

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)

OMB No 1545-1150
2009
Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL GUARDIANSHIP ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 174 CRESTVIEW DRIVE City or town, state or country, and ZIP + 4 BELLEFONTE, PA 16823	D Employer identification number 36-3591860 E Telephone number F Group Exemption Number ▶
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: WWWGUARDIANSHIPORG

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

J Tax-Exempt status (check only one) — 501(c)(3) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 492,903

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	15,175
	2 Program service revenue including government fees and contracts	2	217,438
	3 Membership dues and assessments	3	155,406
	4 Investment income	4	2,577
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	69,171
	b Less direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	69,171	
Revenue	7a Gross sales of inventory, less returns and allowances	7a	29,636
	b Less cost of goods sold	7b	7,133
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	22,503
	8 Other revenue (describe)	8	3,500
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	485,770
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	203,700
	13 Professional fees and other payments to independent contractors	13	17,403
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	30,599
	16 Other expenses (describe)	16	230,757
	17 Total expenses. Add lines 10 through 16	17	482,459
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,311
	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	88,085
	20 Other changes in net assets or fund balances (attach explanation)	20	1,739
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,135

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	70,394	22	94,872
23 Land and buildings		23	
24 Other assets (describe)	21,168	24	
25 Total assets	91,562	25	94,872
26 Total liabilities (describe)	3,477	26	1,737
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,085	27	93,135

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? EDUCATION FOR GUARDIANSHIP PROFESSION 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.	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28 SPONSORED ANNUAL NATIONAL CONFERENCE ON GUARDIANHSIP IN NASHVILLE 407 ATTENDEES OPEN TO MEMBERS AND NON MEMBERS HELD 2ND COLLOQUIUM ON GUARDIANSHIP WITH 95 ATTENDEES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	165,767
29 CONTINUED TO OFFER SIX WEBSITE TRAINING MODULES FOR INDIVIDUALS TO STUDY TEST AND RECEIVE CREDIT TOWARD CERTIFICATION 31 PARTICIPANTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	200
30 SENT 3 NEWSLETTERS TO 1000 INDIVIDUALS AFFILIATES ETC MAINTAINED COMMUNICATION WITH 23 STATE AFFILIATES 174857 HITS TO WEBSITE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,535
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	171,502

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		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 period covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>THE HEUSER GROUP</u> Telephone no ▶ <u>(814) 238-3126</u> 174 CRESTVIEW DRIVE Located at ▶ <u>BELLEFONTE, PA</u> ZIP + 4 ▶ <u>16823</u>		
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.	Yes	No
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 ▶ _____		No
42c			No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44			No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No
45			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 46-49b and complete the tables for lines 50 and 51.

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

50(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
THE HEUSER GROUP 174 CRESTVIEW DRIVE Bellefonte, PA 16823	MANAGEMENT	124,200

51(d) Total number of other independent contractors each receiving over \$10

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein, and I believe that the return and all such schedules or attachments are true, correct, and complete. Declaration of preparer (other than officer) if preparer has examined the return.

Signature of officer

PATRICIA E HEUSER BUSINESS MANAGE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LISA ACRI CPA Date: 2010-07-16

Firm's name (or yours if self-employed), address, and ZIP + 4: LISA ACRI CPA AND ASSOCIATES INC
3 SOUTH UNION ST
MIDDLETOWN, PA 17057

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL GUARDIANSHIP ASSOCIATION

Employer identification number

36-3591860

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	114,005	111,330	113,770	154,360	170,581	664,046
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	180,922	228,927	234,275	346,862	217,438	1,208,424
3 Gross receipts from activities that are not an unrelated trade or business under section 513					29,636	29,636
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	294,927	340,257	348,045	501,222	417,655	1,902,106
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						1,902,106

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	294,927	340,257	348,045	501,222	417,655	1,902,106
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4	2,150	3,427	2,657	2,577	10,815
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4	2,150	3,427	2,657	2,577	10,815
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					65,000	65,000
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,655	9,623	13,129	16,940	4,171	47,518
13 Total support (Add lines 9, 10c, 11 and 12)						2,025,439
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	93.910 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.870 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.530 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.460 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 36-3591860
Name: NATIONAL GUARDIANSHIP ASSOCIATION

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
VICKI ALKIRE 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	PRESIDENT 1	0	0	0
KATHLEEN BUCHANAN 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	PRESIDENT ELECT 1	0	0	0
SALLY HURME 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
PATRICK FERCHILL 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
JULIA NACK 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	TREASURER 1	0	0	0
DANIEL STUBBS 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
RUSSELL MARSHALL 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
BETH UPSHAW MATHEWS 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
JR RITTENHOUSE 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
MADELINE SHARKO 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
MARGY M CAMPBELL 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
WIL HANSEN 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
TERRY HAMMOND 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	EXECUTIVE DIREC 15	79,500	0	0
THE HEUSER GROUP 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	MANAGEMENT COMP 75	124,200	0	0
GINNY CASAZZA 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
IRVIN CONDON 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	SECRETARY 1	0	0	0
TERRY EDWARDS 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0
STEVEN FIELDS 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	PAST PRESIDENT 1	0	0	0
MICHELLE HOLLISTER 174 CRESTVIEW DRIVE BELLEFONTE, PA 16823	DIRECTOR 1	0	0	0

TY 2009 Other Assets Schedule

Name: NATIONAL GUARDIANSHIP ASSOCIATION

EIN: 36-3591860

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES	21,168	

TY 2009 Other Changes in Net Assets Schedule

Name: NATIONAL GUARDIANSHIP ASSOCIATION

EIN: 36-3591860

Description	Amount
PRIOR PERIOD NGN CORRECTION	1,739

TY 2009 Other Expenses Schedule**Name:** NATIONAL GUARDIANSHIP ASSOCIATION**EIN:** 36-3591860

Description	Amount
CONFERENCE AND MEETING	183,410
BANK AND CREDIT CARD FEES	6,652
INSURANCE EXPENSE	7,569
OFFICE EXPENSE	622
TELEPHONE	1,969
TRAVEL EXPENSE	17,265
WEBSITE EXPENSE	4,013
MISCELLENOUS AND NGN EXPENSE	5,239
FEES AND REBATE	3,365
DUES AND MISC EXPENSE	653

TY 2009 Other Liabilities Schedule

Name: NATIONAL GUARDIANSHIP ASSOCIATION

EIN: 36-3591860

Description	Beginning of Year Amount	End of Year Amount
DUE TO NATL GUARDIAN NETWORK	3,477	1,737

TY 2009 Other Revenues Schedule

Name: NATIONAL GUARDIANSHIP ASSOCIATION

EIN: 36-3591860

Description	Amount
NGN INCOME	3,500