Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2013

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury

Open to Public

		renue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/	form990		Inspection
A For the 2		ie 2013 calenda	r year, or tax year beginning , 2013, and ending		20	
		applicable:	C Name of organization	D. Fund		, 20
	Address	change	MINNESOTA FIREARMS ASSOCIATION			fication number
	Name ci	hange	Number and street (or DO by 1/2 at 1 at		-326348	
X	Initial ret	lum	Room/suite	E relepr	one numbe	er
П	Terminat		1000 1170117231 2 0021772			
	Amende		1080 HIGHWAY 3 SOUTH City or town, state or province, country, and ZIP or foreign postal code	(9	52) 451-	6115
П		on pending		F Group	Exemption	
G		unting Method:	Northfield, MN 55057 ☐ Cash ☐ Accrual Other (specify) ►	Numb		
1		site:	Cash	Check 🏲	if the α	organization is not
'.				equired to	attach Sch	edule B
3	Tax-ex	cempt status (c	neck only one) - ☐ 501(c)(3) ☐ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	Form 990	990-EZ, o	r 990-PF).
			Corporation Trust		***************************************	
L	Add lin	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets		
(12	art II, co	lumn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ► s	11,898
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances(see the in-	structions	for Part I)	
		Check if the	organization used Schedule O to respond to any question in this Part !			
	1	Contributions,	gifts, grants, and similar amounts received		1	
	2	Program servi	ce revenue including government fees and contracts		2	11,898
	3		lues and assessments		3	
	4	Investment ind			4	
	5a	Gross amount	from sale of assets other than inventory 5a		4	
	Ł	Less: cost or	other basis and sales expenses		-	
			from sale of assets other than inventory (Subtract line 5b from line 5a)		-	
	6	Gaming and fi	undraising events		5c	
	а		from gaming (attach Schedule G if greater than			
e						
Revenue	h		feed for decision and the feed of the feed			
Še	_		of contributions of events (not including \$ of contributions of events reported on line 1) (attach Schedule G if the			
-						
	_		ross income and contributions exceeds \$15,000)			
			penses from gaming and fundraising events 6c			
	a	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	_				6d	
			inventory, less returns and allowances			
	ı	Less: cost of g	TD			
	2000000		(loss) from sales of inventory (Subtract line 7b from line 7a)	2 22	7c	
	8		(describe in Schedule O)		8	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	11,898
	10		nilar amounts paid (list in Schedule O)		10	
	11		or for members		11	
(C)	12		compensation, and employee benefits		12	
JSE	13	Professional fe	es and other payments to independent contractors]	13	
Expenses	14	Occupancy, re	nt, utilities, and maintenance		14	120
Ĕ	15	Printing, public	ations, postage, and shipping		15	500
	16	Other expenses	s (describe in Schedule O)		16	9,675
	17	Total expense	s. Add lines 10 through 16		17	10,295
	18		cit) for the year (Subtract line 17 from line 9)		18	
ets	19		and balances at beginning of year (from line 27, column (A)) (must agree with			1,603
155			re reported on prior year's return)		19	
Net Assets	20		in net assets or fund balances (explain in Schedule O)	L	20	
Z	21		and balances at end of year. Combine lines 18 through 20	L	21	1
or	Paperv		Act Notice, see the separate instructions.			1,603 orm 990-EZ (2013)
EΑ	0000				1	SIII DOU"LE (2013)

Form 990-EZ (2013) MINNESOTA FIREARMS ASS Part II Balance Sheefs (see the inclusions for Back)	SOCIATION		46-	3263	3485 Page 2
(see the instructions for Part II)					, 100 1 age 2
Check if the organization used Schedule O to respond t	to any question in this F	art II			
22 Cash, savings, and investments		(A)	Beginning of year		(B) End of year
			0	22	1,603
			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
			0	25	1,603
			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accompl	with line 21)		0	27	1,603
	lishments (see the	instructions for Part	III)		Expenses
Check if the organization used Schedule O to respond	to any question in this F	Part III		(Red	quired for section
What is the organization's primary exempt purpose? ADVOCATE I	FOR SECOND AMEN	DMENT RIGHTS		-3	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	h of its three largest are	orom series.			inizations and section
to measured by expenses, in a clear and concise manner describe the	a conject provided the	number of			7(a)(1) trusts; optional
persons benefited, and other relevant information for each program title	e.			ı	thers.)
28 TO ADVOCATE FOR SECOND AMENDMENT RIGHTS C	OF ALL LAW ABID	ING			
CITIZENS OF MINNESOTA					
(Grants \$) If this amount in	ncludes foreign grants,	check here · · ·	▶ □	28a	
29					
(Grants \$) If this amount in	ncludes foreign grants,	check here	▶ □	29a	
30					
(Grants \$) If this amount in	ocludes foreign grants, o	heck here · · ·	▶ □	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount in	cludes foreign grants, o			31a	
32 Total program service expenses (add lines 28a through 31a)				32	0
List of Officers, Directors, Trustees, and Key Emplo	yees (list each one eve	n if not compensate	d (see the instruction	ons fo	r Part IV)
Check if the organization used Schedule O to respond to	any question in this Pa		· · · · · · · · · · · ·		
	(b) Average	(c) Reportable	(d) Health benefits.		
(a) Name and title	hours per week	compensation	contributions to emplo	yee ((e) Estimated amount of
	devoted to position	(Form W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	inn	other compensation
DAN HAMM					***************************************
TREASURER	0		ol	0	0
TAMMY HOULE					
PRESIDENT	0			0	0
STEVE HACKBARTH					
SECRETARY	0			0	0
CHRISTOPHER DORR					- V
EXECUTIVE DIRECTOR	45			0	0
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			-	- 1	
				The state of the s	

	m 990-EZ (2013) MINNESOTA FIREARMS ASSOCIATION 46-326: Tart V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schodule O to recovered to			Page :
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		• 🔲
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	_	Yes	No
	detailed description of each activity in Schedule O			
34		33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35	change on Schedule O (see instructions)	34	X	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
,	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	of If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	İ	
,	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
.=	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b	Х	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	300		21
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9		-	
b	Gross receipts, included on line 9, for public use of club facilities	1	Ì	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► ; section 4912 ► ; section 4955 ►		ĺ	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		-	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		-23
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · ·		- 1	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		İ	
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed	1		
42 a	The organization's books are in care of ► CHRISTOPHER DORR Telephone no. ► 952-4	51-61	15	***************************************
	Located at 1080 HIGHWAY 3 SOUTH, Northfield, MN ZIP+4 55057	<u> </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Y	es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. 🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	res	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	110		
	completed instead of Form 990-EZ	44b		Χ
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		-	••
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	X
	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," Form 990 and Schedule R may need to be completed instead of			(8)
	Form 990-EZ (see instructions)	45b		X

Form 990-E	Z (2013)	MINNESOTA FI	REARMS ASSOC	IATION					46-3	32634	QE	ı	200
46 Dic	d the organization enga								20-3	12034	63	Yes	Pag N
to	the organization enga	ffice? If "Yes " compl	ay, in political campa										
Part V	Section 501(c	c)(3) organizatio	ons only								46		2
	All section 50	1(c)(3) organizat	ions must answ	er auest	ions 47-40h	and Ea	o n al -						
	Check if the or	rganization used	Schedule O to	respond	to any ques	tion in	hie D	n# \/I					_
					to any quee	CON III	IIIS F	dit VI .		* * * .	• • • •		<u>. L</u>
47 Did	the organization engag	ge in lobbying activitie	s or have a section !	501(h) elec	ction in effect du	ing the to	v			Г		Yes	
yea	r? If "Yes," complete S	chedule C, Part II					^				4		
48 Is th	ne organization a school	ol as described in sec	tion 170(b)(1)(A)(ii)?	? If "Yes."	complete Schedu	ıle F			* • • •	• •	47		
49a Did	the organization make	any transfers to an ex	xempt non-charitable	e related or	ganization?						48 49a		
b it "Y	es," was the related or	ganization a section 5	527 organization?								49b		
50 Con	nplete this table for the	organization's five hig	ghest compensated	employees	(other than office	ers, direc	tors, tru	stees and	kev	L	400	-	
emp	oloyees) who each rece	eived more than \$100,	000 of compensation	n from the	organization. If	there is n	one, ent	er "None."					
			(b) Avera		(c) Reportat			ealth benefits.					
	(a) Name and title of ea	ach employee	hours per v	week	compensa			tions to emplo			stimated		
			devoted to po	osition	(Forms W-2/109)	9-MISC)		mpensation	illed	Oli	her com	pensatio	วท
				***************************************		***************************************							
					10000								
Comp	number of other emplo plete this table for the o ,000 of compensation f	organization's five high	hest compensated in	ndependen	t contractors wh	o each re	ceived n	nore than			A STATE OF THE STA	OTTO Section 1	
1 Comp \$100,	plete this table for the o	organization's five high from the organization.	hest compensated in . If there is none, en	ndependen	*1	o each re	ceived n	nore than	(c)	Compen	nsation	Throwing to the same	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MINNESOTA FIREARMS ASSOCIATION 46-3263485 01. Description of other expenses (Part I, line 16) Description Amount DIRECT MAIL FEES 3,513 POSTAGE 3,960 REIMBURSEMENTS 45 ADVERTISING 2,157