

Form 990

Department of the
Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

2019

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.Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization WISCONSIN NATIONAL GUARD ASSOCIATION INC		D Employer identification number 39-1501131
Doing business as		E Telephone number (608) 242-3114
Number and street (or P.O. box if mail is not delivered to street address) 2400 WRIGHT STREET NO 151		Room/suite
City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 537042572		
F Name and address of principal officer: COL ERIC J LECKEL 760 HERRON CT WATERLOO, WI 53594		G Gross receipts \$ 482,984

I Tax-exempt status: 501(c)(3) 501(c) (19) (insert no.) 4947(a)(1) or 527J Website: ► WWW.WINGA.ORGK Form of organization: Corporation Trust Association Other ►

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

L Year of formation: 1983 M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE RELEVANCE, READINESS, AND MODERNIZATION OF OUR NATIONAL GUARD, IMPROVING THE QUALITY OF LIFE FOR OUR MEMBERS, AND SUPPORTING STATE AND NATIONAL POLICIES TO ADVANCE THE SECURITY OF THE UNITED STATES.		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	14,538	23,070
9 Program service revenue (Part VIII, line 2g)		373,391
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,638
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,885
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,554	482,984

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,366	76,866
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	188,890	188,105
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,419	379,347
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	658,675	644,318
19 Revenue less expenses. Subtract line 18 from line 12	-84,121	-161,334

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	1,100,130	1,094,247
21 Total liabilities (Part X, line 26)		-331,127
22 Net assets or fund balances. Subtract line 21 from line 20	1,418,759	1,425,374

Part II Signature Block

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

Sign Here	***** Signature of officer COL R MIKE WILLIAMS EXECUTIVE DIRECTOR Type or print name and title	2020-10-08 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-10-07	Check <input type="checkbox"/> if self-employed	PTIN P01656288
	Firm's name ► WIPFLI LLP		Firm's EIN ► 39-0758449		
	Firm's address ► PO BOX 8700 MADISON, WI 537088700		Phone no. (608) 274-1980		

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes No

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

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

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
See Additional Data

See Additional Data

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
See Additional Data

See Additional Data

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

4d Other program services (Describe in Schedule O.)

(Expenses \$

including grants of \$

1) Revenue:

1

4a. Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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	Yes

Part IV Checklist of Required Schedules (continued)

		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 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b No	
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 No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d No	
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 No	
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 No	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26 No	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b No	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a No	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b No	
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 No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 No	
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 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c No	

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
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	No		
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No		
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 charitable contributions?	6a	No		
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).		7a	No		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No		
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.		9a			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations.	Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations.	Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a 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.		13a			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No		

Part VI

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



Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	25
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent	1b	25
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
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	Yes
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	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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	Yes

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b 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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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	No
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed►		
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)		
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►COLONEL MIKE WILLIAMS 2400 WRIGHT STREET RM 151 MADISON, WI 537042572 (608) 242-3114		

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former highest compensated employee	Key employee	Officer			
Individual trustee or director	Institutional Trustee						
See Additional Data Table							
1b Sub-Total							
c Total from continuation sheets to Part VII, Section A							
d Total (add lines 1b and 1c)						48,336	0

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	48,336	0	0

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
1a Federated campaigns . . .	1a						
b Membership dues . . .	1b						
c Fundraising events . . .	1c						
d Related organizations . . .	1d						
e Government grants (contributions) . . .	1e						
f All other contributions, gifts, grants, and similar amounts not included above . . .	1f	23,070					
g Noncash contributions included in lines 1a - 1f: \$. . .	1g						
h Total. Add lines 1a-1f . . . ►		23,070					
Program Service Revenue		Business Code					
		2a INSURANCE PROGRAM . . .	525100	308,023		308,023	
		b MEMBERSHIP DUES . . .	541900	65,368	65,368		
		c . . .					
		d . . .					
		e . . .					
		f All other program service revenue. . .					
		g Total. Add lines 2a-2f. . . ►		373,391			
		Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ►				23,638		23,638	
4 Income from investment of tax-exempt bond proceeds . . . ►							
5 Royalties . . . ►							
6a Gross rents . . .	(i) Real			(ii) Personal			
b Less: rental expenses . . .							
c Rental income or (loss) . . .							
d Net rental income or (loss) . . . ►							
7a Gross amount from sales of assets other than inventory . . .	(i) Securities			(ii) Other			
b Less: cost or other basis and sales expenses . . .							
c Gain or (loss) . . .							
d Net gain or (loss) . . . ►							
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . .	8a						
b Less: direct expenses . . .	8b						
c Net income or (loss) from fundraising events . . . ►							
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a						
b Less: direct expenses . . .	9b						
c Net income or (loss) from gaming activities . . . ►							
10a Gross sales of inventory, less returns and allowances . . .	10a						
b Less: cost of goods sold . . .	10b						
c Net income or (loss) from sales of inventory . . . ►							
Miscellaneous Revenue		Business Code					
11a 134TH NGAUS NATIONAL C . . .		900099	18,800		18,800		
b WINGA CONFERENCE . . .		900099	18,173		18,173		
c . . .							
d All other revenue . . .			25,912		25,912		
e Total. Add lines 11a-11d . . . ►			62,885				
12 Total revenue. See instructions . . . ►		482,984	65,368	0	394,546		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,866			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	32,462			
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	142,767			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,739			
10 Payroll taxes	11,137			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,100			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,361			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	510			
12 Advertising and promotion	2,606			
13 Office expenses	46,066			
14 Information technology				
15 Royalties				
16 Occupancy	9,177			
17 Travel	5,187			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	190,425			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,575			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES	59,924			
b PROGRAMMING AUTOMATION	10,595			
c CONTINGENCY	2,000			
d				
e All other expenses	41,821			
25 Total functional expenses. Add lines 1 through 24e	644,318			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,669	1	7,398
	2 Savings and temporary cash investments	139,687	2	92,528
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	53,572	9	53,571
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,271	
	b Less: accumulated depreciation	10b	0	4,271
	11 Investments—publicly traded securities	893,246	11	935,868
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11	585	15	611
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,100,130	16	1,094,247
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	-318,629	25	-331,127
	26 Total liabilities. Add lines 17 through 25	-318,629	26	-331,127
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		27	
	28 Net assets without donor restrictions		28	
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	1,418,759	31	1,425,374
	32 Total net assets or fund balances	1,418,759	32	1,425,374
	33 Total liabilities and net assets/fund balances	1,100,130	33	1,094,247

Part XI

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	482,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	644,318
3	Revenue less expenses. Subtract line 2 from line 1	3	-161,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,418,759
5	Net unrealized gains (losses) on investments	5	167,949
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,425,374

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

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.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1501131

Name: WISCONSIN NATIONAL GUARD
ASSOCIATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE WISCONSIN NATIONAL GUARD ASSOCIATION OFFERS, LOW-COST, STATE SPONSORED GROUP LIFE INSURANCE (SSLI), POLICIES FOR WISCONSIN NATIONAL GUARD SOLDIERS AND AIRMEN AND THEIR DEPENDENTS. AN INITIAL FREE \$10,000 POLICY IS OFFERED TO EVERY NEW ENLISTEE IN THE WISCONSIN NATIONAL GUARD; OVER 2,063 NEW MEMBERS OF THE WISCONSIN NATIONAL GUARD TOOK ADVANTAGE OF THIS PROGRAM.

Form 990, Part III, Line 4b:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
LTC BRION ADERMAN	1.00							0	0
DIRECTOR	.....	X						0	0
MAJ BILL BARTHEN	1.00							0	0
DIRECTOR	.....	X						0	0
CAPT DAVID BIEL	1.00							0	0
DIRECTOR	.....	X						0	0
MAJ BOB BRANIA	1.00							0	0
DIRECTOR	.....	X						0	0
MAJ JEREMY DUFFY	1.00							0	0
DIRECTOR	.....	X						0	0
COL RET DAVID GAULT	1.00							0	0
DIRECTOR	.....	X						0	0
CW4 RET TRICIA GUNDLACH	1.00							0	0
DIRECTOR	.....	X						0	0
COL RET MIKE HINMAN	1.00							0	0
DIRECTOR	.....	X						0	0
LTC JEREMY HOLMES	1.00							0	0
DIRECTOR	.....	X						0	0
CAPT JOSHUA JOHNSON	1.00							0	0
DIRECTOR	.....	X						0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CAPT MATTHEW KING DIRECTOR	1.00	X					0	0	0
CAPT DAVID LAKE DIRECTOR	1.00	X					0	0	0
LTC BRENDON MANGLOS DIRECTOR	1.00	X					0	0	0
CW2 JOSEPH RASMUSSEN DIRECTOR	1.00	X					0	0	0
MAJ RET LYNN RASMUSSEN DIRECTOR	1.00	X					0	0	0
CPT NICHOLAS RINALDI DIRECTOR	1.00	X					0	0	0
CPT LONNIE ROY DIRECTOR	1.00	X					0	0	0
MAJ BRIAN RUSSELL DIRECTOR	1.00	X					0	0	0
COL R KRISTINE SCHULTZ DIRECTOR	1.00	X					0	0	0
CPT EMILY YTTRI DIRECTOR	1.00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional Trustee	Officer	Key employee	Employee	Former			
COL ERIC J LECKEL PRESIDENT	5.00	X		X				0	0	0
LTCOL DAN STATZ VICE PRESIDENT - AIR	1.00	X		X				0	0	0
CPT ALICIA DORSETT VICE PRESIDENT- ARMY	1.00	X		X				0	0	0
LTC DAVID KLAUSER TREASURER	1.00	X		X				0	0	0
LTC MYRON DAVIS SECRETARY	1.00	X		X				0	0	0
COL RET MIKE WILLIAMS EXECUTIVE DIRECTOR	24.00			X				48,336	0	0

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Name of the organization**
WISCONSIN NATIONAL GUARD
ASSOCIATION INC**Employer identification number**

39-1501131

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

 Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes No**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

Held at the End of the Year

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

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

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

(i) unrelated organizations

(ii) related organizations

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,271		4,271
e Other				

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

4,271

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	►	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	►

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

-331,127

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII

Supplemental Information (*continued*)

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue ServiceName of the organization
WISCONSIN NATIONAL GUARD
ASSOCIATION INC

OMB No. 1545-0047

2019Open to Public
Inspection**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.Employer identification number
39-1501131**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION 2400 WRIGHT ST ROOM 207 MADISON, WI 53704	39-1394959	501(C)(19)	32,000				AMERICANISM EXPENSES

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL GRANT	1	5,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the Organization
WISCONSIN NATIONAL GUARD
ASSOCIATION INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.**2019****Open to Public
Inspection****Employer identification number**

39-1501131

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	AIMS AND OBJECTIVES 1) TO CONTRIBUTE ITS FULL RESOURCES AND CAPABILITIES TO ADVANCING THE SECURITY OF THE UNITED STATES. 2) TO SUPPORT A MILITARY POSTURE WHICH WILL MAINTAIN NATIONAL INTERESTS IN THE WIDE VARIETY OF SITUATIONS WHICH MAY THREATEN THE SECURITY OF THE UNITED STATES. 3) TO SUPPORT A NATIONAL MILITARY POLICY THAT WILL PROMOTE STABILITY AND PEACE THROUGHOUT THE WORLD. 4) TO INFORM THE AMERICAN PEOPLE OF THE FUNDAMENTAL FACTS AND FACTORS PERTAINING TO NATIONAL SECURITY. 5) TO SUPPORT THE TOTAL FORCE - ACTIVELY PURSUING TRAINING WITH THE ACTIVE AND RESERVE COMPONENTS, TO PROVIDE A FULLER UNDERSTANDING OF EACH FORCE'S CAPABILITIES, THEREBY ENSURING SUCCESS IN BATTLE. 6) TO FOSTER PUBLIC UNDERSTANDING AND SUPPORT OF THE ARMED FORCES. 7) TO ASSIST IN INFORMING ASSOCIATION MEMBERS AND THE PUBLIC OF THE DEVELOPMENT OF THE ARMED FORCES, AND TO KEEP THEM AWARE OF NEW ACCOMPLISHMENTS. 8) TO PROMOTE AND PERPETUATE THOSE TRADITIONS THAT CONTRIBUTE TO ESPRIT DE CORPS AND SUPERIOR PERFORMANCE OF DUTY. 9) TO PRESERVE AND FOSTER THE SPIRIT OF FELLOWSHIP AMONG FORMER, PRESENT, AND FUTURE MEMBERS OF THE ASSOCIATION, AND TO PROVIDE AN ORGANIZATION THROUGH WHICH THEY MAY UNITE IN BONDS OF COMRADESHIP. 10) TO COMMEMORATE THE MEMORY OF THOSE WHO GAVE THEIR LIVES IN THE SERVICE OF THEIR COUNTRY. 11) TO SUSTAIN CONTINUED HARMONIOUS COORDINATION BETWEEN OUR ASSOCIATION AND THE WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION, TO THE BETTERMENT OF THE ENTIRE WISCONSIN NATIONAL GUARD. 12) THE ASSOCIATION SHALL ESTABLISH SUCH INSTRUMENTALITIES AS ARE NECESSARY TO CARRY OUT THE FOREGOING AIMS AND OBJECTIVES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER AND DIRECTOR, ANNUALLY, COMPLETES A CONFLICT OF INTEREST STATEMENT. WHEN A POTENTIAL CONFLICT IS IDENTIFIED, THE OFFICERS OF THE ASSOCIATION DETERMINE IF AN ACTUAL CONFLICT EXISTS. THIS GROUP WOULD REVIEW THE CONFLICT AND RESTRICT THE MEMBER FROM PARTICIPATING IN DISCUSSIONS OR VOTING ON ISSUES RELATED TO THE CONFLICT.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	LTC BRION ADERMAN - 6629 S. OAK LANE, WINDSOR, WI 53598. MAJ BILL BARTHEN - 220 HIGHLAND AVE., PORTAGE, WI 53901. CAPT DAVID BIEL - 201 N. BLAIR ST., APT. 102, MADISON, WI 53703. MAJ BOB BRANIA - 102 SHEA DR., BELMONT, WI 53510. MAJ JEREMY DUFFY - 134 W FRANKLIN, PORTAGE, WI 53901. COL (RET) DAVID GAULT - 460 PRAIRIE WAY BLVD, VERONA, WI 53593. CW4 (RET) TRICIA GUNDLACH - 5517 PHEASANT HILL RD, MONONA, WI 53716. COL (RET) MIKE HINMAN - 7694 LETA WAY, VERONA, WI 53593. LTC JEREMY HOLMES - 6653 LONGHORN LANE, SUN PRAIRIE, WI 53590. CAPT JOSHUA JOHNSON - 775 SETTLERS WALK BLVD, SPRINGBORO, OH 45066. CAPT MATTHEW KING - 1307 LINCOLN AVE., TOMAH, WI 54660. LTC BRENDON MANGLOS - 515 SCHWANTZ ROAD, PARDEEVILLE, WI 53954. CW2 JOSEPH RASMUSSEN - 175 BADGER LANE, MILTON, WI 53563. MAJ (RET) LYNN RASMUSSEN - 2134 E DAYTON ST, MADISON, WI 53704. CPT NICHOLAS RINALDI - 218 W LILAC LANE, GRAFTON, WI 53024. CPT LONNIE ROY - 3854 EVERGREEN RD, EAGLE RIVER, WI 54521. MAJ BRIAN RUSSELL - 22996 INTERBAY AVE, TOMAH, WI 54660. COL (R) KRISTINE SCHULTZ - 2613 DUNWOODY DR., MADISON, WI 53713. CPT EMILY YTTRI - 218 S. MAIN ST., UNIT 202, COTTAGE GROVE, WI 53527. COL ERIC J. L ECKEL - 760 HERRON CT., WATERLOO, WI 53594. LTCOL DAN STATZ - 1707 BLUE RIDGE TRAIL, WAUNAKEE, WI 53597. CPT ALICIA DORSETT - W2458 CTY RD H, POY SIPPY, WI 54967. LTC DAVID KLAUSER - 112 FERCHLAND PLACE, MADISON, WI 53714. LTC MYRON DAVIS - 6923 ICECAKE AVE, SPARTA, WI 54656. COL (RET) MIKE WILLIAMS - 1229 SHERMAN AVE WEST, FORT ATKINSON, WI 53538.