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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C NATIONAL GUARD ASSOCIATION OF ILLINOIS 1301 N. MacArthur BLVD. SPRINGFIELD, IL 62702-2399	D Employer identification number 37-0950079
			E Telephone number 217-773-9089
			F Group Exemption Number
			G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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).**

I Website: ▶ N/A**J Tax-exempt status (check only one)** — ☒ 501(c) (19) (insert no) ☐ 4947(a)(1) or 4947

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 74,667.

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

1 Contributions, gifts, grants, and similar amounts received	1	16,160.
2 Program service revenue including government fees and contracts	2	25,227.
3 Membership dues and assessments	3	23,962.
4 Investment income	4	9,318.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶ _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	74,667.
10 Grants and similar amounts paid (attach schedule)	10	3,000.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	48,398.
13 Professional fees and other payments to independent contractors	13	2,000.
14 Occupancy, rent, utilities, and maintenance	14	6,000.
15 Printing, publications, postage, and shipping	15	15,894.
16 Other expenses (describe ▶ See Statement 2)	16	53,575.
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 Net assets or fund balances at end of year (Combine lines 18 through 20)	21	27,976.

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
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.

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Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 10

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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, reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
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		X
37a 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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 39a N/A, section 4912 39b N/A; section 4955 39c 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 40b		
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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
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. 40e		X
41 List the states with which a copy of this return is filed 41 None		

42a The organization's books are in care of **CHARLES SPARACINO** Telephone no. **708-343-1945**
 Located at **2002 N. BROADWAY, MELROSE PARK, IL** ZIP + 4 **60160-8220**

	Yes	No
b 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: _____		X
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.? If 'Yes,' enter the name of the foreign country: _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

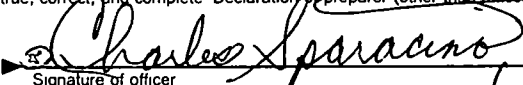

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

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		Date MAY 7, 2010	
	CHARLES SPARACINO Type or print name and title		Executive V.P.	
Paid Preparer's Use Only	Preparer's signature	 MARK P. MANFREDI	Date	5/7/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	Manfredi & Company 6846 W. Grand Ave., Ste. 200 Chicago, IL 60707		
	Check if self-employed	<input type="checkbox"/> N/A		
	Preparer's Identifying Number (See instructions)	N/A		
	EIN	N/A		
	Phone no	(773) 889-6600		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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NATIONAL GUARD ASSOCIATION OF ILLINOIS

37-0950079

5/07/10

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Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	1		
Donee's Name:	KAITLYN LEIGH FLEMING		
Donee's Address:	5007 DOBSON ST. SKOKIE, IL 60131		
Cash Amount Given:		\$	1,000.
 Class of Activity:	 1		
Donee's Name:	ELIZABETH A. WILLOUGHBY		
Donee's Address:	319 S. BLAIR VIRDEL, IL 62690		
Cash Amount Given:		\$	1,000.
 Class of Activity:	 1		
Donee's Name:	CARLYE MARSZALEK		
Donee's Address:	3909 OLD MILL LANE SPRINGFIELD, IL 62711		
Cash Amount Given:		\$	1,000.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Award Materials	\$	1,441.
Bank Charges		948.
Board Member Meeting Expenses		10,001.
Charitable Donations		10,750.
Conferences, Conventions, and Meetings		104.
Consultants		7,500.
Dues & Subscriptions		1,363.
Insurance		1,835.
Internet Fees		275.
Meals & Lodging		3,112.
Membership Records Maintenance		700.
Office Expenses		2,512.
Special Event Support Expense		3,295.
Support Activities		3,548.
Telephone		1,541.
Transportation Expense		4,650.
Total	\$	53,575.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 0.	\$ 2,950.
Rounding	1.	0.
Total	\$ 1.	\$ 2,950.

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

	<u>Beginning</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.
Total	\$ 178,817.	\$ 214,682.

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

Published the Prairie 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

<u>Description</u>	<u>Grants</u>	<u>Program Service Expenses</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		

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

Description	Grants	Program Service Expenses
"PRARIE MINUTEMAN SCHOLARSHIP PROGRAM" for college scholarships.	3,000.	
Includes Foreign Grants: No		
Re-Integration program study		
Includes Foreign Grants: No		
Total	\$ 3,000.	\$ 0.

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

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Charles Sparacino 7733 W. Armitage Ave. Elmwood Park, IL 60707	Executive V.P. 40.00	\$ 41,381.	\$ 0.	\$ 0.
Michael Hough 1301 N. Mac ARTHUR BLVD. SPRINGFIELD, IL 62702-2399	President 5.00	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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Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
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.
	Total	\$ 41,381.	\$ 0.	\$ 0.

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 indirectly, on a personal benefit contract? No