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F	om	99	0	Returr	of Org	anization	Exempt	From	Inco	ome Ta	ıx	OMB No. 1	
				Under section 501	(c), 527, or 4	947(a)(1) of the	Internal Rever	iue Code	(except	t private fo	undations	, 20	
			f the Treasury	+	1		oers on this for	1 3 ()	t -	-		Open to	
-	_		ue Service			1	its instructions					Inspe	CHOR
-				ndar year, or tax yea				016, and e	noing	Decen	nber 31	, 20 16 er identification	number
E	_			C Name of organization Doing business as W				11:11	<u>1</u>	 f	D Linploy	43-0907318	namber
	_		change	Number and street (or				Bot	m/suite	.	E Telepho	ne number	
ŗ	_	lame ci nitial rel	_	2302 Militla Drive					1	ı		573-632-4240	1
ř			m/terminated	City or town, state or	province, cour	ntry, and ZIP or fo	reign postal code	111	;			373-002-4240	<u>-</u> -
Ī	_		d return	Jefferson City, Miss		i -		$\prod i$	1		G Gross n	eceipts \$	268.053
Ī	=			F Name and address of			ausman. Presid	lent	1	Hota) is thus a co		subordinates? Y	
	_		- 1	2302 Militia Drive, J		1					-	s included? Y	
1	7	ax-exe	mpt status:	501(c)(3)			no.) 4947(a)(1) or 5	27			ı lıst. (see ınstruc	
J		Vebsite	•	v.mongaonline.com				1111	\$	H(c) Group	exemption	number ▶	
Ē	(F	orm of	organization:	Corporation Trust	Associa	ation ☐ Other ▶		L Year of t	órmatior	1: 1947	M State	of legal domicile	. MO
1	Pa	rt I	Summ	ary		F.		HF	1.				
		1	Briefly de	scribe the organiza	tion's miss	ion or most si	gnificant activ	ities: Ti	ne Asso	ociation Is	a volunta	ry membershi	р
	8			on-drawing its prin									National
	Governance			i "Guard families" a									
_	ě	2		is box $ ightharpoonup \square$ if the or					sed of	more than		its net assets	3.
2	ဗီ	3		of voting members	1 -	, '	•	1 7 7	1:		3	8 (Executi	ve Council)
۵	ජේ න	4		of independent voti	- 1			17 11	1		4		8
Ç	إ إ	5		nber of individuals	7 -		ar 2016 (Part V	/, line 2a)			5		0
≓1	Activities &	6		nber of volunteers (1		· · · · ·	11 # *	•		6		100
Ð	۲	7a		elated business rev	,	,		j	÷ •		7a 7b		0
<u> </u>	┪	ь	Net unrei	ated business taxa	Dieilicome	HOIH FOITH 98	10-1, mie 34	11 1.	; ; ;	Prior Ye		Current	Vear
	1	8	Contribut	ions and grants (Pa	art VIII line	1b)] ji	! -				
	Revenue	9		service revenue (Pa		•			; -		237,000		268,053
	<u> </u>	10	•	nt income (Part VIII	1 .	,	nd 7d)				237,000		200,033
	æ	11		enue (Part VIII, col	1	-		(e)			0		
	- 1	12		enue-add lines 8 th	1	1		1 5 17	ź) -		237,000		268,053
-	寸	13		nd similar amounts				ŢŢ			0		
		14		paid to or for meml]]]]			0		-
	<u>م</u>	15	Salanes, o	other compensation	, employee	benefits (Part I	X, column (A), l	lines 5-10) <u> </u>		0		
	enses	16a	Professio	nal-fundraising-fee	s (PartilX, o	olumn (A), lin	e 11e)				0		
	Expe	b		draising expenses				<u> </u>	<u>.</u>				
	=	17		oenses (Part IX, col					,		0		
	- 1	18	Total exp	enses. Add lines 7	3-17 (must	equal Part IX,	column (A), lii	ne 25)	<u> </u>		183,856		244,800
_	_	19	Revenue	less expenses. Su	otractiline 1	18 from line 12	<u> </u>	11 2 -	-		53,144		23,253
	Assets or d Balances				, =				Be	ginning of Cu		End of	
•	Base	20		ets (Part X) line 16)	1 1	· · · · ·		11 11 1	<i>;</i>		233,957		257,210
	4 E	21		ilities (Part X, line 2	• 1				: ├-		0		
1	~ū.	22		ts or fund balances	. Subtract	ine 21 from lir	10 ZU	11 .' -	: 1		233,957		257,210
		rt II		ure Block				11		المنفق سمس	ha ha-4 -4		and brother to the
_	true	er pena , correc	aues of perju et, and compl	ry, I declare that I have one of the control of the	re (other the	return, including a n officer) is based	on all information	of which pr	eparer h	and to to as any knowl	edge	viowieage a	JILI DELIET, IT IS

DIRECTOR Date Sign Signature of officer Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check if self-employed **Paid Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No Form **990** (2016) For Paperwork Reduction Act Notice, see the separate instructions. Çat. No. 11282Y



Part l	0 (2016) III Statement of Program Se	nvice Accomplishments	11	<u>. </u>
rart		invice Accomplishments ins a response or note to any line	<u>, </u>	thic Part III
			3 II	ruis Partiii
1	Briefly describe the organization's	•	Н	† ' ‡
				ce of the activities of the Association are performed by
				the Association is to support the work of the Missour
				no employees of the Association. An Independent
	contractor is paid to perform manage	ement services for the Association.	11	
2		ıy significant program services dur	ing	the year which were not listed on the
	prior Form 990 or 990-EZ?			· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new serv			J 1
3	Did the organization cease con	ducting, or make significant chai	ng	es in how it conducts, any program
	services?		11	Yes 🗹
	If "Yes," describe these changes	on Schedule O.	П	
4			ac	h of its three largest program services, as measur
				o report the amount of grants and allocations to o
		f any, for each program service rep		
	• •			•
40	(Code:) (Expenses \$	44,000 including grants of	6) (Revenue \$ 44,000)
™ a				The membership programs include: MoNGA Annual,
				e category. Further, the Association receives revenue
			7	JS (the National Guard Association of the US) or EAN
	(the Enlisted Association of the Nat	ional Guard of the US)	-++	<u>· · † </u>
			-#	
			-#	
			-	1
			-11	
			11	
			11	***************************************
				į
			<u> Ti</u>	1
4b	(Code:) (Expenses \$	125,800 including grants of	\$) (Revenue \$ 145,000)
4b		125,800 including grants of trance program for members and ret		
4b				
	The Association provides a life insu	rance program for members and ret	iree	esiof the Missouri National Guard.
	The Association provides a life insu	rance program for members and ret	state of the state	esiof the Missouri National Guard.
	(Code:) (Expenses \$) There are five conference events the	rance program for members and ret	s,	es of the Missouri National Guard.
	(Code:) (Expenses \$	rance program for members and ret	\$ for	esiof the Missouri National Guard.
	(Code:) (Expenses \$	rance program for members and ret	\$ for	siof the Missouri National Guard.
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	(Code:) (Expenses \$	rance program for members and ret	\$ for	siof the Missouri National Guard.
4 c	(Code:) (Expenses \$ There are five conference events th the annual Association conference NGEDA (the National Guard Execut	75,000 including grants of at result in revenue and/or expenses the yearly conference of NGAUS; the ve Directors Association); and, the yearly conference of NGAUS; the yearly conference of N	\$ for	esiof the Missouri National Guard.
4 c	(Code:) (Expenses \$ There are five conference events the annual Association conference NGEDA (the National Guard Execut	75,000 including grants of at result in revenue and/or expenses the yearly conference of NGAUS; the ve Directors Association); and, the yearly conference of NGAUS; the yearly conference of NGAUS; the party conference of NGAUS; the yearly conference of NGAUS; the party conference	\$ foi	esiof the Missouri National Guard.

Part	t IV Checklist of Required Schedules			aye .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private to complete Schedule A	foundation)? If "Yes,"		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instr		1	1
3		of or in opposition to		'
4	1111	have a section 501(h)		
5		4		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," or Part III			✓
6	Did the organization maintain any donor advised funds or any similar funds or account have the right to provide advice on the distribution or investment of amounts in such that	nts for which donors funds or accounts? If		
-	"Yes," complete Schedule D, Part I	6		<u>✓</u>
7	Did the organization receive or hold a conservation easement, including easements to put the environment, historic land areas, or historic structures? If "Yes," complete Schedule	D, Part II 7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other sin complete Schedule D, Part III	milar assets? If "Yes,"		1
9	custodian for amounts not listed in Part X; or provide credit counseling, debt managen			
	debt negotiation services? If "Yes," complete Schedule D, Part IV .	9		✓
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Sched	dule D, Part V 10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete \$VII, VIII, IX, or X as applicable.	Schedule D, Parts VI,		
а	a Did the organization report an amount for land, buildings, and equipment in Part of complete Schedule D, Part VI	X, line 10? <i>If "Yes,"</i>		/
b	b Did the organization report an amount for investments—other securities in Part X, line 1 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	2 that is 5% or more		
c	c Did the organization report an amount for investments—program related in Part X, line 1			<u>✓</u>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	· · · · · · · 11c		1
d	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or m			•
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete	e Schedule D, Part X 11e		✓
	f Did the organization's separate or consolidated financial statements for the tax year include a financial statement for the tax year include a financia	Schedule D, Part X . 11f		✓
12 a	a Did the organization obtain separate independent audited financial statements for the tax ye	· · · · · · · · · · · · · · · · · · ·		
h	b Was the organization included in consolidated, independent audited financial statements	12a		✓_
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts	s XI and XII is optional 12b		✓
13	1		1	`
14 a	a Did the organization maintain an office, employees, or agents outside of the United State		1 1	\
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 fundraising, business, investment, and program service activities outside the United	States, or aggregate		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I a	1		✓
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			✓
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional full Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instruction	ndraising services on		<u>√</u>
	Did the organization report more than \$15,000 total of fundraising event gross income Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	and contributions on		<u>`</u> ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on	Part VIII, line 9a?		*
	K D/	19		✓
		Fоrт	n 990 (2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		1
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			1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		H
	\$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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
Ь	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	051		1
~	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		\ <u> </u>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			[
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
	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		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or keylemployee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete, Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			,
	complete Schedule N, Part II	32		✓
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			,
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		/
34	or IV, and Part V, line 1	24		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	30a		
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		┡
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۲
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
		For	n 99 0	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		<u>. D</u>
1a	Enter the number reported in Box 2 of Farm 1996 Fature 0 if and a sufficient supplier.		Yes	No
b	Ta o	4		
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	l	
•	reportable gaming (gambling) winnings to prize winners?			ŀ
2a		1c		
20		ĺ		l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	۱		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	١_		,
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	/
		3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interestlin, 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	├	/
U	If "Yes," enter the name of the foreign country:			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ŀ
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	-	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	90		-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	08		-
_	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	OD	•	
а	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources		-	
	against amounts due or received from them.)		- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the experiencies is lineared to inche suplified beauty along		I	
c	Enter the amount of reserves on hand		l	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	44-		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>
			1	

Part		and	tor a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	itruct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>. :</u>		.
Section	on A. Governing Body and Management			
		لــــا	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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.		i '	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8		i	
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?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1	
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_1	. —¬	
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at		1	1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		1
		لا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
ь	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	· 	✓
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	لــــــــــــــــــــــــــــــــــــــ	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<u> </u>	V
13	Did the organization have a written whistleblower policy?	13	<u></u>	✓
14	Did the organization have a written document retention and destruction policy?	14	أحصا	1
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	أحصر	V
Ь	Other officers or key employees of the organization	15b		✓
40	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?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			l
	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?			
C4	<u> </u>	16b		
	on C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Missouri IF required by law Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	E011	-/(0)-	
18	available for public inspection. Indicate how you made these available, Check all that apply.	3U 1(ડા(ડ)ડ	only)
10	Own website Another's website Upon request Other (explain in Schedule O)	nuc. 1	I	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	est	JOIICY	, and
20				
20	State the name, address, and telephone number of the person who possesses, the organization's books and re-	;ords:	_	
	Joel Denney, 2302 Militia Drive, Jefferson City, Missouri 65101-1203		- 000	(00:
	1	⊢om	1 220	(2016)

Form	OO0	1204	c١

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Form 990 (2016)

		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Dort VIII	Compensation of Officer	e Directore Tr	uctoos Koy Emplo	vooc Highoot	Componented Employee	
rait vii	Compensation of Officer	a, Directora, Tri	narees, vea cubici	yees, nighest	Compensated Employee	s, and
	Independent Contractors		[[]	1		
		i 1	3 1 3	i		

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, 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 neither the organization no	or any relate	d org	aniz	atic	n c	amc	ens	ate	d any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted , line)	(do no box, office or direct	ot ch unles	Pos neck	c) ition more	than	one then stee)		(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
(1) Charles Hausman, President	,		ă			100		-	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
(2) Chris Mickan, President Elect	5	1	-	1			,	\dagger	0	0	0
(3) Tim Murphy, Vice President, Air	1	1	-	1			1	\dagger	0	0	0
(4) Amy Anderson, Vice President-Army	1	1		1			1	T	0	0	0
(5) Brenda Randles, Secretary	2	1		1			,		; o	0	0
(6) Chris Wilson, Treasurer	2_	1		1			,	1	1 0	0	0
(7) Brian Kirkpatrick, Enlished Committee Chair	2	1		1					0	0	0
(8) Michelle Struemph, Past President	1	1		1				1	. 0	0	0
(9)	-								•		
(10)	<u> </u>										
(11)											
(12)	<u> </u>						ŀ		! •		
(13)				_			ŀ	\perp			
(14)	 	}									

Part	VII Section A. Officers, Director	s, Trustee	s, Key E	mploy	/ees	s, ar	nd H	igh	est	t C	ompensated E	mployees (contin	ued)		
	(A) Name and title	(B) Average hours per week (list al		box, to	(C) Position (do not check more the box, unless person is officer and a director/			nş bo Doğuml	oth Iste	an e)	(D) Reportable compensation from	(E) Reportation compensation related	n from	(F) Estimated amount of other compensation		
		on	related ganizations elow dotted line)		nstitutional trustee	Officer	Key employee	employee	ohest compensated	Former	the i organization (W-2/1099-MISC)	organizati (W-2/1099-N		fro orga and	m the nization related nization	n I
(15)		:						T		-	,					
(16)		1						Ħ	Ì							
(17)		i .						#	1		1					-
(18)		,							1							_
(19)								\parallel	1						_ _	
(20)									1							
(21)									1		•					
(22)		1							#		1					
(23)									1							
(24)									1					 ·		
(25)									1		:					
1b	Sub-total					•	Ш 		1	<u> </u>	0		0			0
c d	Total from continuation sheets Total (add lines 1b and 1c)	to Part Vi				:				^	0		0			0 0
2	Total number of individuals (inclure reportable compensation from the	ding but n	ot limited			_	ed a	abo	ve)) wi	họ received m	ore than \$1	00,00	O of		
3	Did the organization list any for employee on line 1a? If "Yes," co.	mer offic	er, direc	tor, o	r tr uch	uste indi	e, ividu	key	eı	mp	oloyee, or high	est compe	ensate	d 3	Yes	No
4	For any individual listed on line 1 organization and related organization individual															
5	Did any person listed on line 1a refor services rendered to the organ											ation or inc	dividua			
Section	on B. Independent Contractors															
1	Complete this table for your five to compensation from the organizat year.															ax
	(A Name and bus		ss								(B) Description of se	ervices		(C) Compens	ation	
joel D	. Denney, 3251 Wind River Circle, Co	lumbla, Mi	ssouri 65	203				11	-	Mai	nagement Servi	ces			\$12	20,000
								11	7					_		
2	Total number of independent of	ontractors	(includir	ng bu	t n	ot I	imite	ed	to	th	ose listed abo	ove) who				
	received more than \$100,000 of co								,		<u> </u>				- 000	lone.

Far	VIII	Check if Schedule O contains a response or note to	ony line i		Do-+ \/(III		_
		Check if Schedule O contains a response of note to	(A) Total rever	ue !	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants r Amounts	1a b c d	Federated campaigns 1a Membership dues 1b 44,000 Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$					
Ser	9 h	Total. Add lines 1a–1f	4	.000			Í
		Business Code		1 1			
Program Service Revenue	2a	Conferences	79	,053		1	
æ	b	Life Insurance Program		,000	1		
<u>8</u>	С			1:	-		
Ser	d			11	1		
ᇤ	е			1 1.			
g	f	All other program service revenue .		<u> 1 i</u> .	1		
<u>ā</u>	g	Total. Add lines 2a–2f ▶	268	,053			
	3	Investment income (including dividends, interest, and other similar amounts)			1		
	5	Royalties		i.	i i		
		(i) Real (ii) Personal		i'			
	6a	Gross rents			·		
	b	Less: rental expenses		1!			
	С	Rental income or (loss)		1	;		
	7a	Net rental income or (loss)			1		
	b	Less: cost or other basis and sales expenses .					
	d	Gain or (loss)					
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).			1	-	
_		See Part IV, line 18 a		1			
Other	ь	Less: direct expenses b		1			
U		Net income or (loss) from fundraising events . >		1			
	9a	Gross income from gaming activities. See Part IV, line 19 a			,		
	b	Less: direct expenses b		1	,		
		Net income or (loss) from gaming activities ▶		<u> </u>	'		
	10a	Gross sales of inventory, less returns and allowances a			,		
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory ▶		1.	,		
	<u> </u>	Miscellaneous Revenue Business Code					
	11a			1	:	1	
	b			<u>j.</u>	1		
	C	All other revenue		1	ļ ,·		
	de	All other revenue		1			
	12	Total revenue. See instructions.	ge.	,053			
	,	· · · · · · · · · · · · · · · · · · ·	_ ∠0(I .	L	1

- 11/	
Partix	Statement of Functional Expenses
1 011 171	Cuttomerit of Fundamental Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	nse or note to any li	ne in this Part IX		· · · · 🗖
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,		111		
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and		1 11 11	1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)			ļ	į
9	Other employee benefits	-	 		
10	Payroll taxes				
11	Fees for services (non-employees):			<u> </u>	
''a	Management				
b	Legal			· · · · · · · · · · · · · · · · · · ·	
-	Accounting		 		
C	Lobbying				
ď	Professional fundraising services. See Part IV, line 17		1 11:		
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
10	Advertising and promotion		 		
12 13	Office expenses				
	Information technology				
14	Royalties		11 !		
15 16	Occupancy				
17	Travel		111		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	75,000			
20		/5,000			
21	Payments to affiliates		- 		
22	Depreciation, depletion, and amortization .		 		
23	Insurance		 		
			 		<u> </u>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	1			
	line 24e amount exceeds 10% of line 25, column		1 11.		
	(A) amount, list line 24e expenses on Schedule O.)		'		
а	Life Insurance Program	125,800	 - 	 	
b	Membership Program	44,000			
-	memberomp r rogiani	44,000			
c d			 		
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	044 000	1	 	
26	Joint costs. Complete this line only if the	244,800	11.	 	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	1		1	
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)]			
	TOTAL AND CONTROL OF THE CONTROL OF	1	[<u> </u>	1	i

1	art X	Balance Sneet		1 %			
		Check if Schedule O contai	ns a response or note to any line it	this Pa	irt X		🛘
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		. 1	233,957	1	257,210
	2	Savings and temporary cash in	vestments		r	2	
	3	Pledges and grants receivable,	net			3	
	4	Accounts receivable, net .				4	
	5	Loans and other receivables fi	rom current and former officers, din	ectors,			
80		trustees, key employees, complete Part II of Schedule I	and highest compensated emp	oyees.	• • •	5	
	6	4958(f)(1)), persons described in sec sponsoring organizations of sect	her disqualified persons (as defined under tion 4958(c)(3)(B), and contributing employ on 501(c)(9) voluntary employees' ber plete Part II of Schedule L	ers and reficiary		6	
set	7	Notes and loans receivable, ne	t] [<u> </u>	7	
Assets	8			[],[]		8	
	9		charges		<u>-</u>	9	
	10a	Land, buildings, and equipmen other basis. Complete Part VI of	t: cost or	1	1		· · · · · · · · · · · · · · · · · · ·
	ь	Less: accumulated depreciatio	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 11) •	10c	
	11	Investments—publicly traded s		1:11		11	
	12		See Part IV, line 11			12	
	13		See Part IV, line 11		<u> </u>	13	
	14				<u>'</u>	14	
	15		11		<u>'</u>	15	
	16		igh 15 (must equal line 34)		233,957	16	0F7 040
	17		expenses	1 1	233,357	17	257,210
	18				· •	18	
	19					19	
	20	·			<u> </u>	20	
Liabilities	21		ability. Complete Part IV of Schedule	1	•	21	
			1	1 1 1 -	1	21	· · · · · · · · · · · · · · · · · · ·
	22		o current and former officers, din highest :compensated employees				
		disqualified persons. Complete		, and	<u> </u>	22	
	~~					23	
	23		payable to unrelated third parties		1	24	
	24	Unsecured notes and loans pa	ī ·			24	
	25	parties, and other liabilities not	eral income tax, payables to relate included on lines 17-24). Complete				
		of Schedule D		i .		25	
	26	Total liabilities. Add lines 17 ti				26	
800		complete lines 27 through 29	AS 117 (ASC 958), check here ► [and lines 33 and 34.	and			
ğ	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net asse	ts			28	
9	29	Permanently restricted net ass	ets			29	
Net Assets or Fund Balances		Organizations that do not follow complete lines 30 through 34.	SFAS 117 (ASC 958), check here ▶	and			
ø	30	Capital stock or trust principal	or current funds			30	
set	31					31	
Ą	32		t, accumulated income, or other fund			32	
je je	33		es		233,957	33	257,210
Z	34		und balances		233,957		257,210
				1	200,331		Form 990 (2016)
			1	1 1			(2010

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Missouri National Guard Association	43-097318						
COMMENTS PART III All expenses of the Association are related to program services This includes approximately \$2,000 for liability insurance and							
\$3,500 for web site hosting and related web site services. The Association has no employees							
COMMENTS PART VI The bylaws of the Association are available on the Association's web site. This document and all financial information about							
the Association are available upon request. The Executive Council of the Association is comprised of nine personsbut only eight of which are voting							
members of the Council The Association's bylaws stipulate the authority of the Execuive Council and its duties							
COMMENTS PART VII The Association has no employees The Association has an agreement with an independent contractor to provide managment							
services, including to act as the Association's Executive Director The individual is not authorized to vote on governance decisions of the Association							
The fee paid the independent contractor is apportioned among expenses for the Association's programs							
	·						

•••••••••••••••••••••••••••••••••••••••							