

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



±22940 09/06/2012 8 48 PM **Return of Organization Exempt From Income Tax** OMB No 1545-0047 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department of the Treasury benefit trust or private foundation) Open to Public Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection MAR For the 2009 calendar year, or tax year beginning and ending R Please Check if applicable C Name of organization D Employer identification number use IRS Enlisted Assoc of AR National Guard Address change label or 71-0393457 Doing Business As Name change print or Number and street (or P O box if mail is not delivered to street address) type. Room/suite Telephone number Initial return See 501-212-5007 P.O. Box 535 Specific Termination 102,634 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Amended return North Little Rock AR 72115-0535 F Name and address of principal officer H(a) Is this a group return for X Application pending affiliates? Statute clear Yes No H(b) Are all affiliates included? if "No," attach a list (see instructions) X 501(c) ◀ (insert no ) 527 Tax-exempt status 4947(a)(1) or N/A Website: H(c) Group exemption number ▶ Type of organization X Corporation L Year of formation 1966 AR Trust M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities To improve the standing of enlisted Guard members Governance STATUTE UNIT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed REGE 1145 25% of its net assets 14 Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 15) EB 2 4 2014 14 5 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 44,871 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 17,248 b Net unrelated business taxable income from Form 990-T, line 34 7b Pnor Year **Current Year** 0 7,000 Contributions and grants (Part VIII, line 1h) Revenue ß 90,166 74,920 Program service revenue (Part VIII, line 2g) 3,058 2,014 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~ -7,523 18,700 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) വ • 85,701 102,634 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 36,154 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,847 109,972 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 73,847 109,972 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 11,854 -7,338 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year  $\boldsymbol{\omega}$ 143,032 135. 694 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 143,032 135,694 22 Net assets or fund balances Subtract line 21 from line 20 Batching/ Sogden bai Part II Signature Block 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 Rec in Personal Perso Signature of office Type or print name and title Preparer's identifying number Check if Date Preparer's (see instructions) Paid selfsignature 09/06/12 P00299466 employed > Preparer's & Bailey, Rickels Frazier EIN Firm's name (or yours **Use Only** 415 North McKinley, Suite 1100 if self-employed), Phone address, and ZIP + 4 Little Rock. AR 72205 May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009) [0]

4d	Other program services (Describe in S	chedule O)		_
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	65,859		

**Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II 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," X complete Schedule D, Part I 6 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 R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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," X complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X 11 VII. VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 169 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 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2009)

19

X

X

20

If "Yes," complete Schedule G, Part III

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue 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 If "No," go to line 25	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
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 organization's prior Forms 990 or	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	١		**
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	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?			<b></b>
	If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del> </del>	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		ļ	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		x
20	Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If the schedule will be contributions of art, historical treasures, or other similar assets, or qualified	25		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		<del></del>
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		_	
•	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	X
		Foл	n 990	(2009)

Statements Regarding Other IRS Filings and Tax Compliance No Yes Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1h Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

22940 09/06/2012 8 48 PM Form 990 (2009) Enlisted Assoc of AR National Guard 71-0393457 Page 6 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 14 1b 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 X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b nse to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization

<u>Section</u>	<u>C.</u>	Disclosure

with a taxable entity during the year?

List the states with which a copy of this Form 990 is required to be filed ▶ AR 17

the organization's exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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

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

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SGT Stephanie Hernandez 2975 Spring Court

**AR** 72103

501-212-5007

16a

16b

Mabelvale

X

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

(A) Name and Title	(B) Average	Posi	tion (		C) k all t	that a			(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SSG Regina Powell									-	
President	1.00							0	0	0
MSgt Myra Cross										
Past Pres.	1.00					<u> </u>		0	0	0
SMSgt John Fuller			ļ							_
Director	1.00							0	0	0
SMSgt David H. Cu		1			1					_
Treasurer	1.00	↓_				ļ		0	0	0
SRA Michelle Rom		1					1		_	_
Director		ـــــ			<u> </u>	ļ		0	0	0
TSgt Kevin Miller	•					1				_
Director						<u> </u>		0	0	0
SSG Jeffrey J. Fi	risby			Ì						_
Director		1		ļ		<u> </u>	$oxed{oxed}$	0	0	0
SFC Kevin Davis										_
Director			ļ	<u> </u>	_	↓_	<u> </u>	0	. 0	0
SFC Ronald Haynes	\$									
Director		1	ļ	$\vdash$	_	<del> </del>		0	0	0
SFC Cliff Winber	Y						1			
Director	<u> </u>	↓_	<u> </u>			-	<u> </u>	0	0	0
SSG Jeffrey J. F	risby					ì			_	
2nd VP		1	1		╄	╁	<u> </u>	0	0	0
Msgt Joyce M. Jac	tkson	ļ								
Director		-	ļ	├	╄	╄	ļ	0	0	0
1Sgt Don Breshear	ts								_	_
Director	ļ	<del></del>	<u> </u>	<b>↓</b>	╄	┼	₩	0	0	0
SMSgt Michael Le	pahan					1				
1st VP		-	_	$\vdash$	┼-	+	$\vdash$	0	0	0
	1						1			
		+	t	$\dagger$	${\mathsf T}$	+	╁┈			
	I	1	1	1	1	1	1	1	i	i

Part )	0 (2009) Enlisted  Section A. Officer								d Highest Compensated I				age 8
* ***	(A) Name and Title	(B) Average hours per week	Posi	tion (	((	c) call t	hat ap		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amoun othe	ted t of r	
			Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from the organiza and rela organiza	ne ition ited	
			-										
			-								<del></del>		
									:				
				_									
<del></del>													
	otal otal number of individuals ( portable compensation fro	_			thos	se lis	sted a	bov	re) who received more than	\$100,000 in			
	id the organization list any mployee on line 1a? If "Yes								oyee, or highest compensa	ted	3	Yes	No X
4 F	or any individual listed on li ie organization and related idividual	ne 1a, is the sun	n of re	eport	able	con	npens	satio	on and other compensation es," complete Schedule J fo	from or such	4		x
	id any person listed on line ervices rendered to the org									or	5		х
	on B. Independent Contractor B. Independent B. Ind		pensa	ated	ınde	pend	dent (	cont	tractors that received more	than \$100,000 of			
	ompensation from the orga					•		Т		(B) otion of services	Co	(C)	tion
	Name	la business buaress							563611	SOUT OF SOUNCES		пропод	
									··				

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶

DAA

## Form 990 (2009) Enlisted Assoc of AR National Guard 71-0393457

Part \	<u>V 11</u>	ii Stateme	nt of Reve	illuc			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>रु</b> रु	a	Federated camp	aigns	1a						
	b I	Membership due	s	1b						
s, g	c I	Fundraising ever	nts	1c						
ar F	d I	Related organiza	itions	1d	_					
ξ <u>Έ</u>	e	Government grants (co	ntributions)	1e						
Contributions, gifts, grants and other similar amounts		All other contributions, and similar amounts no		1f		7,000				
	_	Noncash contributions Total. Add lines		-1f \$	S	<b>.</b>	7,000			
Program Service Revenue			_			Busn. Code				
를   2	a	Statewide	conf bk			511120	38,623		38,623	
8	b	Membershi	p dues				25,177	25,177		
<u>ş</u>	Ç	Life Ins.	COMMISSIO	ns		524298	6,248		6,248	
Ser	d		ng/Golf To		ent		4,872	4,872		
Ē	е									
g	f.	All other prograr	n service reve	enue						
<u>r</u>	g	Total. Add lines	2a-2f			<b>&gt;</b>	74,920			
3	3	Investment inco	ne (including	dıvıder	ds, inter	est, and				
		other similar am	ounts)			▶	2,014			2,014
4	ļ	Income from inv	estment of ta	x-exem	pt bond p	oroceeds ►				
5	,	Royalties				<b>▶</b>				
			(ı) Real		(n) l	Personal				
6	ia	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
		Net rental incom	e or (loss)			<b>•</b>				
7		Gross amount from sales of assets other than inventory	(ı) Securitie	es	(11	) Other				
	_	Less cost or other basis & sales exps								
		Gain or (loss)								
		Net gain or (loss	s)		•	<b>•</b>				
وا		Gross income from	· •	ents						
Other Revenue		(not including \$	J							
ě		of contributions rej	orted on line 1	c)						
ž		See Part IV, line 1	3	а						
를	b	Less direct exp	enses	b						
<u> </u>	С	Net income or (	oss) from fun	draising	events	<b>&gt;</b>				
9	Эа	Gross income from	n gaming activiti	es						
		See Part IV, line 1	€	а						
	b	Less direct exp	enses	b						
	С	Net income or (	oss) from gar	ning ac	tivities	•				
10	0a	Gross sales of	nventory, less	6						
		returns and allo	wances	а						
ļ	b	Less cost of go	ods sold	b						
L	С	Net income or (	oss) from sal	es of in	ventory	<b>•</b>				
		Miscel	aneous Revenu	ie		Busn Code				
1	1a	Fundraisin	g events/c	ateri	ng		10,023			10,023
	þ	State Conf	erence inc	one			8,677	8,677		
	С									
	d	All other revenu	е						····	
	е	Total. Add lines	11a-11d			•	18,700			
			See instructi				102,634	38,726	44,871	12,037

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).

		(A)	(B)	(c)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	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				
	U.S. See Part IV, lines 15 and 16	_	<del></del>		<u></u>
4	Benefits paid to or for members		<del></del>		
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			-	<del></del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	-			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>	<u>.                                    </u>		
19	Conferences, conventions, and meetings			-	
20	Interest				
21	Payments to affiliates	E 000		346	5,534
22	Depreciation, depletion, and amortization	5,880		340	3,334
23	Insurance				
	Other company the company of the com				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	J			
_	5% of total expenses shown on line 25 below State conference	30,502	30,502		
a		26,623		<u> </u>	26,623
b	National (EANGUS) dues	20,563		3	20,023
C	National (EANGUS) dues National (EANGUS) expense				
d			2,804		
e	•	10,140			
f	•	10000			
25	Total functional expenses. Add lines 1 through 24	109,912	00,00	1,939	30,134
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs	3			
	from a combined educational campaign and				
<del></del>	fundraising solicitation	<u> I</u>	l	1	5 000 (200

Pa	rt X	Balance Sheet				т	
					(A) Beginning of year		(B) End of year
Т	4	Cook			18,921	1	18,821
		Cash—non-interest bearing		}	101,248		99,890
-		Savings and temporary cash investments			101,240	3	99,090
	_	Pledges and grants receivable, net			<del></del>	4	
- 1	4	Accounts receivable, net	4			4	
	5	Receivables from current and former officers, directors		· ·			
		employees, and highest compensated employees. Cor	npiete Pa	art II or		اہ	
	_	Schedule L				5	
ŀ	6	Receivables from other disqualified persons (as define					
- 1		4958(f)(1)) and persons described in section 4958(c)(3	)(B) Cor	nplete			
က (၃		Part II of Schedule L			100	6	100
ğ	7	Notes and loans receivable, net			100	7	100
Assets	8	Inventories for sale or use		ļ		8	
`	9	Prepaid expenses and deferred charges	1 1		······································	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	45,953			
	b	Less accumulated depreciation	10b	29,224	22,609	10c	16,729
	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	1 1 1	13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		154	15	154	
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		143,032	16	135,694
	17	Accounts payable and accrued expenses			17		
- 1	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ဖွ	21	Escrow or custodial account liability Complete Part IV	of Schee	dule D		21	
≝∣	22	Payables to current and former officers, directors, trust					
Liabilities		employees, highest compensated employees, and disc					
ا <u>ت</u>		persons Complete Part II of Schedule L	•			22	
<b>-</b>	23	Secured mortgages and notes payable to unrelated thi	rd partie	s		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			-	26	
$\rightarrow$		Organizations that follow SFAS 117, check here ▶	X and				
2		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			143,032	27	135,694
Ba	28	Temporarily restricted net assets				28	
ַ	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, check h	ere ▶	7			
֡֡֡֡֡֡֡֡֡֡		and complete lines 30 through 34.		_1			
S	30	Capital stock or trust principal, or current funds				30	
를	31	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
SS	32	Retained earnings, endowment, accumulated income,		funds	-	32	
<b>₹</b>	33	Total net assets or fund balances	or other	rainas	143,032		135,694
Net Assets or Fund Balances	34	Total liabilities and net assets/fund balances			143,032		135,694

Form **990** (2009)

'Form	1990 (2009) Enlisted Assoc of AR National Guard 71-0393457		Pa	ge <b>12</b>
Pa	art 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 or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	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			
	the Single Audit Act and OMB Circular A-133?	3a		
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	3b		

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

Open to Public Inspection

Name	of the organization	Employer identification number			
	nlisted Assoc of AR National Guard		71-0393457		
Pa	rt I Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990,	nds or Other Similar Funds or A Part IV, line 6.	ccounts. Complete	ıf	
		(a) Donor advised funds	(b) Funds and other a	ccounts	
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	t the assets held in donor advised	_		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes 📙 No	
6	Did the organization inform all grantees, donors, and donor advisors in				
	used only for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other			
	purpose conferring impermissible private benefit?			Yes L No	
<u>Pa</u>	rt II Conservation Easements. Complete if the organization		1 990, Part IV, line_	<u>/</u>	
1	Purpose(s) of conservation easements held by the organization (check				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp			
	Protection of natural habitat	Preservation of certified historic st	ructure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser	vation		
	easement on the last day of the tax year			4 =	
			Held at the End	of the Tax Year	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure inc	• •	2c		
d	Number of conservation easements included in (c) acquired after 8/17		2d		
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organization	on during		
	the taxable year				
4	Number of states where property subject to conservation easement is				
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		🗆	
	violations, and enforcement of the conservation easements it holds?			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	:ar		
_	<u></u>				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year			
_					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section		Yes No	
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?		<del></del>	res   No	
9	In Part XIV, describe how the organization reports conservation easen balance sheet, and include, if applicable, the text of the footnote to the	·			
	the organization's accounting for conservation easements	organization's infancial statements that de	SCIDES		
- Pr	art III Organizations Maintaining Collections of Art,	Historical Treasures or Other S	Similar Assets		
	Complete if the organization answered "Yes" to			_	
1a	If the organization elected, as permitted under SFAS 116, not to report	t in its revenue statement and balance she	et works of		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	public service,		
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items			
b	If the organization elected, as permitted under SFAS 116, to report in	its revenue statement and balance sheet w	orks of art,		
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service,		
	provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$		
2	If the organization received or held works of art, historical treasures, o	r other sımılar assets for financıal gaın, pro	vide the		
	following amounts required to be reported under SFAS 116 relating to	these items			
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
b	Assets included in Form 990, Part X		<b>▶</b> \$		

		O-U4'			71 03		- (aaadiaad)	_
	rt III Organizations Maintaining (						(continuea)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, ch	eck any of the follows	ng that are	a significa	ant use of its		
а	Public exhibition	<b>d</b> Loan	or exchange progran	ns				
b	Scholarly research	e Othe	er					
С	Preservation for future generations					<del>_</del> _		
4	Provide a description of the organization's colle	ections and explain how	v they further the orga	inization's	exempt pu	irpose in		
5	During the year, did the organization solicit or r	receive donations of art	, historical treasures,	or other s	ımılar		☐ Yes ☐ N	lo
Da	assets to be sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to raise funds rather than to be the sold to be the sold to raise funds rather than to be the sold				eworod	"Voe" to Form		<u> </u>
ra				alion an	SWEIEU	res to roini	330, Fait	
	IV, line 9, or reported an am	·						
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or ot	ner assets	not			١.
	included on Form 990, Part X?						Yes N	0
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followi	ng table					-
							Amount	-
С	Beginning balance					1c		-
d	Additions during the year					1d		_
е	Distributions during the year					1e		_
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21?	•				Yes N	О
b	If "Yes," explain the arrangement in Part XIV							
Pa	ert V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form	990, Pa	irt IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two	ears back	(d) Three years bac	k (e) Four years bac	k
1a	Beginning of year balance							
	Contributions				······································			
	Net investment earnings, gains,			<b>-</b>				
·	and losses							
				<b>†</b> ************************************			~	
	Grants or scholarships			<del> </del>				
е	Other expenditures for facilities			1				
_	and programs			<del> </del>	·····			
Ť	Administrative expenses			<del> </del>				
g	End of year balance					<u> </u>		
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment ▶ _	%						
b	Permanent endowment ►%							
С	Term endowment ►%							
3a	Are there endowment funds not in the possess	sion of the organization	that are held and add	ministered	for the			
	organization by						Yes N	0
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required on Se	chedule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endowm	ent funds					
Pa	ert VI Investments—Land, Buildin			0, Part	X, line 1	0.		
	Description of investment	(a) Cost or other basis				cumulated	(d) Book value	
		(investment)	basis (other	er)	depi	reciation		
12	Land							
	Buildings							_
	Leasehold improvements					<u> </u>		_
	-		.		_			_
	Equipment		ΛF	5,953		29,224	16,72	, 0
	Other  I. Add lines 1a through 1e (Column (d) must ed	ual Form 990 Part Y			_		16,72	

Part VII	Form 990) 2009 Enlisted Assoc of A Investments—Other Securities. See Form	990. Part X line 12	
1 222 231	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial deri	vatives		
Closely-held	equity interests		
Other			
	<b></b>		
		_	
		_	
	-	_	
		_	
	<del></del>	-	
		_	
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII	Investments—Program Related. See Form	·	
I WIL WISH	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-)		Cost or end-of-year market value
			·
	nn (b) must equal Form 990, Part X, coi (B) line 13)	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, line 1		(b) Book value
-	(a) Description		(b) book value
	<del></del>		
		-	
		-	
<del> </del>			
	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
Part X	Other Liabilities. See Form 990, Part X, lir		
1	(a) Description of liability	(b) Amount	
Federal inco	me taxes		
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		
	<del> </del>		
-			
		<del></del>	

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

<u>Sche</u>	dule D (Form 990) 2009 Enlisted Assoc of AR National	. Gu	ard 71-039345	57	Page <b>4</b>
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Stater	nents	i
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			10	<u> </u>
Pa	at XII Reconciliation of Revenue per Audited Financial Stateme	ents V	<u>Vith Revenue per Re</u>	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	ì		
а	Net unrealized gains on investments	2a		4	
b	Donated services and use of facilities	2b		4	
C	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV)	2d	}	4	
е	Č			2e	
3	Subtract line 2e from line 1	ſ	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		╡	
b		4b	1	┨.	
_C				4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		MACAL Everynous man	5	<u></u>
	art XIII Reconciliation of Expenses per Audited Financial Statem	ients	with Expenses per		' <b>n</b>
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	۔ ا	I		
a L		2a		-	
b	•	2b		i	
C		2c		-	
d		2d		٠,	1
_	Add lines 2a through 2d Subtract line 2e from line 1			2e	
3				$\vdash$	
		ſ	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[ 40		$\vdash$	
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	!	$\vdash$	
a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a 4b		3	
a b c	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)  Add lines 4a and 4b			3 4c	
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			3	
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4b	and 4 Part IV lines 1h	3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
a b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4b		3 4c	
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Schedule Difform 900 2009 Enlisted Assoc of AR National Guard 71-0393457 Page 5 Part XIV Supplemental Information (continued)	Sched	lule	D (F	orm !	990)	200	9	Er	al:	ist	tec	1 2	Ass	300	: 0	f	AR	N	ati	on	<u>al</u>	Gı	ua	rd	71	-0:	<u> 393</u>	45	7			 	Page	5
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

20

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

Enlisted Assoc of AR National Guard

Employer identification number 71-0393457

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Draft return provided to treasurer prior to filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form <b>990</b>		Special Event	s Schedule		U	2009
	For calendar year 2009, or t	ax year beginning	, and e	inding		
łame				1	Employer lo	lentification Number
Enlisted Ass	soc of AR Natio	nal Guard			71-039	3457
	(A)	(B)	(C)	Others		Total
Gross receipts	20,662	0	0		<u> </u>	20,662
Less contributions	0	0	0		0	0
Gross revenue	20,662	0	0		0	20,662
Less direct expenses	10,639	0	0		0	10,639
Net income (loss)	10,023	0	0	·	0	10,023
(,						
Description (A)	Fundraising (	events/cateri	ng			

tion	(A)	Fundraising events/catering
	(B)	
	(6)	
	(C)	
	Others	

Forms		
990	/	990-PF

# Other Notes and Loans Receivable

For calendar year 2009, or tax year beginning

hr	anding	

2	በሰ	10
	J.	,,,

Name

<u>(4)</u>

(6) (7) (8) (9) (10)

Totals

and ending

Employer Identification Number

100

100

Enl	isted Assoc o	f AR Nation	al Guard				71-0	3934	57
For	m 990, Part X	., Line 7 -	Addition	al :	Information	n.			
		of borrower				Relationship to dis	nualified	person	
(1) O	ther receivab			$\neg \neg$	<del></del>	reductionship to dis	quamica	porcon	
(2)					-				
(3)									
(4)		· · · · · · · · · · · · · · · · · · ·							
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<u></u>	Original amount	Data of lang	Matunty				•••••	T	Interest
/1)	borrowed	Date of loan	date			payment terms			rate
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(10)	· · · · · · · · · · · · · · · · · · ·		-						
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	Security p	rovided by borrower				Purpose o	f loan		
(1)						<u> </u>			
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(4)					<u></u> .			_	
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(10)			······································		<u> </u>				
			T	В	alance due at	Balance due a			narket value
	Consideration fu	ırnıshed by lender		b	eginning of year	end of year		(9	90-PF only)
<u>(1)</u>					100		100		
(2)				_					
(3)									