

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning	g 1 January	, 2017, and en	ding 31 De	cember	, 20 17					
В	Check if	applicable	C Name of organization Missouri N	National Guard Association			D Employ	er identification n	umber				
	Address	change	Doing business as Missouri Na	tional Guard Association				43-0907318					
$\bar{\Box}$	Name ch		Number and street (or PO box if it		ress) Room	n/surte	E Telepho	ne number					
$\bar{\Box}$	Initial reti		2302 Militia Drive					573-632-4240					
$\overline{\Box}$		n/terminated	City or town, state or province, cou	untry, and ZIP or foreign postal c	ode								
П	Amended		Jefferson City, Missouri 65101				<b>G</b> Gross re	ecepts \$	268,937				
$\exists$			F Name and address of principal office	H(a) is this a	a group return for subordinates? Yes No								
_	Аррисац		2302 Militia Drive, Jefferson Ch					s included? Tes	_				
_	Tau avas			( 19 ) ◀ (insert no ) ☐ 494	7(a)(1) or 527	<del>161</del> `		a list. (see instruction					
<u> </u>	Website:	npt status		( 13 /4 (months) — 434	1 (a)(1) 01 LJ 321	<del>\</del>	o exemption	•	•				
K			w.mongaonline.com  Corporation Trust Associ	ation ☐ Other ►	L Year of for			of legal domicile	MO				
	art I	Summ		, Coner >	/ Le Tear Of tor	1347	IN Otato	Or regal domicile	mo_				
				eien er meet eienifieent e	ativities: The	Accordation	o volunto	nı memberebin					
•			escribe the organization's mis-										
Governance		organization—drawing the principal members from the Missouri National Guard. The Association promotes the Missouri National											
Ē		Guard and "Guard families" and supports Guard soldiers and airmen in fulfilling the mission of the National Guard.  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	1			· · · · · · · · · · · · · · · · · · ·				ł					
	1		of voting members of the gov				. 3	8 (Executive					
S S	•		of independent voting member			16)	. 4	8 (Executive	Council)				
Activities &			nber of individuals employed		rt V, line 2a)		. 5		0				
¥			nber of volunteers (estimate if				. 6		100				
ĕ	7a		elated business revenue from				. 7a		0				
	b	Net unrel	ated business taxable income	e from Form 990-T, line 3	<u>4⊱D  .</u>	<del>,</del>	.   7b		0				
				~	၂၇	Prior \	ear	Current Yo	ear				
Revenue	8		tions and grants (Part VIII, line										
	9	Program	service revenue (Part VIII, line	2g) 8 NOV 0:7:2	018 : 05 :		268,053		268,937				
ě	10	Investme	nt income (Part VIII, column (	A), lines 3, 4, and 7d)	<u> </u>								
<b>E</b>	11	Other rev	renue (Part VIII, column (A), lin	nes 5 6d, 80 % [10] aho	( <b>e</b> [j]t				<u>.</u>				
	12	Total reve	enue-add lines 8 through 11 (	(must equal Part VIII, colur	nn (A), Ilne 12)		268,053		268,937				
	13	Grants ar	nd similar amounts paid (Part	IX, column (A), lines 1-3)									
	14	Benefits	paid to or for members (Part I	IX, column (A), line 4) .		1							
ø	15	Salaries,	other compensation, employee	benefits (Part IX, column (	A), lines 5-10)								
Expenses	16a	Professio	onal fundraising fees (Part IX,	column (A), line 11e) .									
ē			draising expenses (Part IX, co					- · · · · · · · · · · · · · · · · ·	1				
ũ	17		penses (Part IX, column (A), lii										
	18	•	enses. Add lines 13-17 (must	•	), line 25) .		244,800		265,028				
	19	•	less expenses. Subtract line	•			23,253		3,909				
× 8						Beginning of C		End of Ye					
Assets or	20	Total ass	ets (Part X, line 16)				257,210		261,119				
ASS.	21		vilities (Part X, line 26)			·····	0		0				
¥.5	22		ts or fund balances. Subtract	line 21 from line 20			257,210		261,119				
P	art II		ture Block			<del></del>							
			ry, I declare that I have examined this	return including accompanying	schedules and s	tatements and to	the best of r	my knowledge and	belief, it is				
tru	e, correct	t, and compl	ete Declaration of preparer other tha	an officer) is based on all informa	tion of which prep	parer has any know	vledge	,					
		T	<del>- 11   1   1.</del>					IEMBER	2 <i>018</i>				
Sig	ın	Sign	ature of officer	$\gamma$			ate						
He		1	DEL D. DENHI	ey' EXECU	TIVE	DIREC	TOR						
110		Type	or print name and title	<u></u>	<u> </u>								
		14	pe preparer's name	T	PTIN								
Pa				Preparer's signature		Date	Check setf-em	<b>□</b> # [					
Pr	epare					<del></del>							
Us	e Onl						m's EIN ▶						
N4-	v tha IT		e this return with the preparer	r chown above? (cae instr	uctions)	<u></u>	one no.	<u>Ye</u>	s No				
ivia	y the ir		s this return with the preparer				• • •		9 <b>90</b> (2017)				
Er.	- Dono-	UNITED DOM:	ction Act Notice see the senar	CITA INCTAICHARC	C	ot No. 11282Y		rom a					

onn 99	0 (201	· · · · · · · · · · · · · · · · · · ·	raye &
Part i	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u>V</u>
1		ofly describe the organization's mission:	
		Association is a voluntary membership organization—the preponderance of the activities of the Association are per	
		rent or retired members of the Missouri National Guard. The mission of the Association is to support the work of the	
		onal Guard in fulfilling its state and federal responsibilities. There are no employees of the Association. An indeper tractor is paid to perform management services for the Association.	ident
2	Did	the organization undertake any significant program services during the year which were not listed on the	
_			Yes 🗹 No
	•	/es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
	serv	vices?	Yes 🗹 No
	If "Y	'es," describe these changes on Schedule O.	
4	Des	scribe the organization's program service accomplishments for each of its three largest program services, as	measured by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ons to others,
	the t	total expenses, and revenue, if any, for each program service reported.	
			44.500\
4a	(Coc	de: ) (Expenses \$ 58,514 including grants of \$ ) (Revenue \$)	44,500)
		Association has membership programs for which revenue comes to it. The membership programs include: MoNGA	
		Associate membership categories; a Retired category; and, a Corporate category. Further, the Association receives	
		or incurrs expenses pertaining to membership of its members in NGAUS (the National Guard Association of the US	
	(the	Enlisted Association of the National Guard of the US).	
4b	(Cor	de: ) (Expenses \$ 110,000 including grants of \$ ) (Revenue \$	146,437)
		Association provides a life insurance program for members and retirees of the Missouri National Guard.	
4c		de:) (Expenses \$96,514 including grants of \$) (Revenue \$	78,000 )
		re are six major conferences or events that result in revenue and/or expenses for the Association each year. They in	
		annual Association conference; the yearly conference of NGAUS; the yearly conference of EANGUS; the yearly conf	
		EDA (the National Guard Executive Directors Association); the yearly conference of SSLI pool states; and the annual	Mauonai
	Gua	ard Birthday Ball.	
4d	Othe	er program services (Describe in Schedule O.)	
		penses \$ including grants of \$ ) (Revenue \$ )	
4e		al program service expenses ► 265,028	

265,028



<sup>2</sup> art	Checklist of Required Schedules	т. т.	Yes	- No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-	Tes	No
·	complete Schedule A	1		✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>√</u> √
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	4		···
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	5		✓
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	6		<u>·</u> ✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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	9		✓
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 $V$	10		✓
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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	11b		1
	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	11c		✓
	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	11d		<b>√</b>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	✓
D	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.	14b		✓
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	15		<b>√</b>
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.	16		1
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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
			. aan	10047

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>/</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	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		l •
<b>2</b> 70	\$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
С	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		1
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		1
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	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		<b>✓</b>
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		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
_	Schedule L, Part IV	28b		✓
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	28c	<u> </u>	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		]	
	conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
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,"	<u> </u>		†
	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	33	ļ	<b>/</b>
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	24		1
250	or IV, and Part V, line 1	34 35a		1
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	wa	<del>                                     </del>	+
	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			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>✓</b>
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	37	_	<b> ✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		1
	131 Note. All 1 Onli 330 lilets are required to complete ochequie O.	130	Ţ <u>.</u>	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	-	<u>. []</u>
4.	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	ł	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4,		
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<b>└</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	<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	3b	<u> </u>	<b>↓</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)?	4a		<b>/</b>
þ	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).	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	<del>                                     </del>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	<b>/</b>	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ľ		l
a	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		<del>  •</del>
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>		<b> </b>
e	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		1
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1
10	Section 501(c)(7) organizations. Enter:	`		
a	Initiation fees and capital contributions included on Part VIII, line 12	+	ļ	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:	<u>.</u> .	1	
''a	Gross income from members or shareholders	ľ		Į
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	]	
	against amounts due or received from them.)	1	ļ	
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   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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	<u> </u>	l	
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<del>  </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	144h	1	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	truct	
Ca adi	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u> </u>	<b>7</b>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	ar-		
_	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent .   1b 1  1b 1	4		
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		<b> </b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			<b>  •</b>
	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		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<b>✓</b>	<u> </u>
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	_	
	stockholders, or persons other than the governing body?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ρ,		i
	the year by the following:			
а	The governing body?	8a	1	
Ъ	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		<b>/</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, IIa		<b>V</b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		1
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		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by	9		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ ——-		7
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
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	<u></u>	<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	ŀ		
	organization's exempt status with respect to such arrangements?	16b	—	
Secti	on C. Disclosure	1.00	L	L
17	List the states with which a copy of this Form 990 is required to be filed ► Missouri if required by law			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest (	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
	lool Dannoy, 2202 Militia Driva, Joffgrann City, Missouri 65101-1203			

Form	990	(2017)	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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	r any relate	d org	anız	atic	n c	ompe	nsa	ited 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)	box, office Individual or directu	unles er and	Pos neck	rson	than to the struck of the stru	an tee)	(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
(1) Scott Zimmerman, President	5	<b>1</b>		1				0	o	
(2) John Martin, President Elect	3	1	<b></b> -	/				0		0
(3) Rachel Thomas, Vice President, Air	1	1		1				0		
(4) Anthony James, Vice President, Army	1	1		1				0	0	
(5) Amanda Graham, Secretary	2	1		1				0	0	0
(6) Chris Wilson, Treasurer	2	1		1				0	0	
(7) Brian Kirkpatrick, Enlisted Committee Chair	2	1		1				0	0	0
(8) Charlie Hausman, Past President	1	1		1				0	0	0
(9)										
(10)										·
(11)		_				ļ				
(12)			_				_			<del></del>
(13)				_						
(14)	<del> </del>	1								

	(A) Name and title	(B) Average hours per	box,	unies	s pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation fro		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	othe compens from to organize and reli organize	sation the ation ated
(15)												
(16)	······										†	
(17)												<del></del>
(18)						<u> </u>		_			+	
					_			-			-	
											<del> </del>	
								_			<del> </del>	
							ļ					
(23)											<u> </u>	
(24)												
(25)												
1b	Sub-total			•	•			<b>&gt;</b>	0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						-	<b>&gt;</b>	0		0	<u>0</u> 0
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received mo	ore than \$100,	000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc							oloyee, or high		ited	'es No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of repartments	portal an \$1 	ble ( 150,	com 000	nper 1? <i>It</i>	nsatio f <i>"Ye</i> : ·	n a s,"	ind other comp complete Sch	ensation from edule J for s	the uch	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	dual 5	
Section	on B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Repyear.											's tax
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensati	on
Joel D	enney, 3251 Wind River Circle, Columbia, Mi	ssouri 6520:	3					Ma	nagement Servi	ces		\$120,000
	Total number of independent contractor	re (includia	na he	+ <u>~</u>	ot !	imit	ad to		nose listed sho	ave) who		
	received more than \$100,000 of compens							, u	1	3.0, 4110		200
											Form 8	<b>990</b> (2017)

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

(C)

Par	CVIII	Statement of Revenue					
		Check if Schedule O contains a response	onse or note to	any line in this	Part VIII	<u></u>	<u> </u>
		Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्फ क	1a	Federated campaigns 1a					
£ 5	Ь	Membership dues 1b	44,500	ł		ĺ	
٠, <u>چ</u>	С	Fundraising events 1c					
# i	d	Related organizations 1d					
S, G	е	Government grants (contributions) 1e					į
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,				]	
a de		and similar amounts not included above 11		ţ			
ĒÕ	g	Noncash contributions included in lines 1a-1f: \$		ļ			
S E	h	Total. Add lines 1a-1f	•	44,500			
			Business Code				
Ē	2a	Insurance Program		146,437			
æ	b	Conferences/Events	1	78,000			
<u>3</u>	c						
<u>Ş</u>	d						
E	e						
Program Service Revenue	f	All other program service revenue .					
Æ	g	Total. Add lines 2a-2f	▶	268,937	-		
	3	Investment income (including dividen	ds, interest,				
		and other similar amounts)	▶ [				
	4	Income from investment of tax-exempt bone	d proceeds ▶				
	5	Royalties	▶				
	ĺ	(i) Real	(ii) Personal				
	6a	Gross rents		ļ			
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d		▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other	l		]	}
		assets other than inventory					
	b	Less: cost or other basis		ŀ			
		and sales expenses .		j			
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
nue	8a	Gross income from fundraising	ļ				
Revenue	Ì,	events (not including \$ of contributions reported on line 1c).					
Other		See Part IV, line 18 a		İ			
δ	ı	Less: direct expenses b	vents . ▶			<u> </u>	
		Net income or (loss) from fundraising every Gross income from gaming activities.	rents .			<del>                                     </del>	
	Ja	See Part IV, line 19 a		Į			
		·		1			
		Less: direct expenses <b>b</b>	lies -			<del></del>	
		Gross sales of inventory, less			· · · · · · · · · · · · · · · · · · ·		
	IVa	returns and allowances a					
		Less: cost of goods sold b		į			1
			tory ▶	<del></del>		- <del></del>	<del></del>
	<u> </u>		Business Code			<del> </del>	
	44-	INDUCTION TO THE PORT OF THE P				<del></del>	<del></del>
	11a					<del> </del>	<del> </del>
	b					<del> </del>	<del> </del>
	d	All other revenue		<del>-</del>		<b></b>	<del> </del>
	a	Total. Add lines 11a-11d	•		- <del></del>	<del> </del>	<del> </del>
	12	Total revenue. See instructions		269 027		<del>                                     </del>	<del> </del>

Form 99	0 (2017)				Page <b>10</b>					
Part	IX Statement of Functional Expenses		*****							
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	ns must complete co	lumn (A).					
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations 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									
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	7								
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 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
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									
13	Office expenses									
14	Information technology	±±								
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	96,514			<del></del>					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .			ļ						
23	Insurance									
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.)									
				ļ						
a	Insurance Program	110,000		<del></del>						
b	Conferences/Events	96,514		<del> </del>						
C				ļ						
d	All albert and an area				· · · ·					
9	All other expenses  Total functional expenses. Add lines 1 through 24e									
25	Joint costs. Complete this line only if the	265,028								
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  following SOP 98-2 (ASC 958-720)									
	10110WING 30F 30-2 (M3C 330-120)			<u> </u>	L					

Р	art X		4 V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	257,210	1	261,11
	2	Savings and temporary cash investments		2	
	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	
ø	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	1	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	<del>- *</del>
	9 10a	Prepaid expenses and deferred charges		9	
	ь	content basis. Complete Part VI of Schedule D  Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	257,210		261,11
	17	Accounts payable and accrued expenses	207,210	17	201,11
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abj		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	
	26	Total liabilities. Add lines 17 through 25		26	<del></del> _
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	·		·····
Ē	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			· · ·
ş	30	Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
<b>38</b> 6	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	257,210	33	261,11

Total liabilities and net assets/fund balances . .

261,119

257,210 34

Form 9	90 (2017)			Pε	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26	68,937
2	Total expenses (must equal Part IX, column (A), line 25)	2		26	65,028
3	Revenue less expenses. Subtract line 2 from line 1	3			3,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25	57,210
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		2€	61,119
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · ·	<u> </u>	<u>.                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		1;		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	' '		1 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<b> </b> _	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		<u> </u>
b	The state of the s		2b	igsquare	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			}
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				1
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			İ .
	the Single Audit Act and OMB Circular A-133?		3a	لــــا	<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits.	3b	[ ]	1

Form **990** (2017)

## 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.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

43-0907318 Missouri National Guard Association 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 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 persons—but only eight (8) of which are voting members of the Council. The Association's bylaws stipulate the authority of the Executive Council and its duties. COMMENTS PART VII: The Association has no employees. The Association has an agreement with an Independent contractor to provide management services, including to act as the Association's Executive Director. The independent contractor is not authorized to vote on governance decisions of the Association. The fee paid the Independent contractor is apportioned among expenses of the Association's programs.