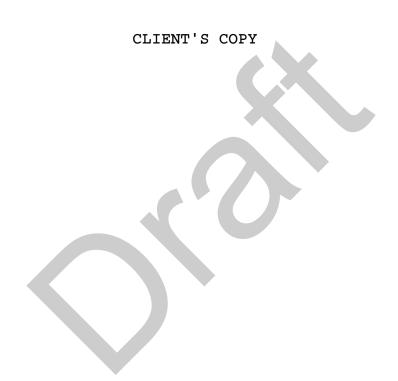
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THOMPSON GREENSPON CPAS & ADVISORS 4035 RIDGE TOP ROAD, SUITE 700 FAIRFAX, VA 22030

NATIONAL GUARD EDUCATIONAL FOUNDATION ONE MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001

NATIONAL GUARD EDUCATIONAL FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2019 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

NATALIE R. ANZZOLIN, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	NATIONAL GUARD EDUCATIONAL FOUNDATION ONE MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001
Prepared by	THOMPSON GREENSPON 4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VA 22030
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2020.

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning

, 2019, and ending , 20 2010

OMB No. 1545-1878

Form **8879-EO**

Department of the Treasury		► Do no	ot send to the IRS	S. Keep for your records.			2019
Internal Revenue Service		► Go to www.	.irs.gov/Form8879	9EO for the latest informa			
Name of exempt organization					Er	mployer	dentification number
NATIONAL GUAR	D EDUCA	TIONAL FO	UNDATION		į	52-1	038433
Name and title of officer					•		
JESSIE R ROBI	NSON						
PRESIDENT							
Part I Type of	Return and	Return Inforr	mation (Whole D	Dollars Only)			
on line 1a, 2a, 3a, 4a, or 5	a, below, and	the amount on tha	at line for the return	enter the applicable amoun to being filed with this form the return, then enter -0- on the	was blank, the	n leave	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	\mathbf{X}	b Total revenue,	, if any (Form 990,	Part VIII, column (A), line 1	2)	1b	846,340.
2a Form 990-EZ check he	ere 🕨	b Total rever	nue, if any (Form 9	990-EZ, line 9)	,	2b	
3a Form 1120-POL check	here 🕨 [L, line 22)			
4a Form 990-PF check he	ere 🕨 🗌			come (Form 990-PF, Part			
5a Form 8868 check here	, ▶ □			;)			
	`		orization of Off	ficer ation and that I have exam			
debit) entry to the financia return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected organization's consent to officer's PIN: check one	Il institution ac stitution to del an 2 business ic payment of a personal ider electronic func box only	count indicated in bit the entry to this days prior to the taxes to receive contification number ds withdrawal.	the tax preparations account. To revolute the payment (settleme confidential information) as my signate	signated Financial Agent to on software for payment of ke a payment, I must cont ent) date. I also authorize th tition necessary to answer i ture for the organization's of	the organization act the U.S. Trene financial instinguiries and reelectronic return	on's fede easury F itutions esolve is n and, it	eral taxes owed on this inancial Agent at involved in the sues related to the applicable, the
X I authorize TH	OMPSON	GREENSPON			to 6	enter my	
			ERO firm name				Enter five numbers, t do not enter all zeros
is being filed wit	h a state agen	-	charities as part of	filed return. If I have indica f the IRS Fed/State progra			
indicated within	this return tha	at a copy of the ret		re on the organization's tax vith a state agency(ies) reg een.	•		-
Officer's signature **	*** THI	S IS NOT	A FILEABL	E COPY *** Date	>		
Part III Certifica	tion and A	uthentication					
erro's error you number (EFIN) followed by	_	-			440969 Iter all zeros]	
	ng this return i			e 2019 electronically filed ro of Pub. 4163, Modernized			
ERO's signature ▶				Date	•		

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO NOVEMBER 16, 2020

000

Return of Organization Exempt From Income Tax r section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

umbers 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

Form 330	Under section 501(c), 527, or 4947(a)(1) of
(Rev. January 2020)	Do not enter social security nu
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990

A F	or the	2019 calendar year, or tax year beginning and	ending		
3 C	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		52-10384	33
	Initial return Final return/	,	Room/suite	E Telephone numbe 202-789-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,009,837.
	Ameno return	WASHINGTON, DC 20001		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: O EDD TE R. ROD INDON		for subordinates H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. (see instructions)
		e: ▶ WWW.NGEF.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1975 n	M State of legal domicile: DC
Ра	rt I	Summary	OTTO A ME	MILE DIEDITA	AND HOGHED
ce	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t EI}$ ${ t AWARENESS}$ ${ t ABOUT}$ ${ t THE}$ ${ t MYRIAD}$ ${ t CONTRIBUTIONS}$	OF THE	THE PUBLIC	CHARD OF
Governance					
ver		Check this box		1	13
		Number of independent voting members of the governing body (Part VI, line 1a)			13
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
iţie		Total number of volunteers (estimate if necessary)			16
ţ;		Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	,	554,018.	585,378.
enr		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		521,323.	
۳.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,901.	18,890.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,087,242.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,500.	49,875.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		357,513.	366,497.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
盗	b	Total fundraising expenses (Part IX, column (D), line 25) 129,53	39•	374,587.	393,155.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		786,600.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	300,642.	
es	19	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,122,266.	9,351,760.
ASS J Ba		Total liabilities (Part X, line 26)		2,171,003.	
		Net assets or fund balances. Subtract line 21 from line 20		4,951,263.	
	rt II	Signature Block	•		
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cianatura of officer		Doto	
Sigr	1	Signature of officer		Date	
Here	е	JESSIE R. ROBINSON, PRESIDENT Type or print name and title			
		y 21 1	IF	Date Check	II PTIN
Paid		Print/Type preparer's name NATALIE R. ANZZOLIN, CPA		if	
	arer	Firm's name THOMPSON GREENSPON		self-employ Firm's EIN ▶	54-1029635
	Only	Firm's address 4035 RIDGE TOP RD, SUITE 700		I IIIII S EIIV	<u> </u>
	Jy	FAIRFAX, VA 22030		Phone no (7	03)385-8888
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. ()	X Yes No

Pa	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:
	TO IMPROVE PUBLIC APPRECIATION AND INCREASE PUBLIC UNDERSTANDING OF
	THE SIGNIFICANT CONTRIBUTIONS MADE BY THE NATIONAL GUARD AND THE
	MILITIA OF THE NATIONAL GUARD.
	Did the same in th
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 X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	J J J J J J J J J J J J J J J J J J J
	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.
 4а	(Code:) (Expenses \$ 476, 278 • including grants of \$ 49,875 •) (Revenue \$
4 a	MAINTENANCE OF THE MUSEUM OF THE NATIONAL GUARD AND THE EDWARD MARTIN
	LIBRARY, PROMOTION OF THE HISTORY AND HERITAGE OF THE NATIONAL GUARD
	THROUGH EXHIBITS AND EDUCATION PROGRAMS. DELEGATION TO COMMEMORATE
	D-DAY INVASION TRIP TO NORMANDY, FRANCE. SPONSORSHIP OF ACADEMIC
	RESEARCH.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (,
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 476,278 •
<u>4e</u>	Total program service expenses ► 476 , 278 . Form 990 (2019)
	FOIII 330 (2019)

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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\ _{3,7}
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\ _{3,7}
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	Х	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		22
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	2.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b		11b		X
_	assets reported in Part X, line 16? It "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		 -
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	got of the original or			

932003 01-20-20

Form **990** (2019)

NA409601

Part IV Checklist of Required Schedules (continued)

22 IN Part IX. Coulom (A), ine 27 if IV. They, "complete Schedule I, Part I and III." 23 Did the organization arrawer "Ver" to Part IVI, Section A, Ivas 3, 4, or 5 about compensation of the organization's current and town or officers, directors, trustess, key employees, and highest compensation of the organization's current and towns officers, directors, trustess, key employees, and highest compensation of the organization's current and towns officers, directors, trustess, key employees, and highest compensation of the organization's current and towns officers, directors, trustess, key employees, and highest compensation of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002 if "Yes," answer lines 24th through 24d and complete Schedule K. If "No." yo to line 25a 24b Did the organization marks and an exercise of the exempt bonds? 4b Did the organization marks and an exercise of the exempt bonds? 4c Did the organization marks and an exercise of the exempt bonds? 4c Did the organization marks and an exercise of the exempt bonds? 4c Did the organization and the state and an exercise outstanding at any time during the year? 4c Did the organization and the state and soft (x)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I 4c Did the organization and the engaged in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part II 4c Did the organization was not been reported on any of the organizations prior for prome 990 or 990 EZ? If "Yes," complete Schedule L, Part II 4c Did the organization provide as a grant or or them astitions, but an exercise or founder, substantial contribution or employee thereof, a grant selection committee member, or 10 a 35% controlled entity forcularly member of any of these persons? If "Yes," comp				Yes	No
23 Did the organization answer Versi to Part WI, Section A, Ina 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. Part II" 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 24th through 24d and complete Schedule K. If You," or to line 25a 24a D. Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? 24b D. Did the organization marks an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization and an order of the part II" Yes, "complete Schedule L. Part I." 55a Section 50(15), 301(14), and 501(12)20 granizations. Did the organization are been that it engaged in an excess benefit transaction with a disqualified person during the year? II" Yes, "complete Schedule L. Part I." 55b Is the organization areas 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 syndrome or forms 980 or 980 EZP II" Yes, "complete Schedule L. Part I." 55b 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 contributors or 39% controlled entity of ramy member of any of these persons? II" Yes, "complete Schedule L. Part II" 25c X." 27c Did the organization provide a grant or other assistance to any current or former officer, director, fustees, key employee, creator or former, substantial contributors? If Yes, "complete Schedule L. Part II" 27c X." 28a A Current or former, officer, director, fustees, key employee, creator or former, substantial contributor? II" Yes, "complete Schedule	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
And former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 B. 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.", to live 29a. 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization area as no 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I "Exception of the person of the year? If "Yes," complete Schedule I., Part I "Exception of the organization area was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was marked that the transaction was one of the organization area was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not any organization report any amount on Part X. line 5 or 22, for recolvables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of normalization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I., Part		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule / 24a Did the organization have a tax-axompt 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," anower lines 24b through 24d and complete Schedule K. If "No." yo to line 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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.", or Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization exempt that a benefit that the transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exame that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person line a prior year, and that the transaction with a disqualified person during the propertion of the organization provide and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the transaction with a disqualified person in a prior year, and the prior year, and the prior year, and the prior year, and that the transaction with a disqualified person disqualified person disqualified contributor or employee between the prior year,					
as to day of the year, that was issued after December 31, 2002 if 1"Yes," answer lines 24b through 24d and complete Schedule L. If "No." to to the 23a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding excrow at any time during the year to defease any tax exempt bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year" 2dd 24c 25d Section 5(04), 801(04), 4nd 601(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 Section 5(04), 801(04), 4nd 601(c)29 organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization specific person in a prior year, and that the transaction has not been reported on any of the organization specific person in a prior year, and that the transaction has not been reported on any of the organization specific person specific persons and that the transaction has not been reported on any of the organization persons and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule L, Part II 25b Did the organization are price, every persons? If "Yes," complete Schedule L, Part II 26c IX 27 Did the organization pervice and or other assistance to any current or former officer, director, faulte, key employee, creator or founder, substantial contributor or early and the persons? If "Yes," complete Schedule L, Part II 27 Was the organization are persons or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization exceeds thereof or family member of any of these persons? If "Yes," complete Schedule II, Part II 29 A C A 33% controlled entity of one or more included, and exceeding in the persons of the self-persons of the following persons? If "Yes," complete Sc		Schedule J	23	Х	
Schedule K. If 'No.' go to line 25a X b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization 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? 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? 25b St Variation of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person in a pror year, and that the transaction with a disqualified person of a propertion of the propagation of the propagati	24a				
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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 980 or 990-E27 if "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25 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 X 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 fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A Significant or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive wome than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," c			25a		X
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a J X 55b J If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 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 J X 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 V I I I I I I I I I I I I I I I I I I	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			34	Х	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 11 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	b				
If "Yes," complete Schedule R, Part V, line 2 36			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36		26		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 12 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37		30		
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 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	0.		37		х
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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			38	Х	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai				
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		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4-	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
0 0/		(gambling) winnings to prize winners?	1c		

932004 01-20-20

Form **990** (2019)

NA409601

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			
b	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_V
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
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?	7a		Α.
b	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		x
ч		76		22
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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 They the amount of recovers an head			
	Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year?	145		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vos." has it filed a Form 720 to report those payments? If "No." provide an explanation on Schedule O.	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	ii 100, complete i oitii 1 120, conedule o.	Form	990	(0040

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	13		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?	•	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		,		
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10:	a	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			3	Х
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		12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	, X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		12	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15:	a X	
b	Other officers or key employees of the organization		15	X	
	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 arrange	ment with a			
	taxable entity during the year?		16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16	<u> </u>	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501	(c)(3)s or	nly) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and fir	ancial	
	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 bo	oks and records 🕨 _			
	LAURA ROZNOVSKY - 202-789-0031				
	ONE MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 2000	1			

Form **990** (2019)

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, 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.

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

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

(A)	(B)	l		(0	C)		iout	(D)	(E)	(F)
Name and title	Average		not c	Posi heck	more	than		Reportable	Reportable	Estimated
	hours per week			ss pe d a d				compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	يو			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		ee	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	utional	_	Key employee	st cor	10			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) MAJ. GEN. GUS HARGETT	0.15								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(2) MAJ. GEN. JAMES HOYER	0.15					١.,			•	•
IMMEDIATE PAST CHAIR	1.40	Х		Х				0.	0.	0.
(3) MAJ. GEN. DONALD DUNBAR	0.90	,,		.,"					0	0
CHAIRMAN PORC	1.95	X		Х				0.	0.	0.
(4) KENNETH ROSS TREASURER	1.40	х		х				0.	0.	0.
(5) JOANNE SHERIDAN	0.15								<u> </u>	
SECRETARY	1.40	x		x				0.	0.	0.
(6) BRIG. GEN. ROY ROBINSON (RET)	4.00									
NGEF PRESIDENT	36.00	Х		Х				37,980.	341,823.	37,524.
(7) LT. COL. PETER RENAGHAN (RET)	0.15		[0	0
TRUSTEE	0.15	Х						0.	0.	0.
(8) MAJ. GEN. PAUL WEAVER (RET) TRUSTEE	0.15	Х						0.	0.	0.
(9) CMSGT KAREN CRAIG	0.15	^						0.	0.	<u></u>
TRUSTEE	0.95	х						0.	0.	0.
(10) ANDY HOVE	0.15									
TRUSTEE		х						0.	0.	0.
(11) CHRIS SMALL	0.15									
TRUSTEE		Х						0.	0.	0.
(12) GEN. CRAIG MCKINLEY	0.15									
TRUSTEE	0 1 5	Х						0.	0.	0.
(13) DALE ALLEN	0.15	٠,,							0	0
TRUSTEE TOWN TOWNS DROWN	0.15	Х						0.	0.	0.
(14) MAJ. GEN. JAMES BROWN TRSUTEE	0.15	Х						0.	0.	0.
(15) LUKE GUTHRIE	16.00	^						0.	0.	<u>0.</u>
DIRECTOR OF MARKETING AND	24.00					X		69,615.	104,422.	21,832.
(16) PATRICIA O'CONNELL	4.00								,	
DIRECTOR OF FINANCE, CONTR	36.00					Х		17,781.	160,027.	13,012.
										- 000

Form **990** (2019)

									FOUNDATION	52-1	<u>038</u> 4	<u>433</u>	Р	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi			one	Reportable	Reportable	,	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on l	an	nount	of
		week	\vdash	cer ar	nd a d	irecto	or/trus	itee)	from	from related	1		other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	5C)		om th	
		organizations	rustee	l trust		ee ee	ubeu		(00-2/1099-00130)			•	anizat d relat	
		below	dual tr	tional	L	nploy	st cor	<u></u>					anizati	
		line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former				0.90		
			Ι-	_		<u>×</u>	1	_						
			1											
								H			\neg			
			1											
											\neg			
-														
-														
			1					Ι.						
			1											
			1											
										<u> </u>	-			
			1											
											-			
			1											
	Cubintal	l	_				14		125,376.	606,2	72	7	2 3	68.
	Subtotal Tatal from a partial street to Bart V								0.	000,2	0.		4,5	0.
	Total from continuation sheets to Part V								125,376.	606,2		7	2 3	68.
	Total (add lines 1b and 1c)							20 1					4,5	00.
2	Total number of individuals (including but n	iot iimited to tr	iose	liste	ed ar	DOVE	e) wi	10 r	eceived more than \$100	,000 of reportab	ie			3
	compensation from the organization				-								Yes	No
2	Did the expenization list any former officer	director twict	۰. ۱		امسما	lovo		, bio	shoot componented own	alayaa an	Г		103	140
3	Did the organization list any former officer,					•		_		•				х
4	line 1a? If "Yes," complete Schedule J for s	uch manadah		,								3		
4	For any individual listed on line 1a, is the su									the organization			Х	
-	and related organizations greater than \$15											4		
5	Did any person listed on line 1a receive or a					-			•			_		Х
500	rendered to the organization? If "Yes," cometion B. Independent Contractors	ipiete Scriedui	e J ī	or s	ucn _l	pers	son .					5		Λ.
			al a .a .					4		¢100,000 of oor		-4: 4		
1	Complete this table for your five highest co										npensa	ation i	rom	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitri	or w	ıtmır	-	year.				
	(A) Name and business	address	NIC	INC					(B) Description of s	services	C	(C ompei		ın
	rame and passiness	addiooo	11/	7141				\dashv	Boodinpalori or o	701 11000				
								\dashv						
								\dashv						
								\dashv						
								\dashv						
	Takal musele as of in place and death a section 1	المراب ماليونا	-4 11	!+	al .t	٠ - الم	"		 					
2	Total number of independent contractors (i	-	III JOI	riite	u to		se II: 0	stec	a above) who received h	iore trian				
	\$100,000 of compensation from the organi	zation 🚩					<u> </u>							

NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 858 1 a Federated campaigns 1a **b** Membership dues 1b 14,700. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 569,820 1f g Noncash contributions included in lines 1a-1f 1g |\$ 585,378 h Total. Add lines 1a-1f. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 85,545 85,545 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3,297,905 assets other than inventory **b** Less: cost or other basis Other Revenue 3,141,378 7b and sales expenses c Gain or (loss) 156,527 156,527. 156,527. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 14,700. of contributions reported on line 1c). See Part IV, line 18 28,271 **b** Less: direct expenses _____ 22,119 6,152, c Net income or (loss) from fundraising events 6,152 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances 12,738 0 **b** Less: cost of goods sold 12,738. 12,738. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

12 Total

260,962.

846,340.

Total revenue. See instructions

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).

tinclude amounts reported on lines 6b, o, 9b, and 10b of Part VIII. Trants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Trants and other assistance to domestic and ividuals. See Part IV, line 22 Trants and other assistance to foreign arganizations, foreign governments, and foreign and ividuals. See Part IV, lines 15 and 16 Trants and other assistance to foreign arganizations, foreign governments, and foreign and ividuals. See Part IV, lines 15 and 16 Trants and other assistance to discretion and foreign arganizations, foreign governments, and foreign and ividuals. See Part IV, lines 15 and 16 Trants and other assistance to discretion and foreign arganizations, foreign governments, and foreign and ividuals. See Part IV, lines 15 and 16 Trants and other assistance to domestic and foreign arganizations, foreign governments, and foreign and ividuals. See Part IV, lines 15 and 16 Trants and other assistance to domestic and foreign arganizations, foreign governments, and foreign and foreign arganizations, foreign governments, and foreign and foreign arganizations, foreign governments, and foreign arganizations, foreign governments, and foreign and foreign arganizations, foreign governments, and foreign governments, a	(A) Total expenses 49,875.	Program service expenses 49,875.	Management and general expenses 9,599.	Fundraising expenses
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Grants and to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)			9 599	
Grants and other assistance to domestic individuals. See Part IV, line 22 drants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 drants paid to or for members dompensation of current officers, directors, rustees, and key employees dompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)			9 599	
andividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign andividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)			9 599	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 organizations paid to or for members organization of current officers, directors, rustees, and key employees ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)			9 599	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 individuals. See Part IV	41,733.	22,536.	9 599	
ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	41,733.	22,536.	9 599	
Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	41,733.	22,536.	9 599	
compensation of current officers, directors, rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	41,733.	22,536.	9 599	
rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	41,733.	22,536.	9 599	
compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)			J , J J J •	9,598
ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				-
ersons described in section 4958(c)(3)(B)				
Other salaries and wages	258,280.	138,162.	59,367.	60,751
Pension plan accruals and contributions (include	, -		,	
ection 401(k) and 403(b) employer contributions)	18,761.	10,131.	4,315.	4,315
	27,292.	14,738.	6,277.	4,315 6,277
				4,699
, , ,				
	4.050		4.050	
	2,0300		2,0000	
	41 170		41.170.	
	12/2/00			
,				
	27 813	14 751	8 103.	4,959
				770
	3,330.	1,003.	7 7 ± •	
	150 800	81 432	34 684	34,684
			·	34,004
	20,540.	17,704.	0,304.	
· .				
	6 801		6 801	
	0,001.		0,001.	
	108 300	100 0/4	8 350	
		100,049.		
	0,300.		0,300.	
bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A)				
	9 752	8 825		927
				941
·		4,333.		2,559
MIN SOLLITED	۵,333.			4,559
ull other expenses				
	809 527	476 278	203.710.	129,539
	005,527.	1,0,2,00	200,710	127,333
		Payroll taxes Fees for services (nonemployees): Ananagement Feegal Accounting Account	Payroll taxes Payroll tayes Payroll taxes Payroll tayes Pa	Payroll taxes 20,431. 11,033. 4,699. Process for services (nonemployees): Ananagement egal Accounting Account

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			78,529.	1	1,107,107
	2	Savings and temporary cash investments			90,374.	2	101,363
	3	Pledges and grants receivable, net	30,052.	3	26,243		
	4	Accounts receivable, net	2,338.	4	2,239		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use			10,761.	8	10,341
۲	9	Prepaid expenses and deferred charges			4,390.	9	6,518
	10a	Land, buildings, and equipment: cost or other		2 256 245			
		basis. Complete Part VI of Schedule D	10a	3,356,945.	4 400 540		4 004 00
	b	Less: accumulated depreciation		2,021,950.	1,422,540.	10c	1,334,995
	11	Investments - publicly traded securities			4,672,834.	11	5,952,500
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			010 440	14	010 44
	15	Other assets. See Part IV, line 11			810,448.	15	810,44
	16	Total assets. Add lines 1 through 15 (must equa			7,122,266.	16	9,351,760
	17	Accounts payable and accrued expenses			51,859.	17	912,543
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
2	00	controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		of Schedule D	17-24,	i. Complete Part A	2,119,144.	25	2,419,389
	26	Total liabilities. Add lines 17 through 25			2,171,003.	26	3,331,930
	20	Organizations that follow FASB ASC 958, che			2/1/1/0031	20	3,331,330
ğ		and complete lines 27, 28, 32, and 33.	OIX 1101				
	27	•			4,649,686.	27	5,752,994
3	28	Net assets with donor restrictions			301,577.	28	266,836
2		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.	•	ŕ			
5	29	Capital stock or trust principal, or current funds				29	
;	30	Paid-in or capital surplus, or land, building, or eq				30	
ĝ	31	Retained earnings, endowment, accumulated in				31	
Net Assets of Fund balances	32	Total net assets or fund balances		F	4,951,263.	32	6,019,830
-	33	Total liabilities and net assets/fund balances			7,122,266.	33	9,351,760

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		84	6,3	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	.,95		
5	Net unrealized gains (losses) on investments	5	1	.,03	$\frac{1}{1},7$	54.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,01	9,8	30.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					1
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		,	,	,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	470,121.	487,321.	495,128.	554,018.	585,378.	2,591,966.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	470,121.	487,321.	495,128.	554,018.	585,378.	2,591,966.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						298,812.
	Public support. Subtract line 5 from line 4.						2,293,154.
	ction B. Total Support	1				r - 1	
	ndar year (or fiscal year beginning in)	(a) 2015 470,121.	(b) 2016 487,321.	(c) 2017 495, 128.	(d) 2018	(e) 2019 585, 378.	(f) Total
	Amounts from line 4	4/0,121.	487,321.	495,128.	554,018.	585,378.	2,591,966.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	75 271	00 076	96 706	05 215	05 545	112 012
	and income from similar sources	75,371.	80,076.	86,706.	85,315.	85,545.	413,013.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3 004 979
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (oco inatructi	one)			12	3,004,979. 35,182.
12	First five years. If the Form 990 is for		,	d fourth or fifth to	av voar as a soctio		33,102.
13	organization, check this box and stor	-			•	11 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (column (f))		14	76.31 %
15						15	80.96 %
	33 1/3% support test - 2019. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	<u> </u>				
(a) 201E	(h) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
(a) 2015	(0) 2010	(6) 2017	(u) 2016	(e) 2019	(I) IOIAI
				1	1
the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization,
					<u></u> ▶∟
				15	
Schedule A, Part	III, line 15			16	
				17	
				18	
organization did n	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
ıd stop here. The	organization qualit	fies as a publicly s	supported organiza	ation	▶∟
•			•	,	
	the organization's c Support Pe ne 8, colum (f), o Schedule A, Part tment Incom 19 (line 10c, colum 018 Schedule A, organization did r dstop here. The organization did r ck this box and st	(a) 2015 (b) 2016 (b) 2016 (c) Support Percentage The 8, column (f), divided by line 13, schedule A, Part III, line 15 Thement Income Percentage (g) (line 10c, column (f), divided by line 10, column (f), divided by line 10c, column (f), divided by line 10c, column (f), divided by line 10 (line 10c, column	the organization's first, second, third, fourth, or fifth to c Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 tment Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 10 (Stopport Percentage) 10 (Stopport Percentage) 11 (Stopport Percentage) 12 (Stopport Percentage) 13 (Stopport Percentage) 14 (Stopport Percentage) 15 (Stopport Percentage) 16 (Stopport Percentage) 17 (Stopport Percentage) 18 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 10 (Stopport Percentage) 10 (Stopport Percentage) 10 (Stopport Percentage) 11 (Stopport Percentage) 12 (Stopport Percentage) 13 (Stopport Percentage) 14 (Stopport Percentage) 15 (Stopport Percentage) 16 (Stopport Percentage) 16 (Stopport Percentage) 17 (Stopport Percentage) 18 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 10 (Stopport Percentage) 11 (Stopport Percentage) 12 (Stopport Percentage) 13 (Stopport Percentage) 14 (Stopport Percentage) 15 (Stopport Percentage) 16 (Stopport Percentage) 16 (Stopport Percentage) 17 (Stopport Percentage) 18 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 10 (Stopport Percentage) 10 (Stopport Percentage) 10 (Stopport Percentage) 10 (Stopport Percentage) 11 (Stopport Percentage) 12 (Stopport Percentage) 13 (Stopport Percentage) 14 (Stopport Percentage) 15 (Stopport Percentage) 16 (Stopport Percentage) 16 (Stopport Percentage) 17 (Stopport Percentage) 18 (Stopport Percentage) 18 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 19 (Stopport Percentage) 10	the organization's first, second, third, fourth, or fifth tax year as a section of the content o	the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ c Support Percentage ne 8, column (f), divided by line 13, column (f) Schedule A, Part III, line 15 trent Income Percentage 19 (line 10c, column (f), divided by line 13, column (f)) 19 (line 10c, column (f), divided by line 13, column (f)) 1018 Schedule A, Part III, line 17 18 organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
360	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	. ago .
Sect	ion D - Distributions	. ,, , , , , , , , , , , , , , , , , ,	(continuos)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AM GENERAL	160,000.	99,900.
DRS TECHNOLOGIES	155,000.	94,900.
NBCH DREAM GIVE AWAY ESCROW AC	100,000.	39,900.
NORTHROP GRUMMAN	85,000.	24,900.
USAA	75,000.	14,900.
MANIFOLD AND BANKESTEIN	84,412.	24,312.
Total Excess Contributions to Schedule A, Part II, Line 5		298,812.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NATIONAL GUARD EDUCATIONAL FOUNDATION

52-1038433

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Check if	your organization is	s covered by the General Rule or a Special Rule .		
Note: Or	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$		
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

NATIONAL GUARD EDUCATIONAL FOUNDATION

52-1038433

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AM GENERAL 105 N NILES AVE SOUTH BEND, IN 46617	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DRS TECNOLOGIES 5 SYLVAN WAY PARSIPPANY, NJ 07054	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NBCH DREAM GIVE AWAY ESCROW AC 3470 HAMPTON AVE, SUITE 204 ST.LOUIS, MO 63139	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NORTHROP GRUMMAN 8710 FREEPORT PARKWAY IRVING, TX 75063	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SIKORSKY AIRCRAFT MS 450 A, 6900 MAIN STREET STRATFORD, CT 06614	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202450 11 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL GUARD EDUCATIONAL FOUNDATION

52-1038433

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

52-1038433 NATIONAL GUARD EDUCATIONAL FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

NATIONAL GUARD EDUCATIONAL FOUNDATION

Employer identification number 52-1038433

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 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 advi	sed 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 a	dvisors in writing that grant funds can be	e used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring					
	impermissible private benefit?		Yes No					
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation o	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re		e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year					
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year					
	> \$							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and					
	balance sheet, and include, if applicable, the text of the footing	note to the organization's financial staten	nents that describes the					
	organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections o	-	Other Similar Assets.					
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public					
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.					
b	If the organization elected, as permitted under FASB ASC 95	58, 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 fur	therance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
			L 4					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide					
	the following amounts required to be reported under FASB A	SC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X							

932051 10-02-19

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, c	or Other	Similar A	ssets	(continue	d)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make sigr	nificant use	of its		
	collection items (check all that apply):									
а	X Public exhibition	d	ı	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how th	ney further t	the organizati	on's exemp	t purpose ir	ר Part א	CIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical trea	asures, or oth	er similar as	ssets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's c	ollection?				Yes	X No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the	organizatio	on answered '	'Yes" on Fo	orm 990, Pa	rt IV, lin	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contributio	ns or other as	sets not inc	cluded		-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liability	?	L	Yes [No
_	If "Yes," explain the arrangement in Part XIII.							<u></u>	L	
Pai	t V Endowment Funds. Complete if									
	<u>_</u>	(a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years	back (e) Four yea	ars back
1a	Beginning of year balance							\rightarrow		
b	Contributions							ightharpoonup		
С	Net investment earnings, gains, and losses							\rightarrow		
d	Grants or scholarships			$-$ / \wedge				\rightarrow		
е	Other expenditures for facilities									
	and programs							\rightarrow		
	Administrative expenses							\perp		
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment >	%								
С	Term endowment >9	-								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition tha	at are held a	and administe	red for the	organizatior	า		
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization				·				3b	
4	Describe in Part XIII the intended uses of the		wment f	funds.						
Pai	t VI Land, Buildings, and Equipm		D4 N	/ 10 	0 5 000	Doub V. Bo	- 10			
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investment)			t or other (other)		umulated ciation	(0	d) Book va	alue
	Land							4	• • •	
	Buildings				4,195.		8,070.		,026,	
	Leasehold improvements				0,775.		9,539.			236.
d	Equipment				76,911.		1,559.			352.
е							. 707			000
_	Other				55,064.	39	2,782.		172, ,334,	

Schedule D (Form 990) 2019

	IND EDUCATION	THE TOURDITION 32	±030±33
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
(A) =:	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) HISTORICAL ARTIFACTS			810,448.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			010 440
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	810,448.
		- 44 446 O F 000 D+ V line 05	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes (2) RELATED THIRD PARTY PAYABI	.r		2,419,389.
(-)			2,419,309.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7) (8)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	2,419,389.
i otali (Oolullii) (D) must equal i olili 330, Falt A, COL (B) IIIle	<i></i>		2,410,000

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I		i Revenue per H	eturn	1.
1 Total revenue, gains, and other support per audited financial statements	•		1	1,859,043.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	1,031,754.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		22,119.		
e Add lines 2a through 2d			2e	1,053,873.
3 Subtract line 2e from line 1			3	805,170.
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	41,170.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	41,170.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	846,340.
Part XII Reconciliation of Expenses per Audited Financia		h Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part I				F00 4F6
Total expenses and losses per audited financial statements			1	790,476.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1.			
a Donated services and use of facilities		>		
b Prior year adjustments				
c Other losses		22 110		
d Other (Describe in Part XIII.)		22,119.		22 110
e Add lines 2a through 2d			2e	22,119. 768,357.
3 Subtract line 2e from line 1			3	700,337.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		41,170.		
a Investment expenses not included on Form 990, Part VIII, line 7b		41,170.		
b Other (Describe in Part XIII.)			4-	41,170.
c Add lines 4a and 4b			4c	809,527.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li. Part XIII Supplemental Information.	rie 18.)		5	005,527.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h	and the Part Viling	1. Dort	V line 2: Part VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			+, rait	Λ, III le 2, Γαιτ Λι,
miles 24 and 15, and 1 are still, intes 24 and 15.7 lies semplete the part to pro-	as any additional lines	manorn.		
PART III, LINE 4:				
IMPROVE PUBLIC APPRECIATION AND REMEMBE	RANCE FOR TH	IE SIGNIFIC	ANT	
CONTRIBUTIONS MADE BY THE MILITIA OF THE	E NATIONAL	GUARD.		
_				
PART X, LINE 2:				
THE FOUNDATION HAS NO UNCERTAIN TAX POS	SITIONS THAT	' QUALIFY F	OR I	EITHER
RECOGNITION OR DISCLOSURE IN THE FINANC	CIAL STATEME	ENTS, AND N	O II	NTEREST AND
DENNI MING WAVE DEEM DECORDED IN MUE ACC			m 3 m 1	
PENALTIES HAVE BEEN RECORDED IN THE ACC	COMPANYING E	INANCIAL S	TATI	EMENTS
DELYMED TO INCEDMANTA MAY DOCUMENTO				
RELATED TO UNCERTAIN TAX POSITIONS.				
PART YT I.THE 2D - OTHER ADTICTMENTS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES				22,119.

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► 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

NATIONAL GUARD EDUCATIONAL FOUNDATION

Employer identification number

NATIONA	L GUARD EDUCATIONA	L FOU.	NDATION	22-1036	433
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Yes"	on Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Specia or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) purs	tion of non- tion of gove fundraising I (including professiona	government grants ernment grants g events officers, directors, tru I fundraising services	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
	,				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contribution	ns or has been notifie	d it is exempt from r	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 990	I-EZ.	Schedule G (Form 9	990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			GOLF	NATIONAL	4	(add col. (a) through			
			TOURNAMENT	GUARD BIRTHD	1	col. (c))			
e			(event type)	(event type)	(total number)	` "			
Revenue	1	Gross receipts	19,445.	15,200.	8,326.	42,971.			
	2	Less: Contributions	14,700.			14,700.			
	3	Gross income (line 1 minus line 2)	4,745.	15,200.	8,326.	28,271.			
	4	Cash prizes							
SS	5	Noncash prizes							
xpense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses		12,575.	1,608.	22,119.			
	10					22,119.			
		Net income summary. Subtract line 10 from I				6,152.			
Pa									
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
irect Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
		ter the state(s) in which the organization condu	_						
a Is the organization licensed to conduct gaming activities in each of these states?									
b If "No," explain:									
	_								
		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No			
J									
					•				

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1	0384	433	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	/es	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	O No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Y	/es	□ No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party >\$			
•	If "Yes," enter name and address of the third party:			
·	in 163, effet hame and address of the tillid party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
		-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es/	O No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		-		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	NATIONAL	GUARD	EDUCATIONAL	FOUNDATION	52-1038433	Page 4
Part IV	Supplemental Infor	rmation (continue	ed)				
				*			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL GUARD EDUCATIONAL FOUNDATION	52-1038433
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 sel	
criteria used to award the grants or assistance?	X 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. P.	
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, P recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	art IV, line 21, for any
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant organization or government (e) Amount of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance of the cash grant of	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	<u></u>

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL ASSISTANCE IS AWARDED THROUGH A COMPETITIVE PROCESS TO CHILDREN OF NATIONAL GUARDSMEN WHO WERE KILLED IN THE WAR ON TERRORISM.	8	46,875.	0.		
EDUCATIONAL ASSISTANCE IS AWARDED THROUGH A COMPETITIVE PROCESS TO GUARDSMAN WOUNDED IN ACTION IN THE WAR ON TERROR.	3	3,000.	. 0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION DISTRIBUTES SCHOL	ARSHIP G	RANT FUNDS	DIRECTLY	TO THE SCHOOL	
ATTENDED BY THE GRANT RECIPIENT TO	ENSURE	THE FUNDS	ARE USED O	NLY FOR	
QUALIFYING EDUCATIONAL EXPENSES.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL GUARD EDUCATIONAL FOUNDATION

Employer identification number 52-1038433

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	-		х
a	The organization?	5a		X
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•		6a		х
a h	The organization?	6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	35		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRIG. GEN. ROY ROBINSON (RET)	(i)	36,480.	1,500.	0.	2,170.	1,582.	41,732.	0.
NGEF PRESIDENT	(ii)	328,323.	13,500.	0.	19,530.	14,242.	375,595.	0.
(2) LUKE GUTHRIE	(i)	66,415.	3,200.	0.	4,856.	3,877.		0.
DIRECTOR OF MARKETING AND	(ii)	99,622.		0.	7,284.	5,815.	117,521.	0.
(3) PATRICIA O'CONNELL	(i)	16,781.	1,000.	0.	1,061.	240.		0.
DIRECTOR OF FINANCE, CONTR	(ii)	151,027.	9,000.	0.	9,551.	2,160.	171,738.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)			/				
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)		-			-		

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL GUARD EDUCATIONAL FOUNDATION

Employer identification number 52-1038433

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNITED STATES. IN SHORT, WE TELL THE GUARD STORY, HIGHLIGHTING ITS ROLES IN THE BIRTH AND GROWTH OF OUR NATION.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S FORM 990 IS REVIEWED INTERNALLY BY STAFF.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS STAFF, BOARD MEMBERS, TRUSTEES AND VOLUNTEERS AND IS MONITORED, REVIEWED AND MAINTAINED BY THE COMPLIANCE OFFICER. THE ENTIRE BOARD REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM PAYSCALE, ASSOCIATION COMPENSATION & BENEFITS STUDY AND 2019 SALARY GUIDE. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING.

THE COMPENSATION DETERMINATION PROCESS APPLIES TO EACH OFFICE/POSITION AND THE PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NATIONAL GUARD EDUCATIONAL FOUNDATION	Employer identification number 52-1038433
ORGANIZATION HAS ITS BYLAWS AVAILABLE ON THEIR WEBSITE.	ALL OTHER
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
PAGE 12, PT 12, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Name of the orga	anization NATIONAL	GUARD	EDUCATIONAL FOUNDATION	Employer identification number $52-1038433$
Part I Identif	fication of Disregarded Entities	s. Complete	if the organization answered "Yes" on Form 990, Part IV, line 33.	

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-year	assets	Direct c	(f) controlling ntity	3
	_							
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, l	because it had one	or more rela	ated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	f) ontrolling tity	Section 5 contr	
NATIONAL GUARD ASSOCIATION OF THE UNITED STATES - 53-0184296, ONE MASSACHUSETTS	PROMOTE SECURITY OF US AND SUPPORT GUARD MEMBERS AND							
AVENUE, NW, WASHINGTON, DC 20001	FAMILIES	DISTRICT OF COLUMBIA	501 (C) 19					Х
NATIONAL GUARD INSURANCE TRUST - 52-6188375								
ONE MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001	PROVIDE INSURANCE FOR MEMBERS OF NGAUS.	DISTRICT OF COLUMBIA	E01 /G) 10					Х
MADILINGTON, DC 20001	PREFERENCE OF INGROS.	PISTRICI OF CODOMBIA	201 (6) 19					
	-							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

					1			1	$\overline{}$					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	(k)	1		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Gene	er? Percent Owners	itage		
of related organization		(state or	entity	(related, unrelated,	income	end-of-year		tions?	amount in box	mana	er? owners	ship		
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	1 Lo oi contoadio	Yes	No			
		,,		,			1.00		,	1.00	`			
										+	+			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction	
Name, address, and EIN of related organization	Primary activity	(state or foreign	foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	entity:	
		country)		,				Yes	No	
									<u> </u>	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u>1</u>	1a		$\frac{x}{x}$		
	b Gift, grant, or capital contribution to related organization(s)						
	c Gift, grant, or capital contribution from related organization(s)						
	d Loans or loan guarantees to or for related organization(s)		1d		X		
	e Loans or loan guarantees by related organization(s)		1e	Х			
f	f Dividends from related organization(s)		1f		X		
g	g Sale of assets to related organization(s)		1g		X		
h	h Purchase of assets from related organization(s)	L1	1h		X		
	i Exchange of assets with related organization(s)		1i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)	-	1j		X		
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)		11		X		
	m Performance of services or membership or fundraising solicitations by related organization(s)		lm		X		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х			
	o Sharing of paid employees with related organization(s)		10	Х			
_			-				
n	p Reimbursement paid to related organization(s) for expenses	4	1p		X		
	q Reimbursement paid by related organization(s) for expenses		1g	х			
ч	Trombursomert paid by related digunization(6) for expenses		.4				
r	r Other transfer of cash or property to related organization(s)		1r		X		
	s Other transfer of cash or property from related organization(s)		" 1s		X		
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and		13				
	(a) (b) (c) Name of related organization Transaction Amount involved Meth	(d) nod of determining amount involve	hav				
	type (a-s)	od of determining amount involve	cu				
1)	1)						
2)	2)						
3)	3)						
4)	4)						
5)	5)						
6)							
3216	32163 09-10-19 43	Schedule R (F	Form	990)	2019		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners so 501(c)(3 orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	eral or	Percentage
of entity		(state or foreign	reialed, unreialed, lexcluded from tax under	501(c)(3 orgs.?) total	end-of-year	allocati	ons?	amount in box 20 Lof Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes N	income	assets	Yes	No	(Form 1065)	Yes	No	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chai	rities-and-r	non-profits.					
Auton	natic 6-Month Extension of Time. Only subr	nit oriain	al (no copies needed).					
All corp	orations required to file an income tax return other than F e Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
Type or								
print	NATIONAL GUARD EDUCATIONAL FOUNDATION 52-1038433							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, one one massachusetts avenue,	NW						
instruction	WASHINGTON, DC 20001							
Enter th	e Return Code for the return that this application is for (f	ile a separa	ate application for each return)			<u> 0 1 </u>		
Applica	tion	Return	Application			Return		
Is For		Code	Is For			Code		
	00 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99		02	Form 1041-A			08		
	'20 (individual)	03	Form 4720 (other than individual)			09		
Form 99		04	Form 5227			10		
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
Form 99	10-T (trust other than above) LAURA ROZNOVSK	06	Form 8870			12		
• The !	books are in the care of ► ONE MASSACHUSE		VENUE NW - WASHIN	СПОИ	DC 20001			
	Shone No. ► 202-789-0031	IID A	Fax No.	GION,	DC 20001			
	organization does not have an office or place of busines	oo in the Lle				. \square		
	s is for a Group Return, enter the organization's four digit					obook this		
box >			ach a list with the names and TINs of					
box -	: If it is for part of the group, check this box	_ und utte	terra not with the flames and finds of	airmemb	CIG THE CATCHOLOTIC	7 101.		
1 Ir	equest an automatic 6-month extension of time until	NOVE	MBER 16, 2020 , to file	the exem	npt organization ret	urn for		
	e organization named above. The extension is for the org	ganization's	s return for:		-			
	tax year beginning	0.00	ad anding					
	tax year beginning	, an	nd ending		<u> </u>			
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	D, or 6069,	enter the tentative tax, less					
ar	ny nonrefundable credits. See instructions.			3a	\$	0.		
b If		0.						
estimated tax payments made. Include any prior year overpayment allowed as a credit.								
c B	alance due. Subtract line 3b from line 3a. Include your p	ayment wit	th this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). Se	e instruction	ons.	3с	\$	0.		
Cautior instructi	i: If you are going to make an electronic funds withdrawa ons.	al (direct de	ebit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	or payment		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

LHA

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2019, or fiscal year beginning	, 2019, and ending	

OMB No. 1545-1878

Department of the Treasury ternal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

NATTONAL	GUARD	EDUCATIONAL	FOUNDATTO

Fo

Employer identification number 52-1038433

Name and title of officer

JESSIE R ROBINSON

PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

than one line in Part I.		
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	846,340.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line	5) 4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN.	check	one	hox	only
Officer 3	L 114.	CHECK	OHE	DOV	Office

Officer's Pin: check one box only	
X authorize THOMPSON GREENSPON	to enter my PIN 45888
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature o indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screer Officer's signature	a state agency(ies) regulating charities as part of the IRS Fed/State
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	54531440969 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

natalie A. anzalin, CPA ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

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