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2014

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Form 990

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 private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization WISCONSIN NATIONAL GUARD ASSOCIATION INC		D Employer identification number 39-1501131
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (608) 242-3114
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 2400 WRIGHT STREET NO 208	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 537042572		G Gross receipts \$ 520,559
<input type="checkbox"/> Application pending	F Name and address of principal officer LT COL BART T VAN ROO 1225 BONGARD DR WAUNAKEE, WI 53597		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c) ( 19 ) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW WINGA.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1983 M State of legal domicile WI

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO PROMOTE THE RELEVANCE, READINESS, AND MODERNIZATION OF OUR NATIONAL GUARD, IMPROVING THE QUALITY OF LIFE FOR OUR MEMBERS, AND SUPPORTING STATE AND NATIONAL POLICIES TO ADVANCE THE SECURITY OF THE UNITED STATES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	37
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,650	10,785	
9 Program service revenue (Part VIII, line 2g)	340,509	443,817	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,526	29,554	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,122	36,403	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	627,807	520,559	

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,761	30,417	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,099	148,799	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	163,384	175,636	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	346,244	354,852	
19 Revenue less expenses Subtract line 18 from line 12	281,563	165,707	

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,426,563	1,654,948	
21 Total liabilities (Part X, line 26)	228,791	198,622	
22 Net assets or fund balances Subtract line 21 from line 20	1,197,772	1,456,326	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	*****	2015-11-13
	Signature of officer	Date
LT COL BART T VAN ROO BOARD PRESIDENT		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name AMANDA VANNATTA	Preparer's signature AMANDA VANNATTA	Date 2015-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00948755
	Firm's name ► WIPFLI LLP	Firm's EIN ► 39-0758449			
Firm's address ► PO BOX 8700 MADISON, WI 537088700			Phone no (608) 274-1980		

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

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part II

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**1** Briefly describe the organization's mission

**SEE SCHEDULE O**

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 programs or services?

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 (SSLI), POLICIES FOR WISCONSIN NATIONAL GUARD SOLDIERS AND AIRMEN AND THEIR DEPENDENTS. AN INITIAL FREE \$10,000 POLICY IS OFFERED TO EVERY NEW ENLISTEE IN THE WISCONSIN NATIONAL GUARD. OVER 700 NEW MEMBERS OF THE WISCONSIN NATIONAL GUARD TOOK ADVANTAGE OF THIS PROGRAM.

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

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 THE GLOBAL WAR ON TERROR.

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**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b 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 . . . . .

c 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 . . . . .

d 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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f 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 (ASC 740)? If "Yes," complete Schedule D, Part XI . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .

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 (see instructions) . . . . .

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 . . . . .

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 . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11a		No
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
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? If "Yes," complete Schedule R, Part I	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

**Note.** All Form 990 filers are required to complete Schedule O

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	0	
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>		
<b>2a</b> 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 . . .	<b>2a</b>	6	
<b>b</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 (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>		
<b>4a</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)? . . .	<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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 as charitable contributions? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> 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? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .	<b>7e</b>		No
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7f</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>8</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	<b>9a</b>		
<b>9b</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9b</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	25		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	24		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>		Yes	
<b>a</b> The governing body?	<b>8b</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		No
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		No
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		No
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/>
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
►COLONEL MIKE WILLIAMS	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**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

- 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, if any. 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	32,828	0	0

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
<b>4</b> 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 . . . . .	4	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	No

**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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,785		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		10,785		
<b>Program Service Revenue</b>	<b>2a</b> INSURANCE PROGRAM	Business Code 525100	385,908	0	385,908
	<b>b</b> MEMBERSHIP DUES	541900	57,909	57,909	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		443,817		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		29,554		
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .		3,381			3,381
<b>6a</b> Gross rents	(I) Real	(II) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b> 133RD NGAUS NATIONAL C		900099	16,003		16,003
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .		17,019			17,019
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		33,022			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		520,559	57,909	0	451,865

**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)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	25,417			
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	5,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	32,828			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	103,045			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .	3,000			
10 Payroll taxes . . . . .	9,926			
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .	9,888			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
12 Advertising and promotion . . . . .	3,992			
13 Office expenses . . . . .	25,696			
14 Information technology . . . . .	17,207			
15 Royalties . . . . .				
16 Occupancy . . . . .	19,478			
17 Travel . . . . .	7,256			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	43,634			
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	4,594			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
a DUES . . . . .	37,743			
b AWARDS . . . . .	2,052			
c PROGRAMMING AUTOMATION . . . . .	1,769			
d . . . . .				
e All other expenses . . . . .	2,327			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	354,852			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
Assets	1 Cash—non-interest-bearing	14,222	<b>1</b>	7,291
	2 Savings and temporary cash investments	192,540	<b>2</b>	349,894
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	0	<b>9</b>	47,500
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0	
	b Less accumulated depreciation	10b	0	23,831
	11 Investments—publicly traded securities	1,195,970	<b>11</b>	1,250,263
	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	15		
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,426,563	<b>16</b>	1,654,948
Liabilities	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 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25		198,622
	<b>26 Total liabilities.</b> Add lines 17 through 25	228,791	<b>26</b>	198,622
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	0	<b>30</b>	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b>	0
	32 Retained earnings, endowment, accumulated income, or other funds	1,197,772	<b>32</b>	1,456,326
	33 Total net assets or fund balances	1,197,772	<b>33</b>	1,456,326
	34 Total liabilities and net assets/fund balances	1,426,563	<b>34</b>	1,654,948

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	520,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	354,852
3	Revenue less expenses Subtract line 2 from line 1	3	165,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,197,772
5	Net unrealized gains (losses) on investments	5	92,847
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,456,326

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
2c 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	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b 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	3a	No
	3b	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1501131  
**Name:** WISCONSIN NATIONAL GUARD ASSOCIATION INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) MAJ NICHOLAS BRAUN DIRECTOR	1 00						0	0	0
(1) CPT PAUL CUSICK DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(2) MAJ MYRON DAVIS DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(3) COL R MATHEW DEW III DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(4) LT COL STEVE DUNAI DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(5) COL R JAMES ENGELER JR DIRECTOR	1 00	X					0	0	0
(6) MAJ AARON FREUND DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(7) CW4 DOUGLAS GAFFKE DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(8) COL DAVID GAULT DIRECTOR	1 00	X					0	0	0
(9) CAPT KEITH HOFKENS DIRECTOR	1 00	X					0	0	0
(10) 2LT JOSHUA JOHNSON DIRECTOR	1 00	X					0	0	0
(11) CAPT JEREMY KEYES DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(12) CPT MATTHEW MCDONALD DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(13) MAJ JACK MELVIN III DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(14) CPT MATTHEW MYERS DIRECTOR	1 00	X					0	0	0
(15) CPT SEAN MURPHY DIRECTOR	1 00	X					0	0	0
(16) LTC JOHN OAKLEY DIRECTOR	1 00	X					0	0	0
(17) BRIG GEN GERALD OLESEN DIRECTOR	1 00	X					0	0	0
(18) CPT DANIEL PETERSON DIRECTOR	1 00	X					0	0	0
(19) 1LT RYAN RIESEN DIRECTOR	1 00	X					0	0	0
(20) 1LT NICHOLAS RINALDI DIRECTOR	1 00	X					0	0	0
(21) CPT ALOYSIUS ROHMEYER DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(22) CPT JASON SABISH DIRECTOR	1 00	X					0	0	0
(23) CAPT BETH SAWANT DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(24) COL R KRISTINE SCHULTZ DIRECTOR	1 00	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer or director Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(26) CPT KEVIN STEELE DIRECTOR	1 00	X					0	0	0
(1) CW5 BRADLEY STEPP DIRECTOR	1 00	X					0	0	0
(2) LT COL DOUGLAS SVEUM DIRECTOR	1 00	X					0	0	0
(3) CPT CHRISTOPHER SZOPINSKI DIRECTOR (THRU APRIL)	1 00	X					0	0	0
(4) LTC MICHAEL YOUNT DIRECTOR	1 00	X					0	0	0
(5) CPT EMILY YTTRI DIRECTOR	1 00	X					0	0	0
(6) LT COL BART T VAN ROO PRESIDENT	5 00	X	X				0	0	0
(7) LTC ERIC J LECKEL VICE PRESIDENT - ARMY	1 00	X	X				0	0	0
(8) MAJ JOSEPH P WALTER VICE PRESIDENT - AIR (THRU APRIL)	1 00	X	X				0	0	0
(9) MAJ CHRISTINA M HASTINGS VICE PRESIDENT - AIR	1 00	X	X				0	0	0
(10) LTC GERALD J EASTMAN JR TREASURER	1 00	X	X				0	0	0
(11) CPT JOHN NOGA SECRETARY	1 00	X	X				0	0	0
(12) LT COL R RONALD R WAGNER EXECUTIVE DIRECTOR (THRU MAY)	24 00	X	X				17,348	0	0
(13) COL RET MIKE WILLIAMS EXECUTIVE DIRECTOR	24 00	X	X				15,480	0	0

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**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 value of contributions to (during year)		
3 Aggregate value of 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?  Yes  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?  Yes  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)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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
2a	
2b	
2c	
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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <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 XIII

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(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, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(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 . . . . .					
<b>e</b> Other . . . . .					

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .  0

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c  
See Form 990, Part X, line 13

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>4c</td><td></td></tr> </table>	3		4		4a		4b		4c		1	
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4b																									
4c																									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12																								
a	Net unrealized gains (losses) on investments . . . . .																								
b	Donated services and use of facilities . . . . .																								
c	Recoveries of prior year grants . . . . .																								
d	Other (Describe in Part XIII ) . . . . .																								
e	Add lines 2a through 2d . . . . .																								
3	Subtract line 2e from line 1 . . . . .																								
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 . . . . .																								
b	Other (Describe in Part XIII ) . . . . .																								
c	Add lines 4a and 4b . . . . .																								
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .																								

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	<table border="1" style="margin: auto;"> <tr><td>2a</td><td></td></tr> <tr><td>2b</td><td></td></tr> <tr><td>2c</td><td></td></tr> <tr><td>2d</td><td></td></tr> <tr><td>2e</td><td></td></tr> </table>	2a		2b		2c		2d		2e		<table border="1" style="margin: auto;"> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>4a</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>4c</td><td></td></tr> </table>	3		4		4a		4b		4c		1	
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4c																									
2	Amounts included on line 1 but not on Form 990, Part IX, line 25																								
a	Donated services and use of facilities . . . . .																								
b	Prior year adjustments . . . . .																								
c	Other losses . . . . .																								
d	Other (Describe in Part XIII ) . . . . .																								
e	Add lines 2a through 2d . . . . .																								
3	Subtract line 2e from line 1 . . . . .																								
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 . . . . .																								
b	Other (Describe in Part XIII ) . . . . .																								
c	Add lines 4a and 4b . . . . .																								
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .																								

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

**Schedule I  
(Form 990)****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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

WISCONSIN NATIONAL GUARD ASSOCIATION INC

Employer identification number

39-1501131

**Part I General Information on Grants and Assistance**

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? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION 2400 WRIGHT ST ROOM 207 MADISON, WI 53704	39-1394959	501(C)(19)	22,000				AMERICANISM EXPENSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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
(1) EDUCATIONAL GRANTS	10	5,000			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	WISCONSIN NATIONAL GUARD ASSOCIATION, INC. MONITORS ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE. IN THE CASE OF EDUCATIONAL GRANTS AND SCHOLARSHIPS, THE FUNDS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION ON BEHALF OF THE RECIPIENT. IN OTHER INSTANCES, GRANTS FOR PROJECTS ARE APPROVED UPON ESTIMATED COST. THE ASSOCIATION PAYS THE APPROVED GRANT DIRECTLY TO THE CONTRACTOR BASED UPON THE ACTUAL COSTS.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**Name of the organization  
WISCONSIN NATIONAL GUARD ASSOCIATION INC**Employer identification number**

39-1501131

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	WISCONSIN NATIONAL GUARD ASSOCIATION HAS THE FOLLOWING CLASSES OF MEMBERS ACTIVE, ASSOCIATE, RETIRED AND HONORARY ACTIVE MEMBERSHIP IN THE ASSOCIATION IS EXTENDED TO ALL OFFICERS AND WARRANT OFFICERS WHO ARE ASSIGNED TO DUTY WITH THE WISCONSIN NATIONAL GUARD AND ARE MEMBERS OF GOOD STANDING OF THE NATIONAL GUARD ASSOCIATION OF THE UNITED STATES UPON PAYMENT OF ANNUAL DUES, SUCH MEMBERS HAVE THE RIGHT TO VOTE UPON ALL MATTERS BROUGHT BEFORE THE GENERAL ASSEMBLY AND TO HOLD ANY OFFICE IN THE ASSOCIATION ASSOCIATE MEMBERSHIP - UPON APPROVAL BY THE BOARD OF DIRECTORS OF THE EXECUTIVE COMMITTEE, ANY OFFICER OR WARRANT OFFICER WHO SERVED AT ANY TIME IN ANY UNIT OF THE WISCONSIN NATIONAL GUARD (ARMY OR AIR), AND WHO IS NOW ON THE INACTIVE LIST, ON ACTIVE DUTY, OR A MEMBER OF ANY RESERVE COMPONENT, MAY BE ADMITTED AS AN ASSOCIATE MEMBER SUCH MEMBERS SHALL HAVE ALL THE PRIVILEGES OF ACTIVE MEMBERS EXCEPT THOSE OF VOTING AND HOLDING OFFICE RETIRED MEMBERSHIP - ANY RETIRED OFFICER OR WARRANT OFFICER WHO HAS SERVED IN THE WISCONSIN NATIONAL GUARD AS AN OFFICER OR WARRANT OFFICER, AND WHO HAS ACCRUED 20 OR MORE YEARS OF SATISFACTORY SERVICE IN THE ARMED FORCES OF THE UNITED STATES, SHALL ENJOY FULL MEMBERSHIP ELIGIBILITY HONORARY MEMBERSHIP - THE BOARD OF DIRECTORS MAY, BY MAJORITY VOTE, CONFER HONORARY MEMBERSHIP UPON THE GOVERNOR OF A STATE, OR A PERSON WHO HAS RENDERED OUTSTANDING SERVICE TO THE UNITED STATES OR ANY POLITICAL SUBDIVISION THEREOF, THE ARMY NATIONAL GUARD OR ANY ELEMENT THEREOF SUCH HONORARY MEMBERS SHALL HAVE ALL THE PRIVILEGES OF ACTIVE MEMBERS EXCEPT THOSE OF VOTING AND HOLDING OFFICE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE OFFICERS OF THE ASSOCIATION (PRESIDENT, VICE PRESIDENT AIR AND ARMY, SECRETARY, AND TREASURER) ARE ELECTED BY THE ASSOCIATION MEMBERSHIP. THE REMAINING TWENTY ONE DIRECTORS ARE ELECTED FROM THE MAJOR COMMAND OR PEER GROUPS THEY REPRESENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BOARD PRESIDENT REVIEWS THE 990 PRIOR TO APPROVING AND SUBMITTING TO THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF ALL OF THE INDIVIDUALS INCLUDED ON FORM 990 IS REVIEWED ANNUALLY BY THE INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHO RELIED UPON EXTERNAL THIRD PARTY COMPARABLE MARKET DATA GATHERED BY A COMPENSATION ADVISER IN ASSESSING THE APPROPRIATENESS OF TOTAL COMPENSATION COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART I, QUESTION 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 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 ON FORM 990, PART I, HOWEVER, IN THE INTEREST OF FULL DISCLOSURE

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>ORGANIZATION'S MISSION 1) TO CONTRIBUTE ITS FULL RESOURCES AND CAPABILITIES TO ADVANCING THE SECURITY OF THE STATES 2) TO SUPPORT A MILITARY POSTURE WHICH WILL MAINTAIN NATIONAL INTERESTS IN THE WIDE VARIETY OF SITUATIONS WHICH MAY THREATEN THE SECURITY OF THE UNITED STATES 3) TO SUPPORT NATIONAL MILITARY POLICY THAT WILL PROMOTE STABILITY AND PEACE THROUGHOUT THE WORLD 4) TO INFORM THE AMERICAN PEOPLE OF THE FUNDAMENTAL FACTS AND FACTORS PERTAINING TO NATIONAL SECURITY 5) TO SUPPORT THE TOTAL FORCE - ACTIVELY PURSUING TRAINING WITH THE ACTIVE AND RESERVE COMPONENTS, TO PROVIDE A FULLER UNDERSTANDING OF EACH FORCE'S CAPABILITIES, THEREBY ENSURING SUCCESS IN BATTLE 6) TO FOSTER PUBLIC UNDERSTANDING AND SUPPORT OF THE ARMED FORCES 7) TO ASSIST IN INFORMING ASSOCIATION MEMBERS AND THE PUBLIC OF THE DEVELOPMENT OF THE ARMED FORCES, AND TO KEEP THEM ABRSEAST 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 10) TO COMMEMORATE THE MEMORY OF THOSE WHO GAVE THEIR LIVES IN THE SERVICE OF THEIR COUNTRY 11) TO SUSTAIN CONTINUED HARMONIOUS COORDINATION BETWEEN OUR ASSOCIATION AND THE WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION, TO THE BETTERMENT OF THE ENTIRE WISCONSIN NATIONAL GUARD 12) THE ASSOCIATION SHALL ESTABLISH SUCH INSTRUMENTALITIES AS ARE NECESSARY TO CARRY OUT THE FOREGOING AIMS AND OBJECTIVES</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, QUESTION 9	<p>ADDRESSES OF OFFICERS WHO CANNOT BE REACHED AT ORGANIZATION MAJ NICHOLAS BRAUN 212 QUARRY ST, BARABOO, WI 53913 CPT PAUL CUSICK 1726 GRAFTON RD, MADISON, WI 53716 MAJ MYRON DAVIS 6923 ICECAKE AVE, SPARTA, WI 54656 COL (R) MATHEW DEW III 7321 SOUTHERN OAK PL, MADISON, WI 53719 LT COL STEVE DUNAI 1228 HANOVER TRAIL, WAUNAKEE, WI 53597 COL (R) JAMES ENGELER JR 5957 WOODCREEK LANE, MIDDLETON, WI 53562 MAJ AARON FREUND W5558 BAILY DR, APPLETON, WI 54915 CW4 DOUGLAS GAFFKE 601 CAPITOL DR, DANE, WI 53529 COL DAVID GAULT 290 PRAIRIE HEIGHTS DR APT 303, VERONA, WI 53593 CAPT KEITH HOFKENS 655 WOODCHUCK DR, UNIT D, WOODBURY, MN 55125 2LT JOSHUA JOHNSON 2634 N WUTHERING HILLS RD, JANESVILLE, WI 53546 CAPT JEREMY KEYES S94W23675 KUNZENDORF CT, BIG BEND, WI 53103 CPT MATTHEW MCDONALD S8816 SLOTTY RD, PRAIRIE DU SAC, WI 53578 MAJ JACK MELVIN III 1738 RIVER LAKES RD N, OCONOMOWOC, WI 53066 CPT MATTHEW MEYERS 1030 PROVINCE TERR, MENAHA, WI 54952 CPT SEAN MURPHY 181 BEATRICE DR, HARTFORD, WI 53027 LTC JOHN OAKLEY 312 N UNION ST, APPLETON, WI 54911 BRIG GEN GERALD OLESEN 312 MOHAWK TRAIL, DEFOREST, WI 53532 CPT DANIEL PETERSON W144 S7880 DURHAM DR, MUSKEGO, WI 53150 1LT RYAN RIESEN 4864 N HOLLYWOOD AVE, WHITEFISH BAY, WI 53217 1LT NICHOLAS RINALDI 218 W LILAC LN, GRAFTON, WI 53024 CPT ALOYSIUS ROHMEYER 2732 OMAHA DR, JANESVILLE, WI 53546 CPT JASON SABISH 52 MALIBU COURT, FOND DU LAC, WI 54935 CAPT BETH SAWANT 2111 W SHORE DR, DELAFIELD, WI 53018 COL (R) KRISTINE SCHULTZ 2613 DUNWOODY DR, MADISON, WI 53719 CPT KEVIN STEELE W500 HEMLOCK ROAD, EAU CLAIRE, WI 54701 CW5 BRADLEY STEPP 701 GREIG TRAIL, STOUGHTON, WI 53589 LT COL DOUGLAS SVEUM 141 FLINT ST, SUN PRAIRIE, WI 53590 CPT CHRISTOPHER SZOPINSKI 4713 MARTA LN, MADISON, WI 53714 MAJ MICHAEL YOUNT 504 14TH AVE, BARABOO, WI 53913 CPT EMILY YTTRI 1960 RANDOLPH PLACE #301, WINCHESTER, VA 22601 LT COL BART T VAN ROO 1225 BONGARD DR, WAUNAKEE, WI 53597 LTC ERIC J. LECKEL 760 HERRON CT, WATERLOO, WI 53594 MAJ JOSEPH P. WALTER 5253 NATURE DR, SUN PRAIRIE, WI 53590 MAJ CHRISTINA M HASTINGS 5119 BRANDENBURG WAY, MADISON, WI 53718 LTC GERALD J. EASTMAN JR 313 S BROOKLYN ST, BERLIN, WI 54923 CPT JOHN NOGA 153 MEADOW LANE, LYNDON STATION, WI 53944</p>