59,054

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► To improve the standing of enlisted Guard members

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a See Statement 3

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

48,193

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

48,193

Form **990** (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	12,547	45	24,354	
	46 Savings and temporary cash investments	71,004	46	83,428	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule) See Worksheet	51a 100			
	b Less allowance for doubtful accounts	51b	100	51c 100	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities	Cost FMV	54a		
	b Investments—other securities (attach schedule)	Cost FMV	54b		
	55a Investments—land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b	55c		
	56 Investments—other (attach schedule)		56		
	57a Land, buildings, and equipment basis	57a 41,053			
	b Less accumulated depreciation (attach schedule) See Statement 4	57b 17,911	25,649	57c 23,142	
58 Other assets, including program-related investments (describe ► See Statement 5)		58	154		
59 Total assets (must equal line 74) Add lines 45 through 58		109,300	59	131,178	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ►)		65		
	66 Total liabilities. Add lines 60 through 65		0	66	0
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted	109,300	67	131,178
68 Temporarily restricted			68		
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		109,300	73	131,178	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		109,300	74	131,178	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"	75c	X
If "Yes," attach a statement that includes the information described in the instructions		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is ☐ exempt or ☐ nonexempt		
81a Enter direct and indirect political expenditures (See line 81 instructions)	81a	0
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed ▶ None		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		0
91a	The books are in care of ▶ SGT Stephanie Hernandez 2975 Spring Court Located at ▶ Mabelvale, AR	Telephone no ▶ 501-212-5007 ZIP + 4 ▶ 72103	
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes No

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise

indicated

93 Program service revenue

a **Statewide conf bk**b **Life Ins. commissions**

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

94 **Members dues allow the association, in conjunction with the national organization, to work on projects to improve standing and welfare of the Enlisted National Guard.**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes **X** No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes **X** No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please
Sign
Here**

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: Stephanie Hernandez Date: 7 Sep 2012
Type or print name and title: Treasurer

**Paid
Preparer's
Use Only**

Preparer's
signature

Firm's name (or yours
if self-employed),
address, and ZIP + 4

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN
(See Gen. Instr. X)
P00299466

9/06/12

EIN

Phone
no

Frazier, Rickels & Bailey, P.A.
415 North McKinley, Suite 1100
Little Rock, AR 72205

Federal Statements**Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
	\$ <u>500</u>	\$ <u></u>	\$ <u>500</u>
Total	\$ <u>500</u>	\$ <u>0</u>	\$ <u>500</u>

Special Events Schedule

Form **990**

2007

For calendar year 2007, or tax year beginning _____, and ending _____

Name

Employer Identification Number

Enlisted Assoc of AR National Guard

71-0393457

	(A)	(B)	(C)	Others	Total
Gross receipts	28,987	0	0	0	28,987
Less contributions	0	0	0	0	0
Gross revenue	28,987	0	0	0	28,987
Less direct expenses	20,702	0	0	0	20,702
Net income (loss)	8,285	0	0	0	8,285

[illegible]

Forms
990 / 990-PF**Other Notes and Loans Receivable****2007**

For calendar year 2007, or tax year beginning , and ending

Name

Employer Identification Number

Enlisted Assoc of AR National Guard**71-0393457****Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) Other receivables	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	100	100	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	100	100	

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership dues	\$ 58,454
Total	<u>\$ 58,454</u>

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Statewide conf bk				
Commissions	54,652			54,652
Expenses				
Merchant fees	442		442	
Bank service charges	302		302	
Board meeting expenses	561		561	
Gifts and awards	2,056		2,056	
Legislative activities	1,378	1,378		
National (EANGUS) dues	20,179	20,179		
National (EANGUS) expense	7,940	7,940		
UBTI taxes paid	500		500	
State income taxes	29		29	
Total	\$ <u>88,039</u>	\$ <u>29,497</u>	\$ <u>3,890</u>	\$ <u>54,652</u>

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

The Association works toward improving the standing of the enlisted National Guard members in the community and also in obtaining additional benefits through efforts of the National Guard Associations.

These efforts include a statewide convention for the members of the association; distribution of a newsletter to the members; executive officers and board members attending local and national conferences to further the purpose of the association.

Federal Statements**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
Machinery and equipment	\$ 38,769	\$ 13,120	\$ 41,053	\$ 17,911
Total	<u>\$ 38,769</u>	<u>\$ 13,120</u>	<u>\$ 41,053</u>	<u>\$ 17,911</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Backup withholdings	\$ 154	\$ 154
Total	<u>\$ 0</u>	<u>\$ 154</u>

22940 Enlisted Assoc of AR National Guard
71-0393457
FYE: 12/31/2007

Federal Statements

9/6/2012 8:50 PM

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MSG Ken Gillmore 21350 Missouri Ave N. Little Rock AR 72218	President	0	0	0	0
1SG James Troy 811 Trammel Road Sherwood AR 72117	Past Pres.	0	0	0	0
SMSGT John Fuller 6409 Fallstone Rd Ft. Smith AR 72916	Director	0	0	0	0
Msgt Cheryl Zorn P.O. Box 259 Lavaca AR 72941	Secretary	0	0	0	0
SGT Maryah Osborn 14446 Hwy 31N Ward AR 72172	Treasurer	0	0	0	0
SRA Michelle Romp 3805 Souix Trail Jacksonville AR 72076	Director	0	0	0	0
TSgt Kevin Miller 3621 Jackson #1 Bradford AR 72020	Director	0	0	0	0
SSG Jeffrey J. Frisby 144 Oklahoma Avenue Jacksonville AR 72076	Director	0	0	0	0
SFC Kevin Davis 26 Preston Lane Vilonia AR 72173	Director	0	0	0	0

22940 Enlisted Assoc of AR National Guard
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Federal Statements

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Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
SFC Ronald Haynes 10245 SW Campbell Road Fayetteville AR 72701	Director	0	0	0	0
SFC Cliff Winberry 1840 CR 473 Piggot AR 72454	Director	0	0	0	0
Msgt Myra A. Cross 991 Brockington Rd, #E24 Sherwood AR 72120	1st Vice Prs	0	0	0	0
Msgt Joyce M. Jackson 102 Creekwood Dr Jacksonville AR 72076	Director	0	0	0	0
1Sgt Don Breshears 6605 Kenwood Cammack Village AR 72207	Director	0	0	0	0
SSG Regina Powell 4002 Fairplay Rd. Benton AR 72019	2nd Vice Prs	0	0	0	0

71-0393457

Federal Asset Report

FYE: 12/31/2007

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Office equipment	7/01/92	1,100			1,100	7 MO S/L	1,100	0
3	Computer	7/01/94	600			600	5 MO S/L	600	0
4	Fish Cooker	7/01/94	3,000			3,000	7 MO S/L	3,000	0
5	HP Laser Printer	3/05/97	320			320	5 MO S/L	320	0
6	Software	12/05/97	698			698	3 MO S/L	698	0
7	Software	11/01/99	234			234	3 MO S/L	234	0
8	Computer	11/29/00	1,604			1,604	5 MO S/L	1,604	0
9	Digital camera	8/01/04	516			516	5 MO S/L	249	104
10	Smoker trailer	7/26/05	20,669			20,669	7 MO S/L	4,183	2,953
11	Laptop computer	6/12/05	1,429			1,429	5 MO S/L	453	285
12	Freezer	10/13/05	397			397	7 MO S/L	71	57
13	Smoker supplies	10/10/05	602			602	7 MO S/L	107	86
14	Storage bldg - JAMAR	5/18/06	2,555			2,555	15 MO S/L	99	171
15	6 Deep fryer baskets	8/03/06	800			800	7 MO S/L	48	114
16	20' trailer w/tires	8/12/06	4,245			4,245	5 MO S/L	354	849
17	Cajun Fryer	1/25/07	800			800	7 MO S/L	0	105
18	Catering equipment	2/28/07	170			170	7 MO S/L	0	20
19	Catering equipment	9/30/07	1,314			1,314	7 MO S/L	0	47
Total Other Depreciation			<u>41,053</u>			<u>41,053</u>		<u>13,120</u>	<u>4,791</u>
Total ACRS and Other Depreciation			<u>41,053</u>			<u>41,053</u>		<u>13,120</u>	<u>4,791</u>
Grand Totals			41,053			41,053		13,120	4,791
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expensed			0			0		0	0
Net Grand Totals			<u>41,053</u>			<u>41,053</u>		<u>13,120</u>	<u>4,791</u>

Federal Statements**Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column A	\$
Fundraising events	
Supplies	18,068
Repairs/Maintenance	1,549
Merchandise	1,085
SubTotal	<u>20,702</u>
Total	<u><u>20,702</u></u>

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.