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Forr	n 99	ò	Retur	RETROACTIVE, RE	EINSTAT	EMENT From Incor	ne Ta	×		OMB No. 154	5-0047	
, 6,1			ľ		•					2018	}	
			1	:), 527, or 4947(a)(1) of the			•		ons)	Open to Pu	.blic	
	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for Instructions and the latest information.										on	
	A For the 2018 calendar year, or tax year beginning , 2018, and ending											
											tion no	
	Address c	hange	Doing business as MINN	ESOTA GUN-RIGHTS					46	-3263485		
	Name cha	nge	Number and street (or P.O bo	ox if mail is not delivered to street ad	ldress)		Room/su	nte	ЕΤ	elephone number		
닏	Initial retui	m _	1080 HWY 3 SOU	TH		·	<u> </u>			(952) 451-6115		
$\overline{}$		niterminated	• •	, country, and ZIP or foreign postal o	∞de				1	Sross receipts		
\equiv	Amended Analysis	-	Northfield, MN Name and address of principal				H(n)	s this a group re	<u> </u>		X No	
	чррисацо	r pending F	realine and address of principa	ar Gricer.		-11	1 ' '	as nas a group ro Are all subordi				
	Tax-exemp	ol status: 5	i01(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 5	27	7			(see Instructions)	_	
J	Website.	► N/A					H(c)	Group exemp	obon numi	ber 🕨		
				ociation Other ►	1 1	Year of formation 2	013	M State of	legal don	nidle MN		
Pa	rt I	Summary							····	·		
		•	J	on or most significant activiti	es: <u>TO A</u>	DVOCATE FOR	THE S	ECOND	AMEND	MENT RIGH	TS	
25	1	OF THE RE	SIDENTS OF MINNE	ESOTA								
Governance												
. 9	2	Check this box	if the organization	discontinued its operations	or disposed of	more than 25% of	its net a	ssets.				
<u>ي</u> ھ	3	3 Number of voting members of the governing body (Part VI, line 1a)									4	
es											4	
Activities &			• •	calendar year 2018 (Part V,	line 2a)	• • • • • •		••-	5		0	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			of volunteers (estimate if r	1	DE(CEIVED	Γ	⊢	6 7a			
			business revenue from F cusiness taxable income	Part VIII, column (C), line 12	- 11		. ال	⊢	7b		0 0	
	<u> </u>	THOI GITTOIDICO I	Judiness taxable income		E LLD		ത് l	rior Year		Current Year		
	8	Contributions a	and grants (Part VIII, line	1h)	2 · · ¡FR	2 6 2019	3			•	635	
Je	9	Program service	ce revenue (Part VIII, line	••	. <u>L</u>		또				0	
Revenue			ome (Part VIII, column (A			DEN, UT:					0	
ž	- 1			es 5, 6d, 8c, 9c, 10c, and 1		· · · · · · · · ·			{		0	
			add lines 8 through 11 (r nilar amounts paid (Part I	nust equal Part VIII, column	(A), line 12)					273	3 <u>,635</u> 0	
l	1 '		•	• • •					<u> </u>		0	
: "	1										0	
Expenses	16a	Professional fu	indraising fees (Part IX, o	column (A), line 11e) · ·		[0	
. bei	1		ng expenses (Part IX, colo		1	64,952			<u> </u>		,	
Û	1	-	s (Part IX, column (A), lir	<u>-</u>							,525	
	1			equal Part IX, column (A), lir							,525	
<u> </u>	_	revenue less (expenses. Subtract line	to from line 12			Reginning	of Current Ye	925	End of Year	,110	
Net Assets or	20	Total assets (P	Part X, line 16)			[o o girining	34,6			,457	
να «Υ	21	Total liabilities	(Part X, line 26)			<i></i> [0	
			und balances Subtract I	ine 21 from line 20 · · ·				34,6	571	121	.,457	
	rt II	Signature	***************************************									
				rn, including accompanying schedu ficer) is based on all information of v			knowledge	and belief, It	IS			
			v (11-40 4	2	-			2-	-23/9		
Sig	n	CHRITO Signature		Wastagle S	a				Date	27-11		
Her	e			CUTIVE DIRECTOR	President							
			nt name and title		177.404				•			
_		Print/Type prepa	arer's name	Preparer's signature	7	Date	7	check X	II PTIN			
Pai		STANLEY	G LAVERMAN	14 D		02-15-2019	,	elf-employed	P	00006538		
	parer			G LAVERMAN CPA			Firm's El	N >				
USE	Only	Firm's address	▶ 827 BRO#	D ST			Phone no).				

For Paperwork Reduction Act Notice, see the separate instructions.

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

Grinnell IA 50112

Form 990 (2018)

☐ No

641-236-5568

· · · · · · · X Yes

Pa	irt 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 THE RESIDENTS OF MINNESOTA
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	WE HAVE EFFECTIVELY ADVOCATED FOR THE SECOND AMENDMENT RIGHTS OF ALL MINNESOTA RESIDENTS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
74	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Page 3

			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		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		<u> X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
**	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		i	
-	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		Χ
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		X
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	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		<u>X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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 Land IV	446		v
4 =	in agreement to the contract of the contract o	14b		<u>X</u>
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		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		
10	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		
17	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?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX. column (A), line 17 If "Yes." complete Schedule I, Parts I and II	21		х

Page 4

	990 (2018) MINNESOTA FIREARMS ASSOCIATION 46-326 rt IV. Checklist of Required Schedules (continued)	3485	F	Page 4
	Continue of the quite of the qu		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Γ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
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	Ì		
	employees? If "Yes," complete Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	- 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	· 24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	· 25a		X
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?		İ	
	If "Yes," complete Schedule L, Part I	- 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27	<u></u>	Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a	<u> </u>	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	. 28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	- 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	. 34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	· 35b		
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		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	<u>L</u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1, 5, 5	1026
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	0		., 80
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gamling (gambling) winnings to prize winners?	• 1c	L X	<u> </u>
FFA		Form	990 /	2018)

Form 990 (2018) MINNESOTA FIREARMS ASSOCIATION 46-3263485 Page 5 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х 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? Х 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 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)? Х 4a 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? Х 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or b Organizations that may receive deductible contributions under section 170(c) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d 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? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Х

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Form 990 (2018) MINNESOTA FIREARMS ASSOCIATION 46-3263485 Page 6 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 Section A. Governing Body and Management Yes Nρ 1a Enter the number of voting members of the governing body at the end of the tax year 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Х Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 86 Х 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes N٥ 10a Х Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? Χ 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website ☐ Upon request X Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CHRISTOPHER DORR (952)451-6115, 1080 HWY 3 SOUTH, Northfield, MN 55057

Form 990 (201	8) MINNESOTA FIREARMS ASSOCIATION	46-3263485	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compendent Contractors	ensated Employ	ees, and
_	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 to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the ax year.		
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amour Enter -0- in columns (D), (E), and (F) if no compensation was paid.	nt of	

- 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/hustee) Highest compensated employee Cofficer Coffic			o)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) CHRITOPHER DORR EXECUTIVE DIRECTOR	15.00	Х						0	0	0
(2) DAN HAMM TREASURER		X		Х				0	0	0
(3) BEN DORR POLITICAL DIRECTOR	70.00	х						0	0	0
(4) TAMMY HOULE				Х				0	0	0_
(5) STEVE HACKBARTHSECRETARY				Х				0	0	0
<u>(6)</u>										
(7)										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										<u>. </u>
(14)					-					<u>, </u>

46-3	2634	185	Page

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	Estin amou	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ihe organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe from organi and re	nsation the
(15)											
(16)											
(17)										<u> </u>	
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total	on A · ·				• •		>	0	0		
2 Total number of Individuals (including but not limited											
reportable compensation from the organization									O	Y	es No
3 Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J f			yee,	or h	ighe 	st com	pen:	sated		3	X
4 For any individual listed on line 1a, is the sum of repo	ortable compe	ensatio								3-1	
organization and related organizations greater than \$1 individual										4	X
5 Did any person listed on line 1a receive or accrue co	-		-			-	ation	or individual		14:1	4.4 < 8
for services rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Sche	dule J	for s	uch	per	on				5	<u> </u>
 Complete this table for your five highest compensate compensation from the organization. Report compen 											
year. (A)								(8)		(C)	
Name and business address				Description of s	services	Compens	elion				
								<u> </u>			
Total number of independent contractors (including be received more than \$100,000 of compensation from	,,										

Form 990 (2018) Page 9 46-3263485 MINNESOTA FIREARMS ASSOCIATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tex under sections Unrelated Total revenue Related or exempt business 512-514 Federated campaigns 1a Gifts, Grants illar Amounts Membership dues . . . 16 Fundraising events 1c Related organizations 1d Contributions, and Other Sim Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 273,635 Noncash contributions included in lines 1a-1t: \$ h Total. Add lines 1a-1f **Business Code** Revenue 2a Service Program f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (ii) Personal b Less. rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (I) Secunties 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 garning activities. b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less

Business Code

0

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- कार्याच्या करीह

273,635

11a

returns and allowances . . .

d All other revenue

e Total. Add lines 11a-11d

b Less: cost of goods sold b L

c Net income or (loss) from sales of inventory . . .

Miscellaneous Revenue

12 Total revenue. See instructions · · · · · · · · ▶

46-3263485

Form 990 (2018)

MINNESOTA FIREARMS ASSOCIATION

Part IX. Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			2. 150 3 C. C.	1 * \$
2	Grants and other assistance to domestic			A STATE OF	1280年3月2
	individuals. See Part IV, line 22			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000
4	Benefits paid to or for members				1
5	Compensation of current officers, directors,				
	trustees, and key employees		<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·		1.77		1
7	Other salaries and wages				1
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
9	Professional fundraising services. See Part IV, line 17		, (ii	3	
f	Investment management fees				<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · ·		- · · - · · · · · · · · · · · · · · ·		
12	Advertising and promotion	8,217			8,217
13	Office expenses	9,182_		918	8,264
14	Information technology	4,283		428	3,855
15	Royalties		<u> </u>	225	0.060
16	Travel	9,956	<u> </u>	996	8,960
17 18		5,848	<u> </u>	585	5,263
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	•	2,158	<u> </u>	2,158	
19 20	Conferences, conventions, and meetings	2,158		2,138	
21	Payments to affillates		<u> </u>	<u></u>	
21 22	Depreciation, depletion, and amortization				
23	Insurance		! !	·	
24	Other expenses. Itemize expenses not covered	7730 77 7 50		C 18 7 74 18 1	153,821 BARRES A
24	above (List miscellaneous expenses in line 24e. If				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	line 24e amount exceeds 10% of line 25, column	10 Kebahar		整性点点的的	
	(A) amount, list line 24e expenses on Schedule O.)	以及是自己的 的			
,		41 007	2 2 2 2 2 4 2 1 2 4 4 4 7 5 2	4 200	
a b		41,997		4,200	37,797
C	POSTAGE	21,799		2,180 4,995	19,619
ď	CONSULTING MEDICUANDICE EMAIL	49,950			44,955
e	COPYWRITE MERCHANDISE EMAIL All other expenses	15,885	 	1,589	14,296
25	Total functional expenses. Add lines 1 through 24e .	15,250 184,525	0	1,525 19,574	13,725
25 26	Joint costs. Complete this line only if the	104,323	<u>, </u>	19,5/4	164,951
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundralsing solicitation. Check here		1		
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 34,671 101,457 2 2 Savings and temporary cash investments 20,000 3 Pledges and grants receivable, net 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 Notes and loans receivable, net 7 Assets 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 34,671 121,457 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors. -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 0 26 O Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 34,671 121,457 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > _ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 34,671 121,457 34,671 121,457

rom		<u>-32034</u>	85		190 IZ
Рa	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	2	73,6	35
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.84,5	25
3	Revenue less expenses. Subtract line 2 from line 1	3		89,1	10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,6	71
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		(2,3	324)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10	1	21,4	57
Pa	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: X 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?		2a		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			. 1	
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				
	separate basis, consolidated basis, or both:			. 1	*
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				,
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			. [
	the Single Audit Act and OMB Circular A-133?		. 3a		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 (2	2018)

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.

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number MINNESOTA FIREARMS ASSOCIATION 46-3263485 01. Officer, directors, etc. family relationship (Part VI, line 2) TWO OF THE OFFICERS ARE RELATED. 02. Organizational document changes (Part VI, line 4) THE ORGANIZATION UNDERWENT A NAME CHANGE 03. Form 990 governing body review (Part VI, line 11) THE BOARD HAS THE OPPORTUNITY TO REVIEW THE RETURN BEFORE IT IS FILED. 04. Form 990 availability to public (Part VI, line 18) THE RETURN IS AVAILABLE ON GUIDE STAR.ORG 05. Governing documents, etc, available to public (Part VI, line 19) THE GOVERNING DOCUMENTS ARE AVAILABLE ON GUIDE STAR.ORG AND THE MINNESOTA SECRETARY OF STATES WEBSITE. 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) THERE WERE NON DEDUCTIBLE ITEMS OF \$2324.