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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

National Guard Association of Illinois

D Employer identification number

37-0950079

E Telephone number

(217) 836-5251

F Group Exemption Number

G Accounting Method

Cash

Accrual

Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

www.ngai.com

J Tax-exempt status

501(c)(3)

501(c)(19)

(insert no)

4947(a)(1)

527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 95,388

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,700
	2	Program service revenue including government fees and contracts	2	61,004
	3	Membership dues and assessments	3	19,703
	4	Investment income	4	3,781
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	1,200
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,388
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,700
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	32,861
	13	Professional fees and other payments to independent contractors	13	935
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	10,197
	16	Other expenses (describe in Schedule O)	16	75,350
	17	Total expenses. Add lines 10 through 16	17	121,043
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-25,655
	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	204,691
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	179,036

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	242,845	22	214,670
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	242,845	25	214,670
26 Total liabilities (describe in Schedule O)	38,154	26	35,634
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	204,691	27	179,036

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

☐

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

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

11,896

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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		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
35a	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 <input type="checkbox"/> 37a <input type="text"/>		
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 <input type="text"/>		
39	Section 501(c)(7) organizations Enter <input type="text"/>		
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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 <input type="checkbox"/> IL _____		
42a	The organization's books are in care of <input type="checkbox"/> Harold Keistler _____ Telephone no <input type="checkbox"/> (217) 836-5251 Located at <input type="checkbox"/> 1301 N MacArthur Blvd Springfield, IL _____ ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ 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 the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds during the year? 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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	<div>*****</div> <div>Signature of officer</div>			<div>2013-08-13</div> <div>Date</div>	
	<div>Harold Keistler Executive Director</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature Robert Cameron	Date	Check <input type="checkbox"/> if self-employed PTIN P00548149
	Firm's name <input checked="" type="checkbox"/> Cameron Smith & Company PC				Firm's EIN <input checked="" type="checkbox"/>
	Firm's address <input checked="" type="checkbox"/> 2319 West Jefferson Springfield, IL 62702				Phone no (217) 787-8822
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
EIN: 37-0950079
Name: National Guard Association of Illinois

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.)	
28 Re-Integration program study (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 "Prairie Minuteman Scholarship Program" for college scholarships (Grants \$ 1,700) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
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 (Grants \$ 10,196) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Milt Nichols Director	5 00	0		
Kevin Mulcahy VP-Air/Army	5 00	0		
Matthew Voyles Director	5 00	0		
Timothy Newman Director	5 00	0		
Shawn Strahle Director	5 00	0		
Michael Zerbonia President-Elect	5 00	0		
Timothy Johnson Director	5 00	0		
Keith Benko Director	5 00	0		
Steve Foster Director	5 00	0		
Christopher McIntyre Secretary	5 00	0		
Tim Barnhart Treasurer	5 00	0		
Steven Pearson VP - EANGUS	5 00	0		
Michael Beierman Director	5 00	0		
Harold E Keistler Exec Director	40 00	30,597		
Jonathan Boehning President	5 00	0		

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James Smith VP-NGAUS	5 00	0		
Roger Masters Director	5 00	0		

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

2012

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 \$407 Payroll Liabilities - Ending \$0
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	NGAUS & EANGUS Dues Payable - Beginning \$542 NGAUS & EANGUS Dues Payable - Ending \$9637
Form 990-EZ, Part II, Line 26 1002	Total Liabilities 1002	Grants Payable - Beginning \$37205 Grants Payable - Ending \$25997
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Dues \$190
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Transportation \$562
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Board Member Meeting Expense \$779
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Telephone \$892
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Meals & Lodging \$1077
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Bank Charges \$1111
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	National Support \$3322
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Internet \$3333
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Grant Expense \$9285
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$2811
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$50087
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1901
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous \$1200