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Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments 20 Cher assets (describe See Statement 3) (D) Total assets (Cher assets (describe See Statement 4)) (Cash, Savings, and Investments See Statement 4) (Cash, Savings, See Statement 4) (Cash, Seginning of year (Cash, Seginnin	Α	For the 2009 ca	lendar y	year, or tax year beginning	, 2009, and en	nding		,
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SPRINGFIELD, IL 62702-2399 Continuous co	X	Address change	Please use IRS	NATIONAL GUARD ASSOCIATION OF ILI	LINOIS		37-09	950079
Training to the product return Amended return Amend			print or			Ī	E Telephone	number
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**Section 301(2/3) organizations and 4947(s/T) nonexempt charitable trusts **Section 301(2/3) organizations and 4947(s/T) nonexempt charitable trusts **Section 301(2/3) organizations and 4947(s/T) nonexempt charitable trusts **Website: **N/A Check ** X of the organization is not investigation and its gross receipts are normally not more than \$4,000 A Transpace (about 1974) and the organization is not investigated in the organization of this gross receipts are normally not more than \$4,000 A Transpace (about 1974) and the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 **Section 990-62, or	\vdash	Termination	Specific			<u> </u>	•	
**Section 591(c/x3) organizations and 4947(x1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website: * M/A Hickory Hick	\vdash	Americed retain				! !		
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Check If the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 91 to determine gross receipts, if \$500,000 or more, file Form 990 \$ 74, 667. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	١.			W 501(a) (10) of (most m) (4047(a))	11 - 4 1407	990-EZ, or 9	90-PF)	edule & (FORIT 550,
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16 Other expenses (describe See Statement 2 16 53,575. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -54,200. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -54,200. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 19 Net assets or fund balances (attach explanation) 20 10 Other changes in net assets or fund balances (attach explanation) 21 27,976. 10 Other changes in net assets or fund balances (attach explanation) 21 27,976. 10 Other changes in net assets or fund balances (attach explanation) 20 10 Other changes in net assets or fund balances (attach explanation) 20 10 Other changes in net assets or fund balances (attach explanation) 20 10 Other changes in net assets or fund balances (attach explanation) 21 27,976. 21 Other assets or fund balances at end of year Combine lines 18 through 20 21 27,976. 22 Cash, savings, and investments 260,992 22 239,708. 23 Land and buildings 23 24 2,950. 24 Other assets (describe See Statement 3 1 24 2,950. 25 Total assets 260,993 25 242,658. 26 Total liabilities (describe See Statement 4 178,817 26 214,682 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176 27 27,976 27 Other changes in net assets at end of year (from line 27, column (A)) (must agree with end-of-year 18 18 18 17 19 19 18 17 19 19 18 17 19 18 17 19 19 19 19 19 19 19	55			whitees and mointaness	. Milat. + H	1 2 min [9]		
16	ڪچ	1 '	•		·	그(의		
17 Total expenses. Add lines 10 through 16 17 128,867. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -54,200. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 82,176. 20 Other changes in net assets or fund balances (attach explanation) 20 21 27,976. 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 27,976. 21 27,976. 22 Cash, savings, and investments (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 260,992. 22 239,708. 23 Land and buildings 23 24 Other assets (describe See Statement 3 1. 24 2,950. 25 Total assets 260,993. 25 242,658. 26 Total liabilities (describe See Statement 4) 178,817. 26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976. 27 27,976.	ာ့န		•		ř			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 82,176.	5	Ĭ			- X	· · · · · · · · · · · · · · · · · · ·		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 82,176.	-				•			
Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 976.		i e	•	•				31,200.
Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 976.	N S	19 Net assets	ts or fun	id balances at beginning of year (from line 2/, colum	n (A)) (must a	gree with end-of-	year	82.176
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Cash, savings, and investments (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments (Cash, savings, and investments (Cash, savings, and buildings (Cash, savings, and investments (Cash, savings, and i	ŤĘ	20 Other cha			• •			02/2/01
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 260,992. 22 239,708. 23 23 23 23 23 23 23 2	Ś				20		1	27, 976
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 260,992. 22 239,708. 23 Land and buildings. 23 24 Other assets (describe ► See Statement 3) 1. 24 2,950. 25 Total assets 260,993. 25 242,658. 26 Total liabilities (describe ► See Statement 4) 178,817. 26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976.	D					re file Form 990		
22 Cash, savings, and investments 260,992. 22 239,708. 23 Land and buildings. 23 24 Other assets (describe ► See Statement 3) 1. 24 2,950. 25 Total assets 260,993. 25 242,658. 26 Total liabilities (describe ► See Statement 4) 178,817. 26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976.	1 6	II (II Dala	ince of		230,000 01 1110			
23 23 24 Other assets (describe ► See Statement 3) 1. 24 2,950. 25 Total assets	22	Cach cavinos	s and in	·				
24 Other assets (describe ► See Statement 3) 1. 24 2,950. 25 Total assets 260,993. 25 242,658. 26 Total liabilities (describe ► See Statement 4) 178,817. 26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976.				modification		2007		=======================================
25 Total assets 260,993.25 242,658. 26 Total liabilities (describe ► See Statement 4) 178,817.26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176.27 27,976.				ne ► See Statement 3				2.950
26 Total liabilities (describe ► See Statement 4) 178,817. 26 214,682. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976.			(acacill)		260		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 82,176. 27 27,976.			es (desc	rube ► See Statement 4				
					21)			
DAM FOR FRIVACY ACT BIRL LABOR MORE RECORDED ACT MORES SEE SEDAIAGE MISTRACTIONS.						<u> </u>	_ /	Form 990-EZ (2009)



Form	990-EZ (2009) NATIONAL GUARD	ASSOCIATION OF ILL	INOIS		<u>-095</u>	0079 Page 2
Par				ons.)	(Regi	Expenses
Desc	s the organization's primary exempt purpose? Stribe what was achieved in carrying out the between the services provided, the number of am title.	ne organization's exempt purp f persons benefited, or other	oses In a clear and corelevant information for	oncise manner, each	501(c organ 4947(for ot	ured for section (3) and (4) izations and section (a)(1) trusts, optional hers.)
					10. 01	
		nis amount includes foreign gi		. •	28 a	
29	See Statement 6					
					ŀ	
20		nis amount includes foreign gi		· • • • • • • • • • • • • • • • • • • •	29 a	
30	See Statement 7					
			,,,			
31	(Grants \$) If the Other program services (attach schedule	nis amount includes foreign gi	rants, check here		30 a	
	(Grants \$ 3,000.) If the	nis amount includes foreign gi	rants, check here	▶ □	31 a	
32 Par	Total program service expenses (add littly List of Officers, Directors	nes 28a through 31a) Trustees, and Key Em	enlovees. List oach or	o over if not com	32	ted (See the instrs.)
rar		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensati		and other allowances
					Ì	
		-	41,381.		0.	0.
<u>See</u>	Statement 9		41,301.			<u> </u>
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	n 990-EZ (2009) NATIONAL GUARD ASSOCIATION OF ILLINOIS 37-0950079			age 3
Par	rt V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	сеше	Yes	
	5' 1 11 BY STAN AND AND AND AND AND AND AND AND AND A		1.03	
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34		34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
ä	reporting, and proxy tax requirements?	35 <u>a</u>	Х	
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ь	o If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9. B. Gross receipts, included on line 9, for public use of club facilities. 39a N/A N/A			
	b Gross receipts, included on line 9, for public use of club facilities			
40 8	section 4911 > N/A , section 4912 > N/A ; section 4955 > N/A			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T			
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42 a	The organization's	2_1	045	
	books are in care of ► CHARLES SPARACINO Telephone no. ► 708-34 Located at ► 2002 N. BROADWAY, MELROSE PARK, IL ZIP + 4 ► 60160-	822	945	
	Could be 2002 N. Diolibrity indicate react 12	<u></u> .		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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 a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		_X_
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
70	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	Ţ.		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812L 01/30/10 For	n 99 0)-EZ ((2009)

,	46-49b and complete the tables	s for lines 50 and 5	nexempt chant 1.	able trusts must answer (questioi	15	
46 Did t						Yes	No
	the organization engage in direct or indire sublic office? If 'Yes,' complete Schedule (
	the organization engage in lobbying activit				47		
	e organization a school as described in se				48		
	the organization make any transfers to an			on?	49a		
b If 'Ye	es,' was the related organization a section	527 organization?			49 b		
50 Com	plete this table for the organization's five	highest compensated er	mployees (other th	nan officers, directors, trustees	and key		
empl	loyees) who each received more than \$10	(b) Title and average	(c) Compensation	(d) Contributions to employee	ne. (e) Exp	ense	
(а	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(-,	benefit plans and deferred compensation	accour other allo	it and	s
-							
	-						
f Tota	I number of other employees paid over \$1	00,000 . ►					
51 Com com	plete this table for the organization's five pensation from the organization. If there i	s none, enter 'None.'	dependent contra	(b) Type of service	(c) Comp		
-	(a) runic and access of access marginalists						
		· · · · · · · · · · · · · · · · · · ·					
			 .				
							
d Tota	I number of other independent contractors	s each receiving over \$1	00,000 .	>			
	1	10		abla and a shall be heat of my broads	dee and hal		
	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which p	reparer has any knowledge.	aye and ber	ici, it is	
	1 (1) 1 2 1 4 4 4	1111		1 MAY 7	10	1/2	
Sign	Signature of officer	uno,		MAY 7,	00	10	
Here	CHARLES SPAR	11/10		Enganting V D			
	Type or print name and title	40100		Executive V.P.			
	Type or print name and title		- In-te	Prepa	rer's Identify	ına Nu	mber
Paid	Preparer's Signature MARK P MANURED	т	5/7/16	sen-	arer's Identify instructions)		
Pre-	Man for all C Comm			employed ► N/A	<u> </u>		
parer's	Firm's name (or yours if self-			FIN N	/ Z		
Use Only	employed), - 6846 W. Grand A			(772)	889-6	5600	
	ZIP+4 Cnicago, IL 607	·	ctions		X Yes		No
BAA	RS discuss this return with the preparer sh	iowii above: See instruc			Form 990		

2009	Federal Statements	Page 1
Client NGAI	NATIONAL GUARD ASSOCIATION OF ILLINOIS	 37-095007
Statement 1	10	04:06F
Form 990-EZ, Part I, Lir Grants and Similar Ame	ounts Paid	
Class of Activity: Donee's Name: Donee's Address:	1 KAITLYN LEIGH FLEMING 5007 DOBSON ST. SKOKIE, IL 60131	
Cash Amount Given:		\$ 1,000
Class of Activity: Donee's Name: Donee's Address:	ELIZABETH A. WILLOUGHBY 319 S. BLAIR	
Cash Amount Given:	VIRDEL, IL 62690	\$ 1,000
Class of Activity: Donee's Name: Donee's Address:	1 CARLYE MARSZALEK 3909 OLD MILL LANE SPRINGFIELD, IL 62711	
Cash Amount Given:		\$ 1,000.
Charitable Donation Conferences, Convention Consultants Dues & Subscription Insurance Internet Fees Meals & Lodging Membership Records	ng Expenses. ns. ntions, and Meetings ns Maintenance	1,441. 948. 10,001. 10,750. 104. 7,500. 1,363. 1,835. 275. 3,112. 700. 2,512. 3,295.
Special Event Supp		3,548.
Special Event Supp Support Activities Telephone Transportation Exp	ense Total	1,541. 4,650. 53,575.
Special Event Supp Support Activities Telephone Transportation Exp Statement 3 Form 990-EZ, Part II, Li Other Assets	Total \$	 4,650.

2009

Federal Statements

Page 2

Client NGAI

NATIONAL GUARD ASSOCIATION OF ILLINOIS

37-0950079

5/07/10

04:06PM

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

			_ <u>B</u>	<u>eginning </u>	<u>Ending</u>
Deferred Revenue	 		\$	171,315. \$	155,402.
EANGUS Dues Payable .	 			81.	0.
Grants Payable				5,013.	59,280.
Payroll Taxes Payable.				2,408.	0.
,		Tota	1 🖺	178,817.	214,682.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Published the Prarie Minuteman, a bi-monthly newspaper, to inform our 5,000 members, 300 legislators and other interested parties of our activities, accomplishments and news of unit and member achievements.

Statement 6
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Provide a low cost life insurance program to our members and dependents, to help provide financial security and enhance the well being of active and retired members of the Illinois National Guard and their dependents.

Statement 7
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

Represent all Illinois National Guard members in legislative matters. Provide a means of recognizing achievements, social contact, educational programs and civic programs of a patriotic nature.

Statement 8
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Program Service Expenses

Grants

<u>Description</u>

Take action to enhance the strength and armament of the Illinois National Guard, educate members and preserve the history of the Militia and Guard, support Military Museums, and assist all veterans homes and programs.

Includes Foreign Grants: No

2009	Federal Statements			Page 3
Client NGAI	NATIONAL GUARD ASSOCIATION OF	ILLINOIS		37-0950079
5/07/10 Statement 8 (continued) Form 990-EZ, Part III, Line 31 Statement of Program Service	e Accomplishments			04:06PM
"PRARIE MINUTEMAN SCHOLA	Description ARSHIP PROGRAM" for college		3,000.	Program Service Expenses
Re-Integration program :	Includes Foreign Grants study Includes Foreign Grants		3,000. \$	0.
Statement 9 Form 990-EZ, Part IV List of Officers, Directors, Tru Name and Addres	Title and Average Hours	Compen- sation	Contri- bution to EBP & DC	
Charles Sparacino 7733 W. Armitage Ave. Elmwood Park, IL 60707	Executive V.P. \$ 40.00	41,381.		
Michael Hough 1301 N. Mac ARTHUR BLVD SPRINGFIELD, IL 62702-2		0.	0.	0.
Cory Reid 5201 ADAM AVE. BARTONVILLE, IL 61607	President Elect 5.00	0.	0.	0.
Daniel Fleming 8642 n. keystone SKOKIE, IL 60076	Vice President 5.00	0.	0.	0.
Don Southerland	Vice President 0	0.	0.	0.
Joseph Schweickert 1414 W. Teton Drive Peoria, IL 61614	Vice President 5.00	0.	0.	0.
Mike Ward ,	Director 0	0.	0.	0.
Kathie Bowman 10400 W. SIR GALAHAD CT MAPLETON, IL 61547	Secretary . 5.00	0.	0.	0.

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Federal Statements

Page 4

Client NGAI

NATIONAL GUARD ASSOCIATION OF ILLINOIS

37-0950079

5/07/10

04:06PM

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Frank Bart 3023 N. CLARK ST. # 202 CHICAGO, IL 60657	Director 5.00	\$ 0.	\$ 0.	\$ 0.
Tim Barnhart	Treasurer 0	0.	0.	0.
Michael Zerbonia 2401 HURSTBOURNE LANE CHATHAM, IL 62629	Director 5.00	0.	0.	0.
Stephany Roth 13847 DEER RIDGE RD. BLOOMINGTON, IL 61704	Director 5.00	0.	0.	0.
Milton Nichols 1232 Country Lane LEMONT, IL 60439	Director 5.00	0.	0.	0.
Kevin Mulcahy 420 RMOR RD. SPRINGFIELD, IL 62704	Director 5.00	0.	0.	0.
John Pietrusinski 150 Scarborough Ct. O'Fallon, IL 62269	Director 0	0.	0.	0.
ı	Total	\$ 41,381.	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 10 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	3.7
indirectly, on a personal benefit contract?	No