Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

OMB No 1545-0047 2018

▶ Do not enter social security numbers on this form as it may be made public; Q / Open to Public

Inter	artment of naj Reven	t the Treasury Tue Service	► Go to www.irs.g	ov/Form990 for instructio	ns and the	latest in	formation	1010	Inspec	ction	
$\overline{\mathbf{A}}$	For the	2018 cale	endar year, or tax year beginning	1 January	, 2018, and	d ending	31 D	ecember	, 20 18		
В	Check if	applicable:	C Name of organization Missouri N	ational Guard Association)			D Employer identification number			
	Address	change	Doing business as						43-0907318		
	Name ch	hange	Number and street (or P O. box if m	all is not delivered to street add	ress) R	Room/surte	•	E Telephon	e number		
	Initial ret	tum	2302 Militia Drive						573-632-4240		
	Final retu	m/terminated	City or town, state or province, coul	ntry, and ZIP or foreign postal o	ode				າ ີ	77,500	
	Amende		Jefferson City, Missouri 65101-					G Gross re	ceipts \$	<u> </u>	
	Applicat	on pending	F Name and address of principal office	er Brian Kirkpatrick, Pre	sident				subordinates? 🔲 Ye		
		-	2302 Militia Drive, Jefferson Cit	y, Missouri 65101-1203		-04			included? 🔲 Ye		
	Tax-exe	mpt status	501(c)(3)	4) ◀ (insert no) ☐ 494	7(a)(1) or	527	H **	No," attach a	list (see instruct	ions)	
<u>J</u>	J Website: ► www.mongaonline.com H(c) Group exemption										
		organization:	✓ Corporation ☐ Trust ☐ Associa	ition ☐ Other▶	L Year o	of formatio	n 1947	M State	of legal domicile	MO	
Р	art I	Summ			<u> </u>						
	1		escribe the organization's miss								
ဦ	1		tiondrawing the principal mem							National	
ц]		d "Guard families" and supports								
Š	2		nis box ▶ ☐ if the organization	· · · · · · · · · · · · · · · · · · ·				1 . 1			
Ĝ	3		of voting members of the gove					. 3	8 (Executiv		
প্ৰ প	4		of independent voting membe		-	-		- 4	8 (Executiv		
itie	5		mber of individuals employed i	•	ırt V, line 2	a) .		. 5		0	
Activities & Governance	6		mber of volunteers (estimate if					. 6		100	
Ř	7a		related business revenue from					. 7a		0	
	Ь	Net unre	lated business taxable income	from Form 990-1, line 3	<u>8</u>		Prior	. 7b	Current \	0	
	1 _	.		413		<u> </u>	Prior	ear	Current		
ē	8		tions and grants (Part VIII, line		 						
Revenue	9 Program service revenue (Part VIII, line 2g)							268,937		277,500	
Š	10	Investme	ent income (Part VIII, column (A venue (Part VIII, column (A), lin	(), lines 3, 4, and 7dRE	CEIVE	ED H		0		0	
_	11	Other rev	venue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and	1.1.10)	10)	اد	0		0	
	12		enue-add lines 8 through 11 (r			12) c	<u> </u>	268,937		277,500	
	13		nd similar amounts paid (Part I		· 1 · 4 · 6 U	[3.][°	7	0		0	
	14	Benefits	paid to or for members (Part I)	(, column (A), line 4)			<u> </u>	0		0	
Se	15	Salaries,	other compensation, employee	benefits (Parl IX, column)		'' ''r -		0		0	
ens	16a	1 10100010	ona ranaraong 1000 (i ar in, c	Cidimit (9) When the		<u> </u>	<u></u>	- 0		0	
Expenses	b		idraising expenses (Part IX, col			├-					
	17		penses (Part IX, column (A), lin	•		` · ⊢		0		0	
	18		penses. Add lines 13-17 (must			• ⊢		265,028		264,330	
- 0	19	Hevenue	less expenses. Subtract line 1	8 ITOTTI IIITO 12	·	R	eginning of C	3,909	End of Y	13,170 'ear	
Assets or Balances	20	Total age	sets (Part X, line 16)			F	3 3	261,119		274,289	
32	20 21		pilities (Part X, line 26)			· ·		201,113		214,209	
Tet.	22		ots or fund balances. Subtract	ine 21 from line 20		` · -		261,119		274,289	
	art II		ture Block	ille 21 HOIT III 6 20 .				201,113		214,203	
			ury, I declare that I have examined this	return including accompanying	schedules er	nd statem	ents, and to	the best of n	ny knowledge ar	nd belief, it is	
tru	o, correc	t_and comp	late. Declaration of preparer (other than	officer) is based on all informa	tion of which	preparer h	nas any knov	wlodge		40	
11-6-201										0/7	
Sig	n i	Sign	nature of officer		0-			ate			
He		Ž \	BRIAN KI	RKPATRICKI	PR	ES11	PHT	-			
	į	Type	e or print name and title	A D M I V V V V V V V V V V V V V V V V V V							
_	. <u></u>	777	/pe preparer's name	Preparer's signature		Date	e	Charle I	PTIN		
Pa		'	·- · · · · ·			- 1		Check [self-emp			
	epare		name ►	1			Fi	m's EIN ▶			
UJS	69 LJB)										

May the BS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Page	2
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Check if Schedule O contains a response or note to any line in this Part III	Part	
The Association is a voluntary membership creamization—the preponderance of the activities of the Association are performed by surrent or critered members of the Missount Antibonal Guard. In mission of the Association is to support the work of the Missount Antibonal Guard in fulfilling its state and federal responsibilities. There are no employees of the Association. An independent contractor is paid to perform management services for the Association. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990–527. If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization of Schedule 0. 5 Describe the organization of Schedule 0. 6 Describe the organization of Schedule 0. 6 Describe the organization of Schedule 0. 7 Describe the organization of Schedule 0. 8 Describe the organization of Schedule 0. 9 Describe the organization of Schedule 0. 9 Describe the organization of Schedule 0. 10 Describe the organization of Schedule 0. 11 Press, describe the organization of Schedule 0. 12 Describe the organization of Schedule 0. 13 Describe the organization of Schedule 0. 14 Code:		Check if Schedule O contains a response or note to any line in this Part III
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(Expenses \$ including grants of \$) (Revenue \$)	4d	Other program services (Describe in Schedule O.)
	4e	



Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		*
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
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	11b		1
С	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		\
đ	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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 X	11f		1
12a	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
14a	3	14a		1
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	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		\
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		✓
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		✓
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		1
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		L
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

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
~~	Did the average ties were the control of events or other appropriate or for demostic individuals on		Yes	No
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 \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		1
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 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		1
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		1
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		✓
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 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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		∀
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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		
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		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	1	
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			. [
	Check it Schedule O Contains a response of hote to any line in this Fart V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		l
	reportable gaming (gambling) winnings to prize winners?		n 99 0	(201

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
Ь	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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	√	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
-	gifts were not tax deductible?	6b	✓	
7	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			
а	and services provided to the payor?	7a		1
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	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			
. b				
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
- h	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
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.			ļ
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.		·	1
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			
C	Enter the amount of reserves on hand	4.6		 _
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	13	<u> </u>	
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	٣		\vdash
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Form 99	90 (2018)			Page 😈			
Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	. 🗸			
30CU	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						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b						
2	any other officer, director, trustee, or key employee?						
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
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		✓			
6	Did the organization have members or stockholders?	6	✓	<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?	7a	1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		·			
		40-	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
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?	10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		/			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	-	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		 •			
С	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		1			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		/			
	Other officers or key employees of the organization	15b		1			
	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		1			
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?	16b					
Secti	on C. Disclosure						
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 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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.			y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re						
	Chris Wilson, Treasurer, Missouri National Guard Association, 2302 Militia Drive, Jefferson City, Missouri 65102-1203						

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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 n	or any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er an	Pos neck ss pe	rson Irect	e than o is both or/trust	an tee)	(D) Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer .	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) John Martin, President	5 est.			1				0	0	0
(2) Brian Kirkpatrick, President Elect	3 est.			1				0	0	0
(3) Amanda Graham, Secretary	2 est.			1					0	0
(4) Chris Wilson, Treasurer	2 est.			1					0	0
(5) Mark Ruehter, Vice President-Air	1 est.			1				0	0	0
(6) Chris Moenster, Vice PresidentArmy	1 est.		L	1				0	0	0
(7) Dan Schaab, Enlisted Committee Chair	1 est.			1				0	0	0
(8) Scott Zimmerman, Past President	.5 est.		_	1	ļ			<u></u>	0	0
(9)			_	_		<u> </u>			-	
(10)		ļ		_	_	_				
(11)				_	ļ					
(12)		_								
				_			L			
(14)		1								

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo;	yees			lighe	st C	ompensated E	mployees (continu	ed)		
	(4)	(P)	(C) Position								<u> </u>			
	(A) Name and title	(do not check more than of Average box, unless person is both				(D) Reportable	(E) Reportab	de		(F) mated				
	Name and the	hours per officer and a director/truste				tee) compensation compensation			tion from amount of					
		week (list any hours for	Individual trustee or director	ī	₽	₹	흶뜵	ਨੂ	from the	related organizatio			ther ensatioi	n
		related	함	훜	Officer	y en	ploy	Former	organization	(W-2/1099-N		fror	n the	
		organizations below dotted	호호	enol		Key employee	8 8		(W-2/1099-MISC)				nization related	
		line)	랋	Institutional trustee	ŀ	8	aper					organ	ızatıons	3
			8	stee			Highest compensated employee			i				
(45)			-	-	H	⊢	<u> </u>	-		· · · · · · · · · · · · · · · · · · ·				
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(23)						ŀ			1					
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(24)			ł											
(25)			 		├	-					\dashv			
<u> </u>		 	ł											
1b	Sub-total			<u>. </u>	<u> </u>	<u> </u>		▶	1 0		0			0
c	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0			0
d	Total (add lines 1b and 1c)							<u> </u>	0		0			0
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	zation >												
_		_											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes." complete:										nsated			,
											· ·	3		✓
4	For any individual listed on line 1a, is the organization and related organizations													
	individual							., 	· · · ·			4		
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m any	un un	related organiz	zation or inc	lividual	ı		
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J i	or s	such person	<u></u>		5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within	the org	anizatio	n's ta	ЯХ
	year.	- ,						1	/D)			(0)		
	(A) Name and business add	Iress						1	(B) Description of s	ervices	. ((C) Compens	ation	
Joel D	enney, 3251 Wind River Circle								Management Se	rvices			12	20,000
	A) and a minute of the second							<u> </u>						
								L_						
2	Total number of independent contractor							th	nose listed ab	ove) who				
	received more than \$100,000 of compens	ation from t	ine or	gan	ızat	ion			1					

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
arants ounts	1a b	Federated campaigns Membership dues .		48,400							
ts, (Am	С	Fundraising events .									
Gif	d	Related organizations			1						
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (con All other contributions, grand similar amounts not inc	ifts, grants,								
중	g	Noncash contributions includ		l	1						
Con	h	Total. Add lines 1a-1	•		48,400						
				Business Code							
Ven	2a	Insurance Program			153,100						
8	ь	Conference/Events			76,000			<u> </u>			
Š.	C	***************************************					 	 			
8	d							 			
Program Service Revenue	e f	All other program sen	vice revenue					 			
ě	g	Total. Add lines 2a-2		•	299100		 				
	3	Investment income			<u> </u>						
	,	and other similar amo									
	4	Income from investmen						ļ			
	5	Royalties	(i) Real	(ii) Personal							
	6a	Gross rents	(1) 1 (0.00)	(11) 1 01001122				1			
	b	Less: rental expenses									
	c	Rental income or (loss)]				
	d	Net rental income or									
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
	b	Less: cost or other basis and sales expenses .									
	c d	Gain or (loss) Net gain or (loss)		▶							
9	8a	Gross income from fu	undraising								
Revenue		events (not including \$ of contributions reporte	ed on line 1c).					-			
Other	ь	See Part IV, line 18 . Less: direct expenses									
0	-	Net income or (loss) f						 			
		Gross income from ga See Part IV, line 19	aming activities.								
	ь	Less: direct expenses	s b								
	С	Net income or (loss) f	rom gaming act	ivities ▶							
		Gross sales of in returns and allowance	9S a								
		Less: cost of goods s		L				 			
	C	Net income or (loss) f					 	ļ			
	11a	Miscellaneous F		Business Code			 	 			
	b										
	c										
	d	All other revenue .									
	е	Total. Add lines 11a-					<u> </u>				
	12	Total revenue. See in	nstructions .	▶	277,500		<u>L</u> .				
								Form 990 (2018)			

Form 99	0 (2018)				Page 10					
Part	IX Statement of Functional Expenses									
Sectio	n 501(c)(3) and 501(c)(4) organizations must com									
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				,					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
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									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting									
đ	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion			<u> </u>						
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 .	77,000								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
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.)									
а	Insurance Program	142,830			, , , , , , , , , , , , , , , , , , , 					
b	Membership	44,500								
C										
ď	All all an area and a second			ļ						
e 05	All other expenses Total functional expenses. Add lines 1 through 24e									
25	Joint costs. Complete this line only if the	264,330								
26	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)									
	· · · · · · · · · · · · · · · · · · ·									

Р	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	261,119	1	274,289
	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	
	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			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ë	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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)	261,119		274,289
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
Liabilities	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			
į		disqualified persons. Complete Part II of Schedule L	<u> </u>	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	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
es		complete lines 27 through 29, and lines 33 and 34.			
.∜Net Assets or Fund Balances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		1	
		complete lines 30 through 34.		·	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
de.	33	Total net assets or fund balances	261,119		274,289
3	34	Total liabilities and net assets/fund balances	261.119		274.289
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Form 99	0 (2018)		Pa	ige 12	
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)		277,500		
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	261,119			
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		27	74,289	
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: Cash Accrual 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:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	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:				
	☐ 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 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.				
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?	3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		L	

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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.

20**18**

Department of the Treasury Internal Revenue Service Name of the organization

Missouri National Guard Association

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

43-0907318

COMMENTS PART III: All revenue and expenses of the Association are related to program services. This includes funds expended for liability insurance and web site hosting services, and related web services. The Association has no employees. COMMENTS PART V: As indicated, the Association has no employees. COMMENTS PART VI: The bylaws of the Association are available on the Association's web site. Monthly meetings of the officers of the Association are published on the web site, as well. Financial information regarding the Association is available upon request. The Executive Council is comprised of nine (9) persons, but only eight (8) of these individuals are voting members of the Council. The Association's bylaws stipulate the authority of the Council. COMMENTS PART VII: Persons listed in Part VII were members of the Executive Council in 2018; the individual signing this document (on page 1) is the current President of the Association. As noted, 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.