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Form Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047


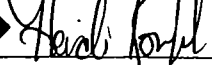
**Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</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	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> WISCONSIN NATIONAL GUARD ASSOCIATION, INC	<b>D Employer identification number</b>
		Doing Business As	39-1501131
		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
		2400 WRIGHT STREET RM 208	(608) 242-3114
		City or town, state or country, and ZIP + 4	<b>G Gross receipts \$</b> 939,137.
		MADISON, WI 53704-2572	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>F Name and address of principal officer:</b> SAME AS ABOVE	<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list (see instructions)
<b>I Tax-exempt status</b>	<input checked="" type="checkbox"/> 501(c)(19) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.WINGA.ORG			
<b>K Form of organization</b>	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation</b> 1975	<b>M State of legal domicile</b> WI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CONTRIBUTE FULL RESOURCES FOR ADVANCING THE SECURITY OF THE STATES. SUPPORT NATIONAL MILITARY POLICY THAT PROMOTES STABILITY & PEACE IN THE WORLD. FOSTER PUBLIC UNDERSTANDING AND SUPPORT OF THE ARMED FORCES.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	6	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	23	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	54,637.	65,909.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		245,836.	175,137.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-47,329.	-101,211.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327.	50,135.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		253,471.	189,970.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		34,967.	37,122.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		194,224.	170,327.	
<b>b</b> Total fundraising expenses, Part IX, column (C), line 25 ▶			0.	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 12-14d, 11f-24f)	127,602.	139,045.	
	<b>18</b> Total expenses - add lines 14 through 18 (must equal Part IX, column (A), line 25)	356,793.	346,494.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-103,322.	-156,524.	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	1,270,796.	1,096,283.
		<b>22</b> Net assets or fund balances Subtract line 21 from line 20	116,617.	98,627.
			1,154,179.	997,656.

**Part II Signature Block**

<b>Sign Here</b>	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			
	<b>Signature of officer</b> 	<b>Date</b> 8-16-10		
	<b>Type or print name and title</b> ROBERT A. WAGNER, EXECUTIVE DIRECTOR			
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> 	<b>Date</b> 8-13-10	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (see instructions)</b> N/A
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> GRANT THORNTON LLP PO BOX 8100 MADISON, WI 53708-8100	<b>EIN</b> ▶	<b>Phone no</b> ▶ 608-257-6761	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE WISCONSIN NATIONAL GUARD ASSOCIATION OFFERS, LOW-COST, STATE SPONSORED GROUP LIFE INSURANCE (SSGLI), POLICIES FOR WISCONSIN NATIONAL GUARD SOLDIERS AND AIRMEN AND THEIR DEPENDANTS. AN INITIAL FREE \$10,000 POLICY IS OFFERED TO EVERY NEW ENLISTEE IN THE WISCONSIN NATIONAL GUARD. OVER 1600 NEW MEMBERS OF THE WISCONSIN NATIONAL GUARD TOOK ADVANTAGE OF THIS PROGRAM. ADDITIONALLY, THE LIFE INSURANCE PROGRAM ADMINISTERED 7500 LIFE INSURANCE POLICIES FOR ACTIVE AND RETIRED WISCONSIN SOLDIERS AND AIRMEN. IN 2008, THE INSURANCE PROGRAM PAID NINE CLAIMS, IN THE AMOUNT OF JUST OVER \$150,000.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

ATTACHMENT 3

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ►

**Part IV 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 . . . . .	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	X
3 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 . . . . .	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) 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," complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 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," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11	X
• 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 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets 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		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? . . . . .	12A	X
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	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

**Part IV Checklist of Required Schedules (continued)**

		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 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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 employees? <i>If "Yes," complete Schedule J.</i>		X
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
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 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a	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)?	4a	X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	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	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**Part VI 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 . . . . .	23	
1b Enter the number of voting members that are independent . . . . .	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6 Does the organization have members or stockholders? . . . . .	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. . . . .		
a The governing body? . . . . .	X	
b Each committee with authority to act on behalf of the governing body? . . . . .	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13 Does the organization have a written whistleblower policy? . . . . .		X
14 Does the organization have a written document retention and destruction policy? . . . . .		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
a The organization's CEO, Executive Director, or top management official . . . . .	X	
b Other officers or key employees of the organization . . . . .	X	
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 with a taxable entity during the year? . . . . .		X
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 the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

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

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RONALD R WAGNER 2400 WRIGHT STREET, ROOM 208 MADISON, WI 53704-2572  
 (608) 242-3114

**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.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J. WILLIAMS INSURANCE ADMINISTRATOR	28.00	X						24,105	0	0
LT. COL (R) RONALD R. WAGNER EXECUTIVE DIRECTOR	24.00	X		X				31,889	0	0
LTC DANIEL T. SAILER DIRECTOR	1.00	X						0	0	0
MAJ MATHEW J. STRUB DIRECTOR	1.00	X						0	0	0
MAJ GERALD EASTMAN DIRECTOR	1.00	X						0	0	0
LTC RICKY N. KAPPUS DIRECTOR	1.00	X						0	0	0
MAJ KEVIN QUIST DIRECTOR	1.00	X						0	0	0
MAJ MICHAEL D. HANSON DIRECTOR	1.00	X						0	0	0
COL STEVEN J. BENSEND DIRECTOR	1.00	X						0	0	0
CPT DANIEL R. HANSON DIRECTOR	1.00	X						0	0	0
LT. COL BRIAN S. GRAY DIRECTOR	1.00	X						0	0	0
LTC GREGORY J. HIRSCH DIRECTOR	1.00	X						0	0	0
LT. COL FRANK P. ALVAREZ DIRECTOR	1.00	X						0	0	0
COL GARY L. EBBEN DIRECTOR	1.00	X						0	0	0
1LT ANGELA G. HOISTION DIRECTOR	1.00	X						0	0	0
CAPT DANIEL P. STATZ DIRECTOR	1.00	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LT. COL (R) DONALD L. SCHUH DIRECTOR	1.00	X						0.	0.	0.
COL JAMES E. ENGELER JR. DIRECTOR	1.00	X						0.	0.	0.
CW4 GREGORY D. SCHMITZ DIRECTOR	1.00	X						0.	0.	0.
COL (R) MATHEW DEW III DIRECTOR	1.00	X						0.	0.	0.
COL TODD M. NEHLS PRESIDENT	5.00			X				0.	0.	0.
COL GUNTHER H. NEUMANN EXECUTIVE VICE PRESIDENT	1.00			X				0.	0.	0.
LTC DAVID R. GAULT VICE PRESIDENT	1.00			X				0.	0.	0.
MAJ ERIC J. LECKEL TREASURER	1.00			X				0.	0.	0.
CAPT CHRISTINA M. HASTINGS SECRETARY	1.00			X				0.	0.	0.
<b>1b Total</b>								55,994.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(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>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b	63,909			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	2,000			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		65,909			
<b>Program Service Revenue</b>	2a	INSURANCE PROGRAM	Business Code	175,137			175,137
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		175,137			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		32,318		
4		Income from investment of tax-exempt bond proceeds . . . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents . . . . .	(i) Real (ii) Personal				
b		Less rental expenses . . . . .					
c		Rental income or (loss) . . . . .					
d		Net rental income or (loss) . . . . .		0			
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other	615,638			
b		Less cost or other basis and sales expenses . . . . .		749,167			
c		Gain or (loss) . . . . .		-133,529			
d		Net gain or (loss) . . . . .		-133,529			-133,529
8a		Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	MISCELLANEOUS REVENUE		50,135	50,135			
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		50,135				
12	<b>Total Revenue.</b> See instructions . . . . .		189,970	50,135		73,926	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	29,321.			
2	Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	7,801.			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	55,994.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7	Other salaries and wages . . . . .	111,323.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits . . . . .	0.			
10	Payroll taxes . . . . .	3,010.			
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	0.			
c	Accounting . . . . .	4,272.			
d	Lobbying . . . . .	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	7,745.			
g	Other . . . . .	0.			
12	Advertising and promotion . . . . .	0.			
13	Office expenses . . . . .	10,696.			
14	Information technology . . . . .	1,095.			
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	0.			
17	Travel . . . . .	7,201.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . .	17,239.			
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . .	0.			
23	Insurance . . . . .	0.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DUES-NAT'L GUARD ASSOC U.S. . . . .	47,434.			
b	POSTAGE & SHIPPING . . . . .	8,043.			
c	PRINTING . . . . .	8,469.			
d	NGAUS EXPENSE . . . . .	16,811.			
e	OTHER EXPENSES . . . . .	10,040.			
f	All other expenses . . . . .				
25	<b>Total functional expenses</b> Add lines 1 through 24f	346,494.			
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	2,835.	1	730.
	2 Savings and temporary cash investments . . . . .	60,865.	2	85,930.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .		9	
	10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a 12,976.		
	b Less accumulated depreciation . . . . .	10b 12,976.	10c	
	11 Investments - publicly traded securities . . . . .	1,132,479.	11	943,496.
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	74,617.	15	66,127.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,270,796.	16	1,096,283.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	116,617.	25	98,627.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	116,617.	26	98,627.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	1,154,179.	32	997,656.
	33 <b>Total net assets or fund balances</b> . . . . .	1,154,179.	33	997,656.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	1,270,796.	34	1,096,283.

Form 990 (2009)

**Part XI** Financial Statements and Reporting

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>d</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		X
<b>b</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		

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



Name of the organization

WISCONSIN NATIONAL GUARD ASSOCIATION, INC.

Employer identification number

39-1501131

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

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 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- |   |                          |                                     |   |                          |                           |
|---|--------------------------|-------------------------------------|---|--------------------------|---------------------------|
| a | <input type="checkbox"/> | Public exhibition                   | d | <input type="checkbox"/> | Loan or exchange programs |
| b | <input type="checkbox"/> | Scholarly research                  | e | <input type="checkbox"/> | Other _____               |
| c | <input type="checkbox"/> | Preservation for future generations |   |                          |                           |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- |  | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                        |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                     |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains,<br>and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                            |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities<br>and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                           |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                               |                  |                |                    |                      |                     |

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

- |   |        |  |  |
|---|--------|--|--|
| (i) unrelated organizations . . . . .   | 3a(i)  |  |  |
| (ii) related organizations . . . . .  | 3a(ii) |  |  |
| If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |  |  |

- | Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 12,976.                         | 12,976                       | 0.             |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . |                                      |                                 |                              | 0.             |

(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 derivatives . . . . .		
Closely-held equity interests . . . . .		
Other -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

(a) Description	(b) Book value
NYLIC RESERVE RECEIVABLE	66,127.
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15)</b>	<b>66,127.</b>

1. (a) Description of liability	(b) Amount	
Federal income taxes		
PREMIUMS DUE	32,500.	
NYLIC CONTINGENCY RESERVE	66,127.	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►	98,627.	

9  
JSA  
270 1 000



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 9	10	

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.			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information *(continued)*

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Employer identification number

39-1501131

**THE**

---

**OF THE**

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   |                                     |                          |

answered "Yes" to

answered less than 10 more than \$5,000. Use

[illegible][illegible]

- |   |  |       |   |
|---|--|-------|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | ..... | 0 |
| 3 | Enter total number of other organizations                            | ..... | 1 |

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	14	6,200			
DUES TO OFFICERS DEPLOYED IN SUPPORT OF WAR EFFORT	24	1,601.			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

ALL REQUESTS FOR GRANTS ARE REVIEWED BY THE ASSOCIATION'S AWARDS, GIFTS

AND GRANTS COMMITTEE. APPLICANTS FOR SCHOLARSHIPS ARE SCREENED TO ENSURE

ELIGIBILITY BEFORE SUBMISSION TO THE AWARDS, GIFTS AND GRANTS COMMITTEE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**Open to Public  
Inspection**

Name of the organization

WISCONSIN NATIONAL GUARD ASSOCIATION, INC.

Employer identification number

39-1501131

ATTACHMENT 1

FORM 990, PART VI, SECTION A, QUESTION 6

ORGANIZATIONS WITH MEMBERS, THEIR CLASSES, AND RIGHTS

THE WISCONSIN NATIONAL GUARD ASSOCIATION'S MEMBER IS COMPRISED OF CURRENT  
AND RETIRED OFFICERS OF THE WISCONSIN NATIONAL GUARD.

FORM 990, PART VI, SECTION A, QUESTION 7A

MEMBERS WHO MAY ELECT MEMBERS OF GOVERNING BODY

THE OFFICERS OF THE ASSOCIATION (PRESIDENT, VICE PRESIDENT AIR AND ARMY,  
SECRETARY, AND TREASURER) ARE ELECTED BY THE ASSOCIATION MEMBERSHIP. THE  
REMAINING EIGHTEEN DIRECTORS ARE ELECTED FROM THE MAJOR COMMAND OR PEER  
GROUPS THEY REPRESENT.

FORM 990, PART VI, SECTION A, QUESTION 9

COL TODD M. NEHLS	101 CAYUSE CT, FOX LAKE, WI 53933
COL GUNTHER H. NEUMANN	26807 CTY HWY CA, TOMAH, WI 54660
LTC DAVID R. GAULT	809 WALNUT ST, VERONA, WI 53593
MAJ ERIC J. LECKEL	760 HERRON CT, WATERLOO, WI, 53594
CAPT CHRISTINA M HASTINGS	5119 BRANDENBURG WAY, MADISON, WI 53718
LT. COL (R) RONALD R. WAGNER	W9393 HWY 18, CAMBRIDGE, WI 53523
LTC DANIEL T. SAILER	N4592 BROKUP RD, MAUSTON, WI 53948
MAJ MATHEW J. STRUB	1157 WEJEGI DRIVE, HUBERTUS, WI 53033
MAJ GERALD EASTMAN	313 S BROOKLYN ST, BERLIN, WI 54923
LTC RICKY N KAPPUS	704 FREEMONT ST, LAKE MILLS, WI 53551
MAJ KEVIN QUIST	32984 COUNTY HWY A, KENDALL, WI 54638

Name of the organization	Employer identification number
WISCONSIN NATIONAL GUARD ASSOCIATION, INC.	39-1501131

## ATTACHMENT 1 (CONT'D)

MAJ MICHAEL D. HANSON	981 LORI LANE, SUN PRAIRIE, WI 53590
COL STEVEN J. BENSEND	N4456 1050TH ST, PRESCOTT, WI 54021
CPT DANIEL R. HANSON	3627 MUELLER RD, DEFOREST, WI 53532
LT. COL BRIAN S. GRAY	3816 BRUNSWICK LN, JANESVILLE, WI 53546
LTC GREGORY J. HIRSCH	841 INTERLAKEN LANE, LIBERTYVILLE, IL 60048
LT. COL FRANK P. ALVAREZ	1130 KINGS RD, ERIN, WI 53027
COL. GARY L. EBBEN	2426 STONEHAVEN DR, SUN PRAIRIE, WI 53590
1LT ANGELA G. HOISTION	505 W SLIFER ST, PORTAGE, WI 53901
CAPT DANIEL P. STATZ	921 N WINGRA DR, MADISON, WI 53715
COL (R) MATHEW DEW III	7321 SOUTHERN OAK PL, MADISON, WI 53719
LT. COL (R) DONALD L. SCHUH	5347 BROKEN BOW RD, SUN PRAIRIE, WI 53590
COL JAMES E. ENGELER JR.	5957 WOODCREEK LANE, MIDDLETON, WI 53562
CW4 GREGORY D. SCHMITZ	24447 LAMBRETH RD, CASHTON, WI 54619

FORM 990, PART VI, SECTION B, QUESTION 12C

MONITORING AND COMPLIANCE WITH ORGANIZATION'S CONFLICT OF INTEREST POLICY

EACH OFFICER AND DIRECTOR, ANNUALLY, COMPLETES A CONFLICT OF INTEREST STATEMENT. WHEN A POTENTIAL CONFLICT IS IDENTIFIED, THE OFFICERS OF THE ASSOCIATION DETERMINE IF AN ACTUAL CONFLICT EXISTS. THIS GROUP WOULD REVIEW THE CONFLICT AND RESTRICT THE MEMBER FROM PARTICIPATING IN DISCUSSIONS OR VOTING ON ISSUES RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, QUESTION 15A & 15B

PROCESS USED TO DETERMINE EXECUTIVE COMPENSATION

IN OCTOBER OF EACH YEAR, THE EXECUTIVE COMMITTEE, CONSISTING OF THE ASSOCIATION OFFICERS, REVIEWS THE SALARIES OF THE EXECUTIVE DIRECTOR, AND

Name of the organization

WISCONSIN NATIONAL GUARD ASSOCIATION, INC.

Employer identification number

39-1501131

ATTACHMENT 1 (CONT'D)

ASSISTANT EXECUTIVE DIRECTOR ALONG WITH THE SALARY RECOMMENDATIONS FROM  
THE INSURANCE COMMITTEE FOR THE INSURANCE ADMINISTRATOR, OFFICE MANAGER  
AND TWO PROGRAM ADMINISTRATORS. FOLLOWING REVIEW BY THE EXECUTIVE  
COMMITTEE, THE SALARY RECOMMENDATIONS ARE PRESENTED TO THE ASSOCIATION  
BOARD OF DIRECTOR'S IN DECEMBER FOR APPROVAL AND BUDGETING.

FORM 990, PART VI, SECTION A, QUESTION 11

ORGANIZATION'S PROCESS FOR REVIEW OF FORM 990

THE FULL BOARD RECEIVES AN ELECTRONIC COPY OF THE 990 FOR REVIEW BEFORE  
IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION C, QUESTION 19

AVAILABILITY OF CERTAIN DOCUMENTS TO THE PUBLIC

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART I, LINE 7A

GROSS UNRELATED BUSINESS REVENUE

THE AMOUNT OF GROSS UNRELATED BUSINESS REVENUE REPORTED IN FORM 990, PART  
I, LINE 7A MAY NOT CORRESPOND TO THE AMOUNT REPORTED IN FORM 990, PART  
VIII, LINE 12, COLUMN (C). THIS IS DUE TO THE FACT THAT THE  
ORGANIZATION'S GROSS UNRELATED BUSINESS REVENUE IS BASED ON THE SPENDING  
OF DISTRIBUTIONS MADE FROM THE 501(C)(19) DESIGNATED INSURANCE SET-ASIDE.

DISTRIBUTIONS NOT SPENT FOR INSURANCE BENEFITS, REASONABLE  
ADMINISTRATIVE COSTS OF THE INSURANCE PROGRAM, OR FOR A SECTION 170(C)(4)  
PURPOSE ARE UNRELATED BUSINESS INCOME. THE ORGANIZATION'S INSURANCE  
PROGRAM REVENUES, INVESTMENT INCOME, INVESTMENT GAINS/(LOSSES) AND OTHER

Name of the organization	Employer identification number
WISCONSIN NATIONAL GUARD ASSOCIATION, INC.	39-1501131

ATTACHMENT 1 (CONT'D)

MISCELLANEOUS RECEIPTS ARE ALL FROM RELATED ACTIVITIES, OR ARE OTHERWISE EXCLUDED FROM THE DEFINITION OF UNRELATED BUSINESS INCOME. FOR THIS REASON, NO GROSS UNRELATED BUSINESS REVENUE IS REPORTED IN FORM 990, PART VIII, LINE 12, COLUMN (C). THE UNRELATED GROSS BUSINESS REVENUE REPORTED ON FORM 990-T IS REPORTED IN FORM 990, PART I, HOWEVER, IN THE INTEREST OF FULL DISCLOSURE.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EXPLANATION 1) TO CONTRIBUTE ITS FULL RESOURCES AND CAPABILITIES TO ADVANCING THE SECURITY OF THE STATES. 2) TO MAINTAIN A MILITARY POSTURE WHICH WILL SUPPORT THE NATIONAL INTERESTS IN THE WIDE VARIETY OF SITUATIONS WHICH MAY THREATEN THE SECURITY OF THE UNITED STATES. 3) TO SUPPORT A NATIONAL MILITARY POLICY THAT WILL PROMOTE STABILITY AND PEACE THROUGHOUT THE WORLD. 4) TO INFORM AMERICAN PEOPLE OF THE FUNDAMENTAL FACTS AND FACTORS PERTAINING TO THE NATIONAL SECURITY. 5) TO CULTIVATE CORDIAL RELATIONS AND MUTUAL UNDERSTANDING AND SUPPORT AMONG THE SEVERAL ARMED FORCES. 6) TO FOSTER PUBLIC UNDERSTANDING AND SUPPORT OF THE ARMED FORCES. 7) TO ASSIST IN INFORMING THE MEMBERS OF THE ASSOCIATION AND THE PUBLIC OF THE DEVELOPMENT OF THE ARMED FORCES AND TO KEEP THEM ABREAST OF NEW ACCOMPLISHMENTS. 8) TO PROMOTE AND PERPETUATE THOSE TRADITIONS THAT CONTRIBUTE TO ESPIRIT DE CORPS AND SUPERIOR PERFORMANCE OF DUTY. 9) TO PRESERVE AND FOSTER THE SPIRIT OF FELLOWSHIP AMONG FORMER, PRESENT, AND FUTURE MEMBERS OF THE ASSOCIATION AND PROVIDE AN ORGANIZATION THROUGH WHICH THEY MAY UNITE IN BONDS OF COMRADESHIP.



Name of the organization

WISCONSIN NATIONAL GUARD ASSOCIATION, INC.

Employer identification number

39-1501131

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

10) TO COMMEMORATE THE MEMORY OF THOSE WHO GAVE THEIR LIVES IN THE  
SERVICE OF THEIR COUNTRY.

ATTACHMENT 34B PROGRAM SERVICE

PROMOTE NATIONAL GUARD AND AMERICANISM THROUGH THE AWARDS GIFTS  
AND GRANTS COMMITTEE BY RECOGNIZING THE OUTSTANDING  
ACCOMPLISHMENTS OF WISCONSIN NATIONAL GUARD MEN AND WOMEN. PROVIDE  
INFORMATION TO ASSOCIATION MEMBERS VIA NEWSLETTER, WHICH IS  
PUBLISHED FOUR TIMES A YEAR, AND THROUGH THE WEBSITE WINGA.ORG.  
PROVIDE EDUCATIONAL OPPORTUNITIES OF ASSOCIATION MEMBERS AND THEIR  
DEPENDENTS THROUGH TWELVE ANNUAL SCHOLARSHIPS. COMMEMORATE THE  
MEMORY OF THOSE WISCONSIN MILITARY MEMBERS WHO GAVE THEIR LIVES IN  
THE SERVICE TO THE NATION THROUGH THE WITMER MEMORIAL, WHICH  
IDENTIFIES, BY NAME, EACH WISCONSIN SERVICE MEMBER TO PERISH SINCE  
9/11 IN SUPPORT OF OPERATION ENDURING FREEDOM AND OPERATION IRAQI  
FREEDOM.

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions

Name of Exempt Organization

WISCONSIN NATIONAL GUARD ASSOCIATION, INC.

Employer identification number

39-1501131

Number, street, and room or suite no. If a P.O. box, see instructions

2400 WRIGHT STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions

MADISON, WI 53704-2572

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► RONALD R. WAGNERTelephone No. ► 608 242-3114

FAX No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is

for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for► ☒ calendar year 2009 or► ☐ tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)