Form 990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Ā | For the | 2016 calend | dar year, or tax year begir | ning | , 2016, and e | ending | , 20 |
|--------------------------------|--------------|--|--|---|---------------------------------------|---|--|
| В | Check if a | applicable: | oplicable: C Name of organization MINNESOTA FIREARMS ASSOCIATION | | | | |
| | Address o | change | Doing business as MINN | ESOTA GUN-RIGHTS | | | D Employer identification no. 46-3263485 |
| | Name cha | ange | | x if mail is not delivered to street address) |) | Room/suite | E Telephone number |
| | Initial retu | - | 1080 HWY 3 SOU | • | , | 1.00 | (952) 451-6115 |
| \Box | | m/terminated | | , country, and ZIP or foreign postal code | | | 234,753 |
| 57 | Amended | | Northfield, MN | | | | · · |
| | | | | | | | G Gross receipts\$ |
| ш | Аррисанс | n pending | F Name and address of principa | i onicer: | | | return for subordinatos? Yes No |
| | | | 57 | | | | dinates included? Yes No |
| | | ipt status: | 501(c)(3) X 501(c) (4 |) (insert no.) 4947(a)(1) or | 527 | If "No," a | Itach a list. (see instructions) |
| | | ► N/A | | | | H(c) Group exem | nption number 🕨 |
| | | | · · · · · · · · · · · · · · · · · · · | ociation Unter > | L Year of formation: | 2013 M State of | of legal domicile: MN |
| Pë | ırt I | Summar | · · · · · · · · · · · · · · · · · · · | | | | |
| | 1 | Briefly descr | ibe the organization's miss | ion or most significant activities: | TO ADVOCATE FOR | THE SECOND | AMENDMENT RIGHTS |
| Φ | | OF ALL M | INNESOTA RESIDENT | 'S | | | |
| ũ | | | | | | | |
| ű | | | | | | | |
| Š | 2 | Check this b | ox ▶ 🔲 if the organization | discontinued its operations or di | isposed of more than 25% | of its net assets. | • |
| Ō | 3 | | | | | 1 | 3 4 |
| S | 4 | | | s of the governing body (Part VI, | | | 4 4 |
| ritie. | 5 | | | calendar year 2016 (Part V, line | | | 5 0 |
| Activities & Governance | 6 | | | necessary) | | | 6 |
| | | | | Part VIII, column (C), line 12 . | | | 7a 0 |
| | | | | from Form 990-T, line 34 | | | |
| | - 5 | TVCC GITT CIACC | a business taxable income | itotti i otti 990-1, iiile 54 | · · · · · · · · · · · · · · · · · · · | | 7b 0 |
| | | م من المار الم | e and accute (Dout VIII Burn | 46.3 | | Prior Year | Current Year |
| Φ | 8 | | | 1h) | | | 234,753 |
| Ľ | 9 | | | 2g) | | ************ | 0 |
| Revenue | 10 | | | A), lines 3, 4, and 7d) | | | 0 |
| œ | 11 | | | ies 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 |
| | 12 | | | must equal Part VIII, column (A), | | | 234,753 |
| | 13 | | | X, column (A), lines 1-3) | | | 0 |
| | 14 | Benefits paid | I to or for members (Part I) | (, column (A), line 4) | | | |
| S | 15 | Salaries, oth | er compensation, employe | e benefits (Part IX, column (A), li | nes 5-10) | | 0 |
| Expenses | 16a | Professional | fundraising fees (Part IX, o | column (A), line 11e) | | | 0 |
| per | b | Total fundrai | sing expenses (Part IX, co | umn (D), line 25) 🕨 | 44,232 | | |
| Ж | | | | nes 11a-11d, 11f-24e) | | | 267,549 |
| | l l | | | equal Part IX, column (A), line 2 | , | ***** | 267,549 |
| | | | | 18 from line 12 | | | (32,796) |
| | | • | | | | Beginning of Current | |
| ets c | 20 | Total assets | (Part X, line 16) | | | | ,442 17,416 |
| ASS | 21 | | • • • • • • • • • • • • • • • • • | | }- | | , |
| Net Assets or Fund Balances | 22 | | r fund balances. Subtract | | | 52 | ,442 17,416 |
| | rt II | · · · · · · · · · · · · · · · · · · · | re Block | and Li Holli lille Lo | | 32, | , 112 |
| | | | | ım, including accompanying schedules an | d statements, and to the best of m | v knowledge and helief | it is |
| true, | correct, a | and complete. De | claration of preparer (other than of | icer) is based on all information of which p | preparer has any knowledge. | , | |
| | |) CUDT | STOPHER DORRX | • | | | |
| Sig | n | | re of officer | | | | Date |
| _ | | , | | | | | Sate |
| Her | e | | STOPHER DORR, EXE | CUTIVE DIRECTOR | | *************************************** | |
| | | Type or | print name and title | <i></i> | | | |
| _ | | Print/Type pre | eparer's name | Preparer's signature | Date | Check 🔀 | if PTIN |
| Pai | | | G LAVERMAN | Just fam | 02-03-2020 | self-employed | d P00006538 |
| | parer | | ► STANLEY | G LAVERMAN CPA | | Firm's EIN ▶ | |
| Use | e Only | Firm's addres | s ► 827 BROA | D ST | | Phone no. | |
| _ | | | Grinnell | IA 50112-0943 | | 64 | 1-236-5568 |
| May | the IRS | discuss this | | own above? (see instructions) | | | ▼ Yes No |

| Form | n 990 (2016) MINNESOTA FIREARMS ASSOCIATION | 46-3263485 | Page 2 |
|------|--|---|---------------------------------------|
| Pa | rt III Statement of Program Service Accomplishments | | · · · · · · · · · · · · · · · · · · · |
| | Check if Schedule O contains a response or note to any line in this Part III | | 🗌 |
| 1 | Briefly describe the organization's mission: | | *** |
| | TO ADVOCATE FOR THE SECOND AMENDMENT RIGHTS OF ALL MINNESOTA RESIDENTS | | |
| | | | |
| | | | |
| | | | |
| 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. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| | services? | 🗌 Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | d bv | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | - | |
| | the total expenses, and revenue, if any, for each program service reported. | , | |
| | , and the state of | | |
| 4a | (Code:) (Expenses \$197,962 including grants of \$) (Revenue | \$ | |
| | HAVE EFFECTIVELY ADVOCATED FOR THE SECOND AMENDMENT RIGHTS OF MINNESOTA RESI | | / |
| | MAL DITECTIVED LANGUAGE LOW LINE DECOND AMENDMENT KIGHID OF MINNESOTA KEDI | DENIS | |
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| | , the transfer of the state of | | ***** |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| | Other and the American (Paragita is Other 1 1 0) | *************************************** | |
| 4d | 1 2 | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 197,962 | | |

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 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | _2_ | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete 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? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | | -2100400000 | ********** | 00040004000 |
| | complete Schedule D, Part VI | 11a | | Х |
| þ | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | | | | |
| | 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 | | X |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| 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 | | X |
| 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, | 1-14 | | |
| _ | 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 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 142 | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 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 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | -21 |
| -• | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | '' | | ** |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | '' | | - 42 |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| | | 1.7 | l | 7,7 |

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ

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.

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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 | | | 600 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Χ | |
| 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 | Χ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | <u></u> |
| 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 |
| þ | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | ĺ |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| ١. | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| ч | required to file Form 8282? | 7c | | |
| d e | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | | \vdash |
| g 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? | 79 7h | | _ |
| 8 | Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the | | | S. 88.88 |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | V. A. V. | 550000000 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | 10000100010 | 000000000 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | 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 | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | 0.00 | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | i |

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | · · · · · | • • • | <u></u> | <u> </u> |
|-----|---|-----------------|-------------|-------|---------|---|
| | | | | Y | es | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 4 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 4 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | : | 2 3 | x | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed | ? | | 1] | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 🗀 | 5 | | X |
| 6 | Did the organization have members or stockholders? | | . , 🗔 | 3 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing body? | | 7 | a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | *************************************** |
| | stockholders, or persons other than the governing body? | | 7 | b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | |
| | the year by the following: | | | | | |
| а | The governing body? | | 8 | a 2 | X | |
| b | Each committee with authority to act on behalf of the governing body? | <i>.</i> | 8 | b 2 | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | , | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co. | de.) | | | | |
| | | | _ | Y | 'es | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 1 | Da | | _X_ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | ŀ | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | 1 |)b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the form? | 11 | а | | X |
| 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 | | 1 | 2a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to conflicts? | 1: | 2b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | İ | | |
| | describe in Schedule O how this was done | | 1 | 2c | | |
| 13 | Did the organization have a written whistleblower policy? | | | 3 | _ | <u>X</u> |
| 14 | Did the organization have a written document retention and destruction policy? | | 1 | 4 | 205000 | Χ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| a | The organization's CEO, Executive Director, or top management official | | | | _ | <u>X</u> |
| b | Other officers or key employees of the organization | | 1: | 5b | 1000000 | X |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | | 10 | 6a | 3223343 | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| Sec | organization's exempt status with respect to such arrangements? | | 10 | 6b | | |
| 17 | | | | | | |
| 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 900, and 900 T (Section 50 | 1/0/(2)05.4 | *********** | | | |
| 10 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 | r(c)(3)s only) | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter- | | | | | |
| 13 | financial statements available to the public during the tax year. | sat policy, and | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and reco | rde: 🕨 | | | | |
| | CHRISTOPHER DORR (952)451-6115, 1080 HWY 3 SOUTH, Northfield, MN 55057 | | | | | |

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Section A.

MINNESOTA FIREARMS ASSOCIATION

46-3263485

Page 7

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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation from compensation officer and a director/trustee) amount of week (list anv from related other hours for the organizations compensation related Individual trustee organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations CHRITOPHER DORR 20.00 EXECUTIVE DIRECTOR X 0 0 (2) DAN HAMM TREASURER Χ Χ 0 0 (3) BEN DORR 65.00 Х POLITICAL DIRECTOR 0 0 (4) TAMMY HOULE PRESIDENT X 0 0 STEVE HACKBARTH 0 (6) (8) (9) (10)(11)(12)(13) (14)

| Part VII Section A. Officers, Directors, Trustees, | Key Employ | ees, a | ınd l | High | est | Comp | ens | ated Employees (| continued) | |
|--|--|--|--------|-------------|--------------|--------------------|----------|-------------------------|---------------------------------------|---|
| (A) | (B) | | | (C Posi | tion | | | (D) | (E) | (F) |
| Name and title | Average hours per | box, ι | unless | s pers | on is | nan one both ar | ı | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | | | Key employee | employee | 1 | from | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| FOR THE STATE OF T | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | ~ | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Sub-total | | | | | | | <u> </u> | | | |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | | | | | | | - | (| 0 | 0 |
| 2 Total number of individuals (including but not limited reportable compensation from the organization | to those liste | ed abo | ve) v | who | rece | eived r | nore | than \$100,000 of | 0 | |
| 3 Did the organization list any former officer, director. | or tructoo k | ou om | olov | 00.0 | r bir | ahoat | 0000 | penantad | | Yes No |
| employee on line 1a? If "Yes," complete Schedule | l for such indi | ividual | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than | \$150,000? <i>If</i> | "Yes," | con | nplet | e S | chedu | | | | |
| individual | ompensation | from a | iny ι | ınrel | ated | d orgai | | ion or individual | | 4 X |
| for services rendered to the organization? <i>If</i> "Yes," of Section B. Independent Contractors | complete Sch | edule | J foi | rsuc | h pe | erson | | | | 5 X |
| Complete this table for your five highest compensate compensation from the organization. Report compe | | | | | | | | | | |
| year. (A) | | | | | | | | (B) | | (C) |
| Name and business address | | ······································ | | | | | | Description of | services | Compensation |
| | | | | | | | | | | |
| ************************************** | | | | | | | | | | |
| 2 Total number of independent contractors (including received more than \$100,000 of compensation from | | | | listed | dab | ove) v | vho | 1 | | |

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or Unrelated Revenue Total revenue excluded from tax under sections 512-514 exempt function revenue business revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 234,753 g Noncash contributions included in lines 1a-1f: \$ 234,753 **Business Code** Program Service Revenue 2a f All other program service revenue Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 234,753

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must c | complete all columns. All other organizations must complete column (A). |
|--|---|
| Check if Schadula O contains a recov | nee or note to any line in this Port IV |

| | Check if Schedule O contains a response or note to | | 1 | · · · · · · · · · · · · · · · · · · · | |
|--------|---|-----------------------|---|---------------------------------------|---|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 1 | | | expenses | general expenses | expenses |
| ' | Grants and other assistance to domestic organizations | | | | |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| _ | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | • | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | *************************************** |
| 10 | Payroll taxes | | | | *************************************** |
| 11 | Fees for services (non-employees): | | | 71 | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| Э | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 22 027 | | | 20.025 |
| 13 | _ | 22,037 | T 700 | | 22,037 |
| | Office expenses | 9,738 | 7,790 | 974 | 974 |
| 14 | Information technology | 12,643 | 10,115 | 1,264 | 1,264 |
| 15 | Royalties | | | | * |
| 16 | Occupancy | 4,795 | 4,315 | 480 | |
| 17 | Travel | 10,264 | 8,212 | 1,026 | 1,026 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 892 | | 892 | |
| 20 | Interest | | *************************************** | _ | *************************************** |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | ******* | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | DIRECT MAIL AND PAPER FEE | 87,376 | 69,900 | 8,738 | 8,738 |
| b | POSTAGE | 37,475 | 29,979 | 3,748 | 3,748 |
| С | CONSULTING | 45,349 | 36,279 | 4,535 | 4,535 |
| ď | COPYWRITE MERCHANDISE EMAIL | 17,883 | 16,095 | 1,788 | |
| е | All other expenses | 19,097 | 15,277 | 1,910 | 1,910 |
| 25 | Total functional expenses. Add lines 1 through 24e . | 267,549 | 197,962 | 25,355 | 44,232 |
| 26 | Joint costs. Complete this line only if the | | | | / |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ► ☐ if | | | | |
| | following SOP 98-2 (ASC 958-720) | | <u> </u> | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | <u> </u> |
|------------------|-------|--|---|-----|-------------|
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 52,442 | 1 | 17,416 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ASS | 9 | Prepaid expenses and deferred charges | *************************************** | 9 | |
| • | 10a | Land, buildings, and equipment: cost or | | | |
| | , ••• | other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | | 40- | |
| | 11 | Investments - publicly traded securities | | 10c | |
| | 12 | · | | 11 | |
| | 13 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | | Investments - program-related. See Part IV, line 11 | | 13 | - |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 52,442 | 16 | 17,416 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 200000000000000000000000000000000000000 | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| iii | | trustees, key employees, highest compensated employees, and | | | |
| ļaļ | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and | | | |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | | | |
| anc | 27 | Unrestricted net assets | 52,442 | 27 | 17,416 |
| 3ali | 28 | Temporarily restricted net assets | | 28 | |
| μĒ | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ŏ | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| iss) | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ž | 33 | Total net assets or fund balances | 52,442 | 33 | 17,416 |
| | 34 | Total liabilities and net assets/fund balances | 52,442 | 34 | 17,416 |
| | V 7 | . The manufacture and the according additional to the second seco | 34,774 | ·· | 1/,410 |

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| ACT ATAZYO CO CARD A | STREET | _ X C C C C T X T T C X |
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|----|-----|---|---|---|---|---|--|

Page 12

| Pa | rt XI Reconciliation of Net Assets | | | | |
|--|--|----|------------|------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 234, | 753 |
| 2 | 2 Total expenses (must equal Part IX, column (A), line 25) | | | | 549 |
| 3 | 3 Revenue less expenses. Subtract line 2 from line 1 | | | | 796) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 52, | 442 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | (2, | 230) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | ı | 17, | 416 |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u>.</u> | | . 🔲 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | ı | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2h | , | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 20 | : | |
| If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | |
| | Schedule O. | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | |
| the Single Audit Act and OMB Circular A-133? | | | | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | , | |

EEA

Form 990 (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Open to Public Inspection

Employer identification number

MINNESOTA FIREARMS ASSOCIATION 46-3263485 01. Amended return information THIS AMENDED RETURN IS TO SHOW THE PROPER ALLOCATION ON PART IX STATEMENT OF FUNCTIONAL EXPENSES. 02. Officer, directors, etc. family relationship (Part VI, line 2) TWO OF THE OFFICERS WERE RELATED. 03. Organizational document changes (Part VI, line 4) THE ORGANIZATION UNDERWENT A NAME CHANGE. 04. Form 990 governing body review (Part VI, line 11) THE 990 IS PRESENTED TO THE BOARD MEMBERS FOR REVIEW SHORTLY BEFORE THE RETURN IS FILED 05. Form 990 availability to public (Part VI, line 18) THE INFORMATION IS AVAILABLE ON GUIDE STAR.ORG 06. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE ON GUIDE STAR.ORG AND THE MINNESOTA SECRETARY OF STATES WEBSITE. 07. Explanation of other changes in net assets or fund balances (Part XI, line 9) ONE NON DEDUCTIBLE EXPENSES ARE \$2231.