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F Group Exemption
Number 

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	257,370	22	242,845
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	257,370	25	242,845
26	Total liabilities (describe in Schedule O)	44,015	26	38,154
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	213,355	27	204,691

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input type="checkbox"/>	
What is the organization's primary exempt purpose? The purpose of the National Guard Association of Illinois is to promote the national security of the United States of America, to promote, foster, and improve the well being of active and retired personnel of the National Guard of the State of Illinois, to support and promote such activities and organizations beneficial to such personnel, supporting the goals and programs of the EANGU and NGAU, and to establish and maintain honor and respect for the National Guard		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)		32	11,154

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				
















Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

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		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 . . . 		
d	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	40e	No
41	List the states with which a copy of this return is filed  IL		
42a	The organization's books are in care of  Harold Keistler Telephone no  (217) 836-5251 1301 N MacArthur Blvd Located at  Springfield, IL ZIP + 4  627022399		
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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here  and enter the amount of tax-exempt interest received or accrued during the tax year 	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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.

Sign Here	*****	2012-06-28		
	Signature of officer	Date		
Paid Preparer's Use Only	Harold Keistler Executive Director			
	Type or print name and title			
	Preparer's signature Robert Cameron	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Cameron Smith & Company PC 2319 West Jefferson Springfield, IL 62702	EIN	Phone no (217) 787-8822

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

Yes No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 37-0950079

Name: National Guard Association of Illinois

Form 990-EZ, Special Condition Description:

Special Condition Description

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28 Re-Integration program study</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	
<div>29 "Prairie Minuteman Scholarship Program" for college scholarships</div> <div>(Grants \$ 2,000)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	
<div>30 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</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	
<div>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</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		
<div>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</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		
<div>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</div> <div>(Grants \$ 9,154)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization National Guard Association of Illinois	Employer identification number 37-0950079
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	Payroll Liabilities - Beginning \$535 Payroll Liabilities - Ending \$407
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	NGAUS & EANGUS Dues Payable - Beginning \$2634 NGAUS & EANGUS Dues Payable - Ending \$542
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$1500 Deferred Revenue - Ending \$0
Form 990-EZ, Part II, Line 26 1002	Total Liabilities 1002	Grants Payable - Beginning \$39346 Grants Payable - Ending \$37205
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Dues \$15
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Miscellaneous \$52
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Charitable Contributions \$100
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Meals & Lodging \$540
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Telephone \$805
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Bank Charges \$932
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Transportation \$944
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Internet \$1612
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	National Support \$2135
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Board Member Meeting Expense \$2598
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1918
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$940
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1535
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous \$218

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Milt Nichols 1232 Country Lane Lemont,IL 60439	Director 5 00	0		
Kevin Mulcahy 420 Rmor Rd Springfield,IL 62704	Director 5 00	0		
Matthew Voyles 2217 Aspen Dr Woodstock,IL 60098	Director 5 00	0		
Timothy Newman 1920 Stewart Ln Plainfield,IL 60586	Director 5 00	0		
Michael Zerbonia 2401 Hurstbourne Lane Chatham,IL 62629	Vice President 5 00	0		
Jason Celletti 3517 Fernwood Dr Springfield,IL 62711	Director 5 00	0		
Steve Foster 8296 Breezy Meadows Dr Riverton,IL 62561	Director 5 00	0		
Christopher McIntyre 660 Airport Rd Decatur,IL 62521	Secretary 5 00	0		
Tim Barnhart 837 S Illinois Springfield,IL 62704	Treasurer 5 00	0		
Steven Pearson 400 E South Water St Apt 7 Chicago,IL 60601	VP - EANGUS 5 00	0		
Randy Thomas 1700 Bates Springfield,IL 62704	VP - NGAUS 5 00	0		
Harold E Keistler 1301 N MacArthur Blvd Springfield,IL 627022317	Exec Director 40 00	31,337		
Jon Boehning 62 Shamrock O Fallon,IL 62269	President 5 00	0		
Joe Schweickert 1414 W Teton Drive Peoria,IL 61614	President 5 00	0		
Roger Masters 1108 3rd St Henry,IL 61537	Director 0	0		