

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Subcommittee on Public Lands and Environmental Regulation's legislative hearing: **H.R. 1825**  
**(Benishek)**, the "*Recreational Fishing and Hunting Heritage and Opportunities Act.*"

May 9, 2013

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \*

For Witnesses Representing Organizations:

1. Name: Susan Recce
2. Name of Organization(s) You are Representing at the Hearing: National Rifle Association
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

**For all Witnesses**

Name/Organization: Susan Reece/ National Rifle Association

Title/Date of Hearing: Sub on PL&ER legislative hearing: **H.R. 1825 (Benishek)**, the “*Recreational Fishing and Hunting Heritage and Opportunities Act.*” May 9, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

1. Served as Deputy Assistant Secretary of the Interior for Fish and Wildlife and Parks.
2. Served as Deputy Director for External Affairs, Bureau of Land Management.
3. Initiated Memorandum of Understanding with Federal agencies (BLM, Fish and Wildlife Service, Forest Service, Corps of Engineers) and 45 NGOs related to fishing, hunting and recreational shooting access and opportunities on Federal public lands.
4. Served on the Sportsmen’s Conservation Council, a Federal Advisory Council to the Secretaries of the Interior and Agriculture. It is the predecessor to the current Wildlife and Hunting Heritage Conservation Council.
5. Participate in and have chaired the American Wildlife Conservation Partners, a coalition of over 45 hunting, wildlife conservation and shooting sports organizations.
6. Have spent many years in my position at the NRA working on issues related to sportsmen and women’s access to Federal public lands, state lands, and private lands.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NONE

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NONE

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NONE

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

### Witnesses Representing Organizations

Name/Organization: Susan Reece/ National Rifle Association

Title/Date of Hearing: Sub on PL&ER legislative hearing: **H.R. 1825 (Benishek)**, the "*Recreational Fishing and Hunting Heritage and Opportunities Act.*" May 9, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NONE

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

*Jennings, et. al. v. BATFE, et. al.* (USCA Fifth Circuit). The case was filed on September 8, 2010 in an effort to lift the federal ban on retail sales of handguns to persons between the age of eighteen and twenty. On September 29, 2011 a summary judgment was entered in favor of the government. That decision was appealed to the 5<sup>th</sup> Circuit Court of Appeals. On October 25, 2012 the NRA received an adverse ruling from the 5<sup>th</sup> Circuit Court of Appeals, leading to a petition for en banc review which was filed by on January 4, 2013.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the

lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NONE

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

NRA's Form 990s can be found at [www.guidestar.org](http://www.guidestar.org).

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>NATIONAL RIFLE ASSOCIATION OF AMERICA<br><br>Doing Business As  | <b>D</b> Employer identification number<br>53-0116130 |
|   | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>11250 WAPLES MILL ROAD   | <b>E</b> Telephone number<br>(703) 267-1000           |
| City or town, state or country, and ZIP + 4<br>FAIRFAX, VA 220307400  | <b>G</b> Gross receipts \$ 242,679,834   |   |
| <b>F</b> Name and address of principal officer<br>WILSON H PHILLIPS JR<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030   | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number |   |

**I** Tax-exempt status:  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527

**J Website:** www.nra.org

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1905 **M** State of legal domicile: NY

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROTECT AND DEFEND THE U S CONSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 76                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 72                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                         | 754                 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 125,000             |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 20,741,261          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | -243,730                         |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 71,145,801                       | 59,382,983          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 107,083,801                      | 109,729,088         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 3,460,273                        | 3,362,284           |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 46,121,404                       | 46,509,175          |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 227,811,279                      | 218,983,530         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 219,500                          | 92,000              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                                  | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 51,666,650                       | 50,733,831          |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>26,416,192</u>  | 7,989,955                        | 6,126,261           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                                  |                     |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 183,658,170                      | 174,119,497         |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 243,534,275   | 231,071,589                      |                     |
| <b>Net Assets or Fund Balances</b>                                      |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>20</b> Total assets (Part X, line 16)  | -15,722,996                      | -12,088,059         |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 163,781,200                      | 149,826,381         |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 139,630,906                      | 144,162,625         |
|   |   | 24,150,294                       | 5,663,756           |

**Part II Signature Block**

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

|                                 |   |                  |  |  |
|---------------------------------|---|------------------|--|--|
| <b>Sign Here</b>                | Signature of officer  | 2012-11-07       |  |  |
|                                 | WILSON H PHILLIPS JR TREASURER AND CFO<br>Type or print name and title  | Date             |  |  |
| <b>Paid Preparer's Use Only</b> | Preparer's signature: JAMES P SWEENEY   | Date: 2012-11-07 | Check if self-employed: <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP<br>8000 TOWERS CRESCENT DR STE 500<br>VIENNA, VA 22184 |                  |  | EIN: _____   |
|                                 |   |                  |  | Phone no: (703) 336-6400                                     |

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 44,829,146 including grants of \$ 92,000 ) (Revenue \$ 19,191,714 )

EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS THE NATIONAL RIFLE ASSOCIATION OF AMERICA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM, AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER AND GO-TO RESOURCE IN FIREARMS EDUCATION, SAFETY, AND TRAINING NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA.ORG AND NRANEWS.COM FOR CONTINUOUS UP-TO-DATE INFORMATION, AND CONTINUE TO ENGAGE AND PARTICIPATE WITH THE NRA THROUGH SOCIAL MEDIA

**4b** (Code ) (Expenses \$ 33,519,160 including grants of \$ ) (Revenue \$ 21,212,683 )

NRA PUBLICATIONS THE PRIMARY MISSION OF NRA MEDIA IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS AND SUBJECT MATTER EXPERTS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE, INFORM, AND REINFORCE THE NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED DIGITAL MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS.ORG

**4c** (Code ) (Expenses \$ 17,290,328 including grants of \$ ) (Revenue \$ )

LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, THE NATIONAL RIFLE ASSOCIATION ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRAILA.ORG FOR THE LATEST UPDATES

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 78,289,244 including grants of \$ ) (Revenue \$ 103,042,849 )

**4e** Total program service expenses \$ 173,927,878

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b>   | 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b>   | 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .   |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>9</b>   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .   |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>b</b>   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .  |     | No |
| <b>d</b>   | 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .   |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>f</b>   | 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Part I</i> . . . . . <input checked="" type="checkbox"/> . . . . . | Yes |    |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> . . . . .   |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV</i> . . . . .   |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  |     | No |
| <b>20a</b> | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .  |     |    |
| <b>20b</b> |  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  | Yes |    |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | <b>23</b>  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | <b>25b</b> |     | No |
| <b>26</b>  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | <b>27</b>  |     | No |
| <b>28</b>  | 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)  |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | <b>34</b>  | Yes |    |
| <b>35a</b> | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |    |
| <b>b</b>   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i>   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>865   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.<br>0  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.<br>754  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | Yes |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | Yes |    |
| <b>4a</b>  | 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 or securities account)?   |     | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | 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?  | Yes |    |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | Yes |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.   |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12.  |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| <b>11a</b> | Gross income from members or shareholders.   |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. |     |    |
| <b>13b</b> | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   |     |    |
| <b>13c</b> | Enter the aggregate amount of reserves on hand.  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |    |

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | 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? . . . . .   |     | No |
| <b>3</b>  | 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? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  | Yes |    |
| <b>7a</b> | 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? . . . . .  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 . . . . .        |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>12b</b> | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .   | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</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**

- 17** List the States with which a copy of this Form 990 is required to be filed  WV, WI, WA, VA, UT, TN, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, MS, MO, MN, ME, MD, MA, LA, KY, KS, IL, GA, FL, DC, CT, CO, CA, AZ, AR, AL, AK
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 NATIONAL RIFLE ASSOCIATION OF AMERI  
 11250 WAPLES MILL ROAD  
 FAIRFAX, VA 220307400  
 (703) 267-1000

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
|                           |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |  |   |   |
| See Additional Data Table |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |
|                           |  |   |                       |         |              |                              |        |  |  |   |   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |   | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |   |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 5,459,548 |  | 677,304   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**61

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| INFOCISION<br>325 SPRINGSIDE DR<br>AKRON, OH 44333                      | MEMBERSHIP PROC SOLICITOR      | 11,992,378          |
| POSTMASTER<br>1735 N LYNN ST<br>ARLINGTON, VA 22209                     | POSTAGE SHIPPING               | 8,601,705           |
| VALTIM<br>PO BOX 114<br>FOREST, VA 24551                                | FULFILLMENT CENTER             | 8,441,736           |
| PALM COAST DATA<br>11 COMMERCE BLVD<br>PALM COAST, FL 32164             | MEMBERSHIP PROCESSING          | 8,375,531           |
| COMMUNICATIONS CORP OF AMERICA<br>13195 FREEDOM WAY<br>BOSTON, VA 22713 | FUNDRAISING PRINTING MAILING   | 7,086,902           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**46

**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |         |
|---|---|--|---|--|---|---|---------|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>  |   |  |   |   |         |
|   | <b>b</b>  | Membership dues . . . . . <b>1b</b>  |   |  |   |   |         |
|   | <b>c</b>  | Fundraising events . . . . . <b>1c</b>   |   |  |   |   |         |
|   | <b>d</b>  | Related organizations . . . . . <b>1d</b>  | 11,752,195  |  |   |   |         |
|   | <b>e</b>  | Government grants (contributions) <b>1e</b>  |   |  |   |   |         |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> | 47,630,788  |  |   |   |         |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____                                   |   |  |   |   |         |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 59,382,983  |  |   |   |         |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | PROGRAM FEES   | 7,088,869   | 7,088,869  |   |   |         |
|   | <b>b</b>  | MEMBER DUES  | 102,640,219   | 102,640,219  |   |   |         |
|   | <b>c</b>  |  |   |  |   |   |         |
|   | <b>d</b>  |  |   |  |   |   |         |
|   | <b>e</b>  |  |   |  |   |   |         |
|   | <b>f</b>  | All other program service revenue  |   |  |   |   |         |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶  | 109,729,088   |  |   |   |         |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest and other similar amounts) . . . . . ▶  | 831,749   |  |   | 831,749   |         |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . ▶                               |   |  |   |   |         |
|   | <b>5</b>  | Royalties . . . . . ▶  | 12,699,066  |  |   | 12,699,066  |         |
|   | <b>6a</b>   |  | (i) Real  |  |   |   |         |
|   |   |  | 1,297,941   |  |   |   |         |
|   |   | <b>b</b>   | Less rental expenses  | 1,563,181  |   |   |         |
|   |   | <b>c</b>   | Rental income or (loss)   | -265,240   |   |   |         |
|   | <b>d</b>  | <b>Net rental income or (loss)</b> . . . . . ▶   | -265,240  |  |   | -265,240  |         |
|   | <b>7a</b>   |  | (i) Securities  |  |   |   |         |
|   |   |  | 18,302,274  |  |   |   |         |
|   |   | <b>b</b>   | Less cost or other basis and sales expenses   | 15,771,739   |   |   |         |
|   |   | <b>c</b>   | Gain or (loss)  | 2,530,535  |   |   |         |
|   | <b>d</b>  | <b>Net gain or (loss)</b> . . . . . ▶  | 2,530,535   |  |   | 2,530,535   |         |
|   | <b>8a</b>   |  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . |  |   |   |         |
|   |   | <b>a</b>   |   | 461,951  |   |   |         |
| <b>b</b>  |   | Less direct expenses . . . . . <b>b</b>  | 104,760   |  |   |   |         |
| <b>c</b>  | <b>Net income or (loss) from fundraising events</b> . . . ▶ | 357,191  |   |  | 357,191                                 |   |         |
| <b>9a</b>   |   | Gross income from gaming activities See Part IV, line 19 . . . . .                       |   |  |   |   |         |
|   | <b>a</b>  |  |   |  |   |   |         |
|   | <b>b</b>  | Less direct expenses . . . . . <b>b</b>  |   |  |   |   |         |
| <b>c</b>  | <b>Net income or (loss) from gaming activities</b> . . . ▶  |  |   |  |   |   |         |
| <b>10a</b>  |   | Gross sales of inventory, less returns and allowances . . . . .                          |   |  |   |   |         |
|   | <b>a</b>  |  | 18,359,469  |  |   |   |         |
|   | <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>   | 6,256,624   |  |   |   |         |
| <b>c</b>  | <b>Net income or (loss) from sales of inventory</b> . . . ▶ | 12,102,845   | 10,903,027  | 1,199,818  |   |   |         |
|   | Miscellaneous Revenue                                       | Business Code  |   |  |   |   |         |
| <b>11a</b>  |   | ADVERTISING  | 541800  | 19,709,792   | 108,114                                 | 19,541,443  | 60,235  |
|   | <b>b</b>  | SUBSCRIPTIONS  | 541800  | 1,502,891  | 1,502,891                               |   |         |
|   | <b>c</b>  | NRA CAFE SALES   | 722210  | 402,630  |   |   | 402,630 |
|   | <b>d</b>  | All other revenue . . . . .  |   |  |   |   |         |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶  |   | 21,615,313   |   |   |         |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶          |  | 218,983,530   | 122,243,120  | 20,741,261                              | 16,616,166  |         |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 36,000                       | 36,000                                 |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   | 56,000                       | 56,000                                 |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 0                            |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members  | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees   | 2,824,084                    | 1,292,593                              | 1,319,527                                     | 211,964                            |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages   | 33,498,556                   | 22,914,376                             | 8,149,648                                     | 2,434,532                          |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 6,866,055                    | 4,036,257                              | 2,352,638                                     | 477,160                            |
| <b>9</b>  | Other employee benefits  | 5,070,331                    | 3,221,835                              | 1,496,130                                     | 352,366                            |
| <b>10</b>   | Payroll taxes  | 2,474,805                    | 1,572,563                              | 730,254                                       | 171,988                            |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management   | 0                            |  |   |                                    |
| <b>b</b>  | Legal  | 5,470,641                    | 5,285,386                              | 185,255                                       |                                    |
| <b>c</b>  | Accounting   | 120,700                      |  | 120,700                                       |                                    |
| <b>d</b>  | Lobbying   | 0                            |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17  | 6,126,261                    |  |   | 6,126,261                          |
| <b>f</b>  | Investment management fees   | 213,513                      |  | 213,513                                       |                                    |
| <b>g</b>  | Other  | 3,847,478                    | 3,847,478                              |   |                                    |
| <b>12</b>   | Advertising and promotion  | 23,778,126                   | 17,745,488                             |   | 6,032,638                          |
| <b>13</b>   | Office expenses  | 3,683,341                    | 2,136,857                              | 1,546,484                                     |                                    |
| <b>14</b>   | Information technology   | 6,394,473                    | 3,722,862                              | 2,671,611                                     |                                    |
| <b>15</b>   | Royalties  | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy  | 1,940,830                    | 969,331                                | 971,499                                       |                                    |
| <b>17</b>   | Travel   | 5,616,298                    | 4,271,427                              | 1,344,871                                     |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings   | 5,910,937                    | 4,744,328                              | 1,166,609                                     |                                    |
| <b>20</b>   | Interest   | 1,384,341                    | 994,755                                | 389,586                                       |                                    |
| <b>21</b>   | Payments to affiliates   | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization  | 2,608,179                    | 1,897,055                              | 711,124                                       |                                    |
| <b>23</b>   | Insurance  | 1,051,058                    | 1,051,058                              |   |                                    |
| <b>24</b>   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                              |  |   |                                    |
| <b>a</b>  | MEMBER COMMUNICATIONS  | 45,464,069                   | 36,683,383                             |   | 8,780,686                          |
| <b>b</b>  | PRINTING AND SHIPPING  | 22,677,546                   | 22,677,546                             |   |                                    |
| <b>c</b>  | ASC 715 PENSION ACCOUNTING   | 14,036,169                   | 8,476,208                              | 5,559,961                                     |                                    |
| <b>d</b>  | PROGRAM SERVICES   | 16,293,766                   | 16,293,766                             |   |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   | 13,628,032                   | 10,001,326                             | 1,798,109                                     | 1,828,597                          |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 231,071,589                  | 173,927,878                            | 30,727,519                                    | 26,416,192                         |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|  |  | (A)               |             | (B)         |
|--|--|-------------------|-------------|-------------|
|  |  | Beginning of year |             | End of year |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   |                   | <b>1</b>    |             |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 9,373,624         | <b>2</b>    | 8,864,786   |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 3,244,548         | <b>3</b>    | 3,324,463   |
|  | <b>4</b> Accounts receivable, net . . . . .  | 52,606,967        | <b>4</b>    | 50,343,338  |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    |                   | <b>5</b>    |             |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .       |                   | <b>6</b>    |             |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | 3,111,070         | <b>7</b>    | 3,087,653   |
|  | <b>8</b> Inventories for sale or use . . . . .   | 13,178,944        | <b>8</b>    | 12,209,596  |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,739,275         | <b>9</b>    | 2,484,598   |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 65,672,315        |             |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | 30,165,132        | <b>10c</b>  | 35,507,183  |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 33,133,504        | <b>11</b>   | 26,199,333  |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  | 4,602,761         | <b>12</b>   | 2,374,284   |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   |                   | <b>13</b>   |             |
|  | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|  | <b>15</b> Other assets See Part IV, line 11 . . . . .  | 5,069,338         | <b>15</b>   | 5,431,147   |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 163,781,200  | <b>16</b>         | 149,826,381 |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 59,163,137        | <b>17</b>   | 71,413,466  |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |
|  | <b>19</b> Deferred revenue . . . . .   | 28,336,891        | <b>19</b>   | 25,769,095  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |             |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   |                   | <b>21</b>   |             |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |                   | <b>22</b>   |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 45,335,166        | <b>23</b>   | 38,973,890  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |
|  | <b>25</b> 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 . . . . . | 6,795,712         | <b>25</b>   | 8,006,174   |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 139,630,906       | <b>26</b>   | 144,162,625 |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                  |                   |             |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | -6,423,671        | <b>27</b>   | -25,746,844 |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 6,253,866         | <b>28</b>   | 5,377,714   |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 24,320,099        | <b>29</b>   | 26,032,886  |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |             |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>   |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | 24,150,294   | <b>33</b>         | 5,663,756   |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 163,781,200  | <b>34</b>         | 149,826,381 |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |   |          |             |
|----------|---|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 218,983,530 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 231,071,589 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | -12,088,059 |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 24,150,294  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -6,398,479  |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 5,663,756   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     |    |
| <b>b</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   |     |    |



**Additional Data**

**Software ID:** 11000218  
**Software Version:** 2011.0.0  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

**Form 990, Special Condition Description:**

**Special Condition Description**

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WAYNE LAPIERRE<br>CEO AND EXECUTIVE VP                | 57 00                         |  |                       | X       |              |                              |        | 831,709  | 0   | 140,291   |
| CHRIS W COX<br>EXEC DIRECTOR, ILA                     | 57 00                         |  |                       | X       |              |                              |        | 583,304  | 0   | 80,881  |
| WILSON H PHILLIPS JR<br>TREASURER                     | 52 00                         |  |                       | X       |              |                              |        | 514,322  | 0   | 135,757   |
| KAYNE B ROBINSON<br>EXEC DIRECTOR, GENERAL OPERATIONS | 50 00                         |  |                       | X       |              |                              |        | 540,238  | 0   | 53,650  |
| EDWARD J LAND JR<br>SECRETARY                         | 50 00                         |  |                       | X       |              |                              |        | 408,689  | 0   | 49,611  |
| DAVID A KEENE<br>PRESIDENT                            | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JAMES W PORTER II<br>1ST VICE PRESIDENT               | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| ALLAN D CORS<br>2ND VICE PRESIDENT                    | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| TYLER SCHROPP<br>EXEC DIRECTOR, ADVANCEMENT           | 52 00                         |  |                       |         |              | X                            |        | 407,843  | 0   | 59,726  |
| MARY CORRIGAN<br>CHIEF OF STAFF                       | 40 00                         |  |                       |         |              | X                            |        | 733,810  | 0   | 24,103  |
| JOSEPH GRAHAM<br>DIRECTOR, PUBLICATIONS               | 40 00                         |  |                       |         |              | X                            |        | 301,962  | 0   | 44,401  |
| MICHAEL MARCELLIN<br>MANAGING DIRECTOR                | 40 00                         |  |                       |         |              | X                            |        | 391,642  | 0   | 56,135  |
| RANDY KOZUCH<br>DIRECTOR, ADVANCEMENT                 | 40 00                         |  |                       |         |              | X                            |        | 388,849  | 0   | 32,749  |
| JOE M ALLBAUGH<br>DIRECTOR                            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM H ALLEN<br>DIRECTOR                           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| THOMAS P ARVAS<br>DIRECTOR                            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT L BACH<br>DIRECTOR                              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM A BACHENBERG<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FE BACHHUBER JR<br>DIRECTOR                           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| M CAROL BAMBERRY<br>DIRECTOR                          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BOB BARR<br>DIRECTOR                                  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RONNIE G BARRETT<br>DIRECTOR                          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLEL BAUDLER<br>DIRECTOR                              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID E BENNETT III<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| J KENNETH BLACKWELL<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title              | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                    |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MATT BLUNT<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAN BOREN<br>DIRECTOR              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT K BROWN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PETE BROWNELL<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN P BURTT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID BUTZ<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 150,000  | 0   | 0   |
| J WILLIAM CARTER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TED W CARTER<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RICHARD CHILDRESS<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PATRICIA A CLARK<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CHARLES L COTTON<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID G COY<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LARRY E CRAIG<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN L CUSHMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM H DAILEY<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOSEPH P DEBERGALIS JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| R LEE ERMEY<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MANUEL FERNANDEZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| EDIE P FLEEMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOEL FRIEDMAN<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SANDRA S FROMAN<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 45,180   | 0   | 0   |
| TOM GAINES<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAMES S GILMORE III<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MARION P HAMMER<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 72,000   | 0   | 0   |
| GRAHAM HILL<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| STEVE HORNADY<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SUSAN HOWARD<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROY INNIS<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| H JOAQUIN JACKSON<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CURTIS S JENKINS<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| D CYNTHIA JULIEN<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM KING<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HERBERT A LANFORD JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KARL A MALONE<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CAROLYN D MEADOWS<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN F MILIUS<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BILL MILLER<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OWEN P MILLS<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLETA MITCHELL<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GROVER G NORQUIST<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OLIVER L NORTH<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHNNY NUGENT<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TED NUGENT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LANCE OLSON<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 90,000   | 0   | 0   |
| PETER J PRINTZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TODD J RATHNER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WAYNE ANTHONY ROSS<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CARL T ROWAN JR<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DON SABA<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT E SANDERS<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                               |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| RONALD L SCHMEITS<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM SELLECK<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN C SIGLER<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LEROY SISCO<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DWIGHT D VAN HORN<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT L VIDEN JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HAROLD VOLKMER<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LINDA L WALKER<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HOWARD J WALTER<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JD WILLIAMS<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DENNIS L WILLING<br>DIRECTOR  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT J WOS<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DONALD E YOUNG<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment 100 000 %, c Term endowment

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

Table for 3a with columns Yes No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  | 2,374,284      | F   |
| (2) Closely-held equity interests  |                |   |
| Other  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
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|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) | 2,374,284      |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
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|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
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|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability   | (b) Amount |
|--|------------|
| Federal Income Taxes   |            |
| DERIVATIVE INSTRUMENT MARKET VALUATION                                     | 6,390,476  |
| OTHER MISCELLANEOUS LIABILITIES  | 865,698    |
| ACCRUED SALES AND USE TAXES  | 750,000    |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) | 8,006,174  |

2. Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 218,983,530 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 231,071,589 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | -12,088,059 |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | -4,481,648  |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |             |
| <b>6</b>  | Investment expenses   | <b>6</b>  |             |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |             |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | -1,916,831  |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | -6,398,479  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -18,486,538 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 220,348,856 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |             |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | -4,481,648  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | -1,916,831  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -6,398,479  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 226,747,335 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                       |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | -7,763,805  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -7,763,805  |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 218,983,530 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 238,835,394 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 7,819,805   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 7,819,805   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 231,015,589 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 56,000      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 56,000      |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 231,071,589 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| III        | 1a               | THE FINANCIAL STATEMENTS OF THE NRA STATE THAT THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS THAT HAVE BEEN ACCESSIONED IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE  |
| III        | 4                | THE NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM.ORG FOR EXCITING CURRENT INFORMATION ON THE MUSEUM GALLERIES  |
| III        | 4                | NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT  |
| X          | 2                | THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NRA AND AFFILIATES STATE THAT MANAGEMENT EVALUATED THE NRAS TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL AUTHORITIES FOR YEARS BEFORE 2008, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD |
| XI         | 8                | INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT  |
| XII        | 2d               | INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT  |
| XII        | 4b               | INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS  |
| XIII       | 2d               | INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN   |
| XIII       | 4b               | INCLUDES INTEREST ON ENDOWMENT GRANTS  |



SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for Central America and the Caribbean with values 4,000,000 and 25,000.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .

Use Part V if additional space is needed.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
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|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [x] Mail solicitations
b [x] Internet and e-mail solicitations
c [x] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual... [x] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows for INFOCISION and MEMBER CONNECT.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   |  | (a) Event #1                          | (b) Event #2          | (c) Other Events        | (d) Total Events              |
|---|--|---------------------------------------|-----------------------|-------------------------|-------------------------------|
|   |  | <u>ILA PITTSBURGH</u><br>(event type) | _____<br>(event type) | _____<br>(total number) | (Add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 461,951                               |                       |                         | 461,951                       |
|   | <b>2</b> Less Charitable contributions . . . . .                                 |                                       |                       |                         |                               |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 461,951                               |                       |                         | 461,951                       |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |                                       |                       |                         |                               |
|   | <b>5</b> Non-cash prizes . . . . .   |                                       |                       |                         |                               |
|   | <b>6</b> Rent/facility costs . . . . .   |                                       |                       |                         |                               |
|   | <b>7</b> Food and beverages . . . . .  |                                       |                       |                         |                               |
|   | <b>8</b> Entertainment . . . . .   |                                       |                       |                         |                               |
|   | <b>9</b> Other direct expenses . . . . .   | 104,760                               |                       |                         | 104,760                       |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                                       |                       |                         | ( 104,760 )                   |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |                                       |                       | 357,191                 |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                     | (c) Other gaming  | (d) Total gaming              |
|--|--|---|---|---|-------------------------------|
|  |  |   |   |   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .         |   |   |   |                               |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |                               |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |                               |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |                               |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |                               |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No |                               |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   | ( )   |                               |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |                               |

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

|                                      |            |
|--------------------------------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> |
| <b>b</b> An outside facility         | <b>13b</b> |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
| I          | 2b-1            | READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR VENDOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS |



Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) NATIONAL FND FOR WOMEN LEGISLATORS, EIN 52-1480785, 501c3, 36,000, SCHOLARSHIPS.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) UNDERGRADUATE SCHOLARSHIPS  | 23                       | 56,000                   |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| I          | 2                | NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL SCHOLARSHIPS |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I Questions Regarding Compensation**

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                               | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                      | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)          |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

| (A) Name                 |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                          |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) WAYNE LAPIERRE       | (i)<br>(ii) | 673,605  | 127,534                             | 30,570                              | 97,774   | 42,517                  | 972,000                         |  |
| (2) CHRIS W COX          | (i)<br>(ii) | 476,946  | 87,378                              | 18,981                              | 43,379   | 37,501                  | 664,185                         |  |
| (3) WILSON H PHILLIPS JR | (i)<br>(ii) | 401,146  | 88,070                              | 25,106                              | 109,007  | 26,750                  | 650,079                         |  |
| (4) KAYNE B ROBINSON     | (i)<br>(ii) | 417,825  | 84,679                              | 37,734                              | 18,130   | 35,520                  | 593,888                         |  |
| (5) EDWARD J LAND JR     | (i)<br>(ii) | 357,604  | 43,298                              | 7,787                               | 18,130   | 31,481                  | 458,300                         |  |
| (6) TYLER SCHROPP        | (i)<br>(ii) | 363,626  | 40,998                              | 3,219                               | 14,605   | 45,121                  | 467,569                         |  |
| (7) MARY CORRIGAN        | (i)<br>(ii) | 324,416  |                                     | 409,394                             | 18,130   | 5,973                   | 757,913                         | 30,287   |
| (8) JOSEPH GRAHAM        | (i)<br>(ii) | 228,604  | 50,000                              | 23,358                              | 18,130   | 26,271                  | 346,363                         |  |
| (9) MICHAEL MARCELLIN    | (i)<br>(ii) | 148,954  | 223,812                             | 18,876                              | 18,130   | 38,005                  | 447,777                         |  |
| (10) RANDY KOZUCH        | (i)<br>(ii) | 266,883  | 120,000                             | 1,966                               | 18,130   | 14,619                  | 421,598                         |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |
|                          |             |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| I          | 1a               | CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION   |
| I          | 1a               | CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSS-UPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION   |
| I          | 1a               | CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION  |
| I          | 4b               | THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 79,644, FOR CHRIS W COX WAS 25,306, AND FOR WILSON H PHILLIPS JR WAS 90,877 THE NRA DECIDES THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING FOR EACH PARTICIPANT THE 457F PLAN IS ALSO DESIGNED TO SUPPLEMENT THE CURRENT DEFINED BENEFIT PLAN WHERE CURRENT BENEFIT LAW CAUSES LOW REPLACEMENT RATIOS FOR SOME PARTICIPANTS |
| II         |                  | COLUMN B <sup>iii</sup> OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, AUTO, AND LIFE BENEFITS IN ADDITION, FOR MARY CORRIGAN IT INCLUDES VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION AS REQUIRED BY REGULATIONS   |
| II         |                  | COLUMN C INCLUDES THE EMPLOYER-PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN   |
| II         |                  | 990 PART VII, SECTION A, TAKES A FULL TRANSPARENCY POSTURE BY DISREGARDING THE 10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFIT REPORTING THEREFORE, TOTAL COMPENSATION AND BENEFITS IN PART VII, FORM 990 MATCH TOTALS AS PRESENTED ON SCHEDULE J, PART II   |

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

| Identifier         | Return Reference | Explanation   |
|--------------------|------------------|---|
| Form 990<br>Part I | 7                | READER NOTE REGARDING NATIONAL RIFLE ASSOCIATIONS UNRELATED BUSINESS INCOME FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NET UNRELATED BUSINESS REVENUE ON LINE 7B THE NET IS LESS THAN ZERO BECAUSE RELATED EXPENSES EXCEEDED REVENUE IN 2011 THE MAIN SOURCES OF NRA'S UNRELATED BUSINESS INCOME ARE MERCHANDISE SALES AND PERIODICALS ADVERTISING 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION |

| Identifier       | Return Reference | Explanation   |
|------------------|------------------|---|
| Form 990 Part VI | 6                | THE NATIONAL RIFLE ASSOCIATION IS A MEMBERSHIP ASSOCIATION THAT REPRESENTS INDIVIDUAL CITIZENS REFER TO NRA BYLAWS FOR MEMBERSHIP ELIGIBILITY |

| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 7a               | NRA MEMBERS ELECT ALL 76 MEMBERS OF NRA BOARD OF DIRECTORS |



| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 7b               | CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL, PURSUANT TO NRA BYLAWS AND NEW YORK NOT-FOR-PROFIT CORPORATE LAW |

| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 11b              | FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE IT IS FILED WITH THE IRS |

| Identifier          | Return Reference | Explanation   |
|---------------------|------------------|---|
| Form 990<br>Part VI | 19               | NRA BY LAWS, AUDITED CONSOLIDATED ANNUAL FINANCIAL STATEMENTS OF THE NRA AND ITS AFFILIATES, AND ANNUAL REPORTS ARE MAILED UPON REQUEST. NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC. |

| Identifier          | Return Reference | Explanation  |
|---------------------|------------------|--|
| Form 990<br>Part VI | 12c              | THE ORGANIZATION TAKES CONFLICTS OF INTEREST VERY SERIOUSLY AND UTILIZES A STATEMENT OF CORPORATE ETHICS TO MONITOR AND ENFORCE COMPLIANCE WITH CORPORATE POLICIES, ANNUAL FILINGS MUST BE PROVIDED TO NRA OFFICE OF THE SECRETARY AND REVIEWED REGULARLY AND CONSISTENTLY |

| Identifier          | Return Reference | Explanation   |
|---------------------|------------------|---|
| Form 990<br>Part VI | 15               | THE PROCESSES TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIALS UTILIZE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS AND STUDIES, COMPARABILITY DATA, AND ULTIMATE APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |

| Identifier          | Return Reference | Explanation  |
|---------------------|------------------|--|
| Form 990<br>Part VI |                  | OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT DAVID KEENE SPENDS 1 ADDITIONAL HOUR ON NRA FOUNDATION NRA FIRST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND NRA SECOND VICE PRESIDENT ALLAN CORS SPENDS 1 ADDITIONAL HOUR ON NRA FOUNDATION WAYNE LAPIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND |

| Identifier           | Return Reference | Explanation   |
|----------------------|------------------|---|
| Form 990<br>Part VII |                  | OTHER MEMBERS OF THE NRA BOARD OF DIRECTORS ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER BOARD MEMBER JOE ALLBAUGH ON NRA FOUNDATION THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND BILL BACHENBERG ON NRA FOUNDATION CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND AND NRA SPECIAL CONTRIBUTION FUND DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND BOB COTTROL ON NRA CIVIL RIGHTS DEFENSE FUND JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND BILL DAILEY ON NRA CIVIL RIGHTS DEFENSE FUND AND NRA SPECIAL CONTRIBUTION FUND SANDY FROMAN ON NRA FOUNDATION BUZ MILLS ON NRA FOUNDATION CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION |

| Identifier        | Return Reference | Explanation   |
|-------------------|------------------|---|
| Form 990 Part VII |                  | CONTINUED FROM ABOVE LINE BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND, AND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND |



| Identifier           | Return Reference | Explanation   |
|----------------------|------------------|---|
| Form 990<br>Part VII |                  | READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR VENDOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION |

| Identifier         | Return Reference | Explanation   |
|--------------------|------------------|---|
| Form 990<br>Part X |                  | READER NOTE REGARDING THE NRA BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY , AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO NRA MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION |

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| Form 990   |                  | READER NOTE FOR ENHANCED TRANSPARENCY OF THE NRAS COMPLETE CORPORATE STRUCTURE THE NRA IS A 501C4 MEMBERSHIP ASSOCIATION WITH FOUR 501C3 CHARITABLE SUBSIDIARIES AND A SECTION 527 POLITICAL ACTION COMMITTEE THAT IS A SEPARATE SEGREGATED FUND THE NRAS FOUR CHARITIES ARE NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION INC, NRA FREEDOM ACTION FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND DBA NRA WHITTINGTON CENTER, AND THE NRAS PAC IS NRA POLITICAL VICTORY FUND<br>990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION |

| Identifier          | Return Reference | Explanation  |
|---------------------|------------------|--|
| Form 990<br>Part XI | 5                | RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTION, UNREALIZED GAINSLOSSES ON INVESTMENTS, AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT |

| Identifier  | Return Reference            | Explanation   |
|---|-----------------------------|---|
| Form 990 Part III<br>Program Service<br>Accomplishments | Line 4d Other<br>Activities | Program Service Expenses 78,289,244, Grants and allocations 0, Revenue 103,042,849 990 PART III<br>LINE 4d OTHER PROGRAM SERVICES THAT SERVE THE NRA'S PRIMARY EXEMPT PURPOSES, IN<br>ADDITION TO CATEGORIES AND ACHIEVEMENTS LISTED ON THE 990 CORE FORM, INCLUDE PUBLIC<br>AFFAIRS, EXECUTIVE OFFICES, NRA OFFICE OF ADVANCEMENT, AND MORE. VISIT NRANEWS.COM<br>AND NRAGIVE.COM FOR THE LATEST NEWS AND OPPORTUNITIES TO ENGAGE WITH THE NRA |

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
|            |                  | <p>Form 990, Part III, Line 4d Program Service Expenses 78,289,244, Grants and allocations 0, Revenue 103,042,849</p> <p>990 PART III LINE 4d OTHER PROGRAM SERVICES THAT SERVE THE NRAS PRIMARY EXEMPT PURPOSES, IN ADDITION TO CATEGORIES AND ACHIEVEMENTS LISTED ON THE 990 CORE FORM, INCLUDE PUBLIC AFFAIRS, EXECUTIVE OFFICES, NRA OFFICE OF ADVANCEMENT, AND MORE VISIT NRANEWS.COM AND NRAGIVE.COM FOR THE LATEST NEWS AND OPPORTUNITIES TO ENGAGE WITH THE NRA</p> <p>Form 990 Part I Line 7 READER NOTE REGARDING NATIONAL RIFLE ASSOCIATIONS UNRELATED BUSINESS INCOME FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NET UNRELATED BUSINESS REVENUE ON LINE 7B THE NET IS LESS THAN ZERO BECAUSE RELATED EXPENSES EXCEEDED REVENUE IN 2011 THE MAIN SOURCES OF NRAS UNRELATED BUSINESS INCOME ARE MERCHANDISE SALES AND PERIODICALS ADVERTISING 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION</p> <p>Form 990 Part VI Section A Line 6 THE NATIONAL RIFLE ASSOCIATION IS A MEMBERSHIP ASSOCIATION THAT REPRESENTS INDIVIDUAL CITIZENS REFER TO NRA BYLAWS FOR MEMBERSHIP ELIGIBILITY Form 990 Part VI Section A Line 7a NRA MEMBERS ELECT ALL 76 MEMBERS OF NRA BOARD OF DIRECTORS Form 990 Part VI Section A Line 7b CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL, PURSUANT TO NRA BYLAWS AND NEW YORK NOT-FOR-PROFIT CORPORATE LAW Form 990 Part VI Section B Line 11b FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE IT IS FILED WITH THE IRS Form 990 Part VI Section C Line 19 NRA BYLAWS, AUDITED CONSOLIDATED ANNUAL FINANCIAL STATEMENTS OF THE NRA AND ITS AFFILIATES, AND ANNUAL REPORTS ARE MAILED UPON REQUEST NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC Form 990 Part VI Section B Line 12c THE ORGANIZATION TAKES CONFLICTS OF INTEREST VERY SERIOUSLY AND UTILIZES A STATEMENT OF CORPORATE ETHICS TO MONITOR AND ENFORCE COMPLIANCE WITH CORPORATE POLICIES, ANNUAL FILINGS MUST BE PROVIDED TO NRA OFFICE OF THE SECRETARY AND REVIEWED REGULARLY AND CONSISTENTLY Form 990 Part VI Section B Line 15 THE PROCESSES TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIALS UTILIZE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS AND STUDIES, COMPARABILITY DATA, AND ULTIMATE APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE Form 990 Part VI Section A OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST</p> <p>NRA PRESIDENT DAVID KEENE SPENDS 1 ADDITIONAL HOUR ON NRA FOUNDATION</p> <p>NRA FIRST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND</p> <p>NRA SECOND VICE PRESIDENT ALLAN CORS SPENDS 1 ADDITIONAL HOUR ON NRA FOUNDATION</p> <p>WAYNE LAPIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION</p> <p>CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION</p> <p>WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, AND NRA FREEDOM ACTION FOUNDATION</p> <p>KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND</p> <p>Form 990 Part VII Section A OTHER MEMBERS OF THE NRA BOARD OF DIRECTORS ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER BOARD MEMBER</p> <p>JOE ALLBAUGH ON NRA FOUNDATION</p> <p>THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND</p> <p>BILL BACHENBERG ON NRA FOUNDATION</p> <p>CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND AND NRA SPECIAL CONTRIBUTION FUND</p> <p>DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND</p> <p>BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND</p> <p>CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND</p> <p>BOB COTTRON ON NRA CIVIL RIGHTS DEFENSE FUND</p> <p>JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND</p> <p>BILL DAILEY ON NRA CIVIL RIGHTS DEFENSE FUND AND NRA SPECIAL CONTRIBUTION FUND</p> <p>SANDY FROMAN ON NRA FOUNDATION</p> <p>BUZ MILLS ON NRA FOUNDATION</p> <p>CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION</p> <p>BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND</p> <p>JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION</p> <p>Form 990 Part VII Section A CONTINUED FROM ABOVE LINE</p> <p>BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND, AND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND</p> <p>Form 990 Part VII Section B READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR VENDOR INFORMATION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFORMATION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS</p> <p>990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION</p> <p>Form 990 Part X READER NOTE REGARDING THE NRA BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP AC</p> |

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
|            |                  | <p>QUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO NRA MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION Form 990 READER NOTE FOR ENHANCED TRANSPARENCY OF THE NRAS COMPLETE CORPORATE STRUCTURE THE NRA IS A 501C4 MEMBERSHIP ASSOCIATION WITH FOUR 501C3 CHARITABLE SUBSIDIARIES AND A SECTION 527 POLITICAL ACTION COMMITTEE THAT IS A SEPARATE SEGREGATED FUND THE NRAS FOUR CHARITIES ARE NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION INC, NRA FREEDOM ACTION FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND DBA NRA WHITTINGTON CENTER, AND THE NRAS PAC IS NRA POLITICAL VICTORY FUND 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION Form 990 Part XI Line 5 RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTION, UNREALIZED GAINSLLOSSES ON INVESTMENTS, AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT</p> |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**  
53-0116130

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| <b>(1)</b> NRA FOUNDATION INC<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1710886            | CHARITABLE              | DC   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
| <b>(2)</b> NRA SPECIAL CONTRIBUTION FUND<br>PO BOX 700<br>RATON, NM 87740<br>23-7367534             | CHARITABLE              | NM   | 501c3                      | LINE 11-TYPE I                                      | NRA                              | Yes   |    |
| <b>(3)</b> NRA CIVIL RIGHTS DEFENSE FUND<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1136665 | CHARITABLE              | VA   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
| <b>(4)</b> NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941 | CHARITABLE              | VA   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |



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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
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|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
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|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> | Yes |    |
| <b>1b</b> |     | No |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
|           |     |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
|           |     |    |
| <b>1o</b> |     | No |
| <b>1p</b> | Yes |    |
|           |     |    |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization        | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|------------------------------|------------------------|--|
| <b>(1)</b> NRA FOUNDATION INC            | c                            | 11,752,195             | CASH   |
| <b>(2)</b> NRA FOUNDATION INC            | n                            | 3,848,000              | CASH   |
| <b>(3)</b> NRA FOUNDATION INC            | p                            | 4,783,767              | CASH   |
| <b>(4)</b> NRA SPECIAL CONTRIBUTION FUND | a                            | 120,000                | CASH   |
| <b>(5)</b> NRA SPECIAL CONTRIBUTION FUND | p                            | 659,026                | CASH   |
| <b>(6)</b> NRA CIVIL RIGHTS DEFENSE FUND | p                            | 54,794                 | CASH   |

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

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

| (a)<br>Name, address, and EIN of<br>entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (e)<br>Are all<br>partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|--|----|---------------------------------|--|--------------------------------------|----|---|---|----|--------------------------------|
|  |                         |   |  | Yes  | No |                                 |  | Yes                                  | No |   | Yes                                       | No |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
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|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
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|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
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|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |
|  |                         |   |  |  |    |                                 |  |                                      |    |   |   |    |                                |

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
| V          | 1a               | ALL GRANTS MADE BY THE NRA FOUNDATION TO NATIONAL RIFLE ASSOCIATION ARE SUBJECT TO A STRINGENT REVIEW PROCESS REQUIRING THAT THEY BE MADE AND USED ONLY FOR QUALIFIED CHARITABLE PURPOSE PROGRAMS |

**Software ID:** 11000218  
**Software Version:** 2011.0.0  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount<br>Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|---------------------------------|-----------------------------------|---|
| (1) NRA FOUNDATION INC            | c                               | 11,752,195                        | CASH  |
| (2) NRA FOUNDATION INC            | n                               | 3,848,000                         | CASH  |
| (3) NRA FOUNDATION INC            | p                               | 4,783,767                         | CASH  |
| (4) NRA SPECIAL CONTRIBUTION FUND | a                               | 120,000                           | CASH  |
| (5) NRA SPECIAL CONTRIBUTION FUND | p                               | 659,026                           | CASH  |
| (6) NRA CIVIL RIGHTS DEFENSE FUND | p                               | 54,794                            | CASH  |

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
11250 WAPLES MILL ROAD

City or town, state or country, and ZIP + 4  
FAIRFAX, VA 220307400

**D Employer identification number**  
53-0116130

**E Telephone number**  
(703) 267-1000

**G Gross receipts \$** 253,051,952

**F Name and address of principal officer**  
WILSON H PHILLIPS JR  
11250 WAPLES MILL RD  
FAIRFAX, VA 22030

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

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

**H(c)** Group exemption number

**I Tax-exempt status**  501(c)(3)  501(c) ( 4 ) (insert no )  4947(a)(1) or  527

**J Website:** www.nra.org

**K Form of organization**  Corporation  Trust  Association  Other **L Year of formation** 1905 **M State of legal domicile** VA

## Part I Summary

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROTECT AND DEFEND THE U S CONSTITUTION, TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE, TO TRAIN LAW ENFORCEMENT AGENCIES, TO TRAIN CIVILIANS IN MARKSMANSHIP, TO FOSTER AND PROMOTE THE SHOOTING SPORTS, TO PROMOTE HUNTER SAFETY TO PROTECT AND DEFEND THE U S CONSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 76                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 72                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>                         | 781                 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 125,000             |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 22,545,060          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | -480,264                         |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 190,620,182                      | 71,145,801          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 5,753,381                        | 107,083,801         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -131,048                         | 3,460,273           |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 41,301,989                       | 46,121,404          |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 237,544,504                      | 227,811,279         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 312,500                          | 219,500             |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                                  | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 51,967,645                       | 51,666,650          |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>33,912,021</b>  | 7,116,019                        | 7,989,955           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  |                                  |                     |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 176,964,817                      | 183,658,170         |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 236,360,981   | 243,534,275                      |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 160,315,364                      | 163,781,200         |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 122,740,032                      | 139,630,906         |
|   |   | 37,575,332                       | 24,150,294          |

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2011-09-26

WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JAMES P SWEENEY Preparer's signature: JAMES P SWEENEY Date: 2011-09-26 Check if self-employed:  PTIN: \_\_\_\_\_

Firm's name: RSM MCGLADREY INC Firm's EIN: \_\_\_\_\_

Firm's address: 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 22184 Phone no: (703) 336-6400

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 38,859,989 including grants of \$ 39,500 ) (Revenue \$ 18,297,536 )

EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS NRA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF 80 MILLION GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER IN FIREARMS EDUCATION AND SAFETY NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA.ORG AND NRANEWS.COM FOR MORE INFORMATION, AND PARTICIPATE IN NRA SOCIAL NETWORKING THROUGH FACEBOOK, TWITTER AND YOUTUBE

**4b** (Code ) (Expenses \$ 36,029,923 including grants of \$ ) (Revenue \$ 22,428,263 )

NRA PUBLICATIONS THE PRIMARY MISSION IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE AND INFORM ON NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS.ORG

**4c** (Code ) (Expenses \$ 21,288,446 including grants of \$ 180,000 ) (Revenue \$ )

LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, NRA ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRA.ILA.ORG FOR THE LATEST UPDATES

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 88,852,887 including grants of \$ ) (Revenue \$ 100,990,554 )

**4e Total program service expenses** \$ 185,031,245

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .                        |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .                       |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i>  |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i>   |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>  | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>          | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . <input checked="" type="checkbox"/>       | Yes |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>                                 | Yes |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/>   | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)   |     |    |



**Part IV Checklist of Required Schedules** *(continued)*

|   |            |     |    |
|---|------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>   | <b>21</b>  | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>  | <b>22</b>  | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/> | <b>23</b>  | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .                         | <b>24a</b> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                             | <b>25b</b> |     | No |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .                                 | <b>27</b>  |     | No |
| <b>28</b> 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)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>   | <b>28a</b> | Yes |    |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | <b>29</b>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   | <b>32</b>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . <input checked="" type="checkbox"/>  | <b>34</b>  | Yes |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35</b>  | Yes |    |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                   |            |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>  | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  |     |    |
| <b>1a</b>  | 872  |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   |     |    |
| <b>1b</b>  | 0  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.   |     |    |
| <b>2a</b>  | 781  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | Yes |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | Yes |    |
| <b>4a</b>  | 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)?                                   |     | No |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | 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?  | Yes |    |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | Yes |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | 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?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.   |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12.  |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| <b>11a</b> | Gross income from members or shareholders.   |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</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.   |     |    |
| <b>13c</b> | Enter the amount of reserves on hand.  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |    |

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

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (76), 1b (72), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA, UT, PA, OK, NY, KY, DC, CA, AL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. NATIONAL RIFLE ASSOCIATION OF AMERICA, 11250 WAPLES MILL ROAD, FAIRFAX, VA 220307400, (703) 267-1000

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) WAYNE LAPIERRE<br>EXEC VP                        | 57 00  |  |                       | X       |              |                              |        | 835,469  | 0   | 125,615   |
| (2) CHRIS W COX<br>EXEC DIR, ILA                     | 57 00  |  |                       | X       |              |                              |        | 588,412  | 0   | 70,796  |
| (3) WILSON H PHILLIPS JR<br>TREASURER                | 52 00  |  |                       | X       |              |                              |        | 519,338  | 0   | 124,168   |
| (4) KAYNE B ROBINSON<br>EXEC DIR, GENERAL OPERATIONS | 50 00  |  |                       | X       |              |                              |        | 1,027,217  | 0   | 45,056  |
| (5) EDWARD J LAND JR<br>SECRETARY                    | 50 00  |  |                       | X       |              |                              |        | 412,527  | 0   | 45,832  |
| (6) RONALD L SCHMEITS<br>PRESIDENT                   | 20 00  | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (7) DAVID A KEENE<br>1ST VICE PRESIDENT              | 20 00  | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (8) JAMES W PORTER II<br>2ND VICE PRESIDENT          | 20 00  | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (9) TYLER SCHROPP<br>EXEC DIRECTOR, ADVANCEMENT      | 52 00  |  |                       |         |              | X                            |        | 442,476  | 0   | 54,463  |
| (10) MARY CORRIGAN<br>CHIEF OF STAFF                 | 40 00  |  |                       |         |              | X                            |        | 329,168  | 0   | 30,373  |
| (11) JOSEPH GRAHAM<br>DIRECTOR, PUBLICATIONS         | 40 00  |  |                       |         |              | X                            |        | 352,474  | 0   | 40,832  |
| (12) MICHAEL MARCELLIN<br>MANAGING DIRECTOR          | 40 00  |  |                       |         |              | X                            |        | 345,102  | 0   | 49,348  |
| (13) ROBERT MARCARIO<br>DIRECTOR, MEMBERSHIP         | 40 00  |  |                       |         |              | X                            |        | 250,757  | 0   | 44,773  |
| (14) JOE M ALLBAUGH<br>DIRECTOR                      | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) WILLIAM H ALLEN<br>DIRECTOR                     | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) THOMAS P ARVAS<br>DIRECTOR                      | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) SCOTT L BACH<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) WILLIAM A BACHENBERG<br>DIRECTOR                          | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) FE BACHHUBER JR<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) M CAROL BAMBERRY<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) BOB BARR<br>DIRECTOR                                      | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) RONNIE G BARRETT<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) CLEL BAUDLER<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (24) DAVID E BENNETT III<br>DIRECTOR                           | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (25) J KENNETH BLACKWELL<br>DIRECTOR                           | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (26) MATT BLUNT<br>DIRECTOR                                    | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (27) DAN BOREN<br>DIRECTOR                                     | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (28) ROBERT K BROWN<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (29) PETE BROWNELL<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (30) JOHN P BURTT<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (31) DAVID BUTZ<br>DIRECTOR                                    | 1 00   | X                                      |                       |         |              |                              |        | 151,033  | 0   | 0   |
| (32) J WILLIAM CARTER<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (33) RICHARD CHILDRESS<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (34) PATRICIA A CLARK<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (35) ALLAN D CORS<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (36) CHARLES L COTTON<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (37) DAVID G COY<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (38) LARRY E CRAIG<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (39) JOHN L CUSHMAN<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (40) WILLIAM H DAILEY<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (41) JOSEPH P DEBERGALIS JR<br>DIRECTOR                        | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (42) DONN C DIBIASIO<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (43) MANUEL FERNANDEZ<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (44) EDIE P FLEEMAN<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (45) JOEL FRIEDMAN<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (46) SANDRA S FROMAN<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 45,180   | 0   | 0   |
| (47) TOM GAINES<br>DIRECTOR                                    | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (48) JAMES S GILMORE III<br>DIRECTOR                           | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (49) MARION P HAMMER<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 190,000  | 0   | 0   |
| (50) GRAHAM HILL<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (51) STEVE HORNADY<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (52) SUSAN HOWARD<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (53) ROY INNIS<br>DIRECTOR                                     | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (54) H JOAQUIN JACKSON<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (55) CURTIS S JENKINS<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (56) D CYNTHIA JULIEN<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (57) TOM KING<br>DIRECTOR                                      | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (58) HERBERT A LANFORD JR<br>DIRECTOR                          | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (59) KARL A MALONE<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (60) CAROLYN D MEADOWS<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (61) JOHN F MILIUS<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (62) BILL MILLER<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (63) OWEN P MILLS<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (64) CLETA MITCHELL<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (65) GROVER G NORQUIST<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (66) OLIVER L NORTH<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (67) JOHNNY NUGENT<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (68) TED NUGENT<br>DIRECTOR                                    | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (69) LANCE OLSEN<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 90,000   | 0   | 0   |
| (70) TIMOTHY W PAWOL<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (71) PETER J PRINTZ<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (72) TODD J RATHNER<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (73) WAYNE ANTHONY ROSS<br>DIRECTOR                            | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (74) CARL T ROWAN JR<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (75) DON SABA<br>DIRECTOR                                      | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (76) ROBERT E SANDERS<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (77) STEVEN C SCHREINER<br>DIRECTOR                            | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (78) HAROLD W SCHROEDER<br>DIRECTOR                            | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (79) TOM SELLECK<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (80) JOHN C SIGLER<br>DIRECTOR                                 | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (81) DWIGHT D VAN HORN<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (82) ROBERT L VIDEN JR<br>DIRECTOR                             | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (83) HOWARD J WALTER<br>DIRECTOR                               | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (84) JD WILLIAMS<br>DIRECTOR                                   | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (85) DENNIS L WILLING<br>DIRECTOR                              | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (86) ROBERT J WOS<br>DIRECTOR                                  | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (87) DONALD E YOUNG<br>DIRECTOR                                | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| <b>1b Sub-Total</b>  |  |  |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 5,579,153  |   | 631,256   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **56**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address                              | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| INFOCISION<br>325 SPRINGSIDE DR<br>AKRON, OH 44333            | MEMBERSHIP PROC SOLICITOR      | 12,397,032          |
| PALM COAST DATA<br>11 COMMERCE BLVD<br>PALM COAST, FL 32164   | MEMBERSHIP PROCESSING          | 9,978,184           |
| VALTIM<br>PO BOX 114<br>FOREST, VA 24551                      | FULFILLMENT CENTER             | 9,814,106           |
| PM CONSULTING<br>12100 WILSHIRE BLVD<br>LOS ANGELES, CA 90025 | CONSULTING                     | 8,705,456           |
| POSTMASTER<br>1735 N LYNN ST<br>ARLINGTON, VA 22209           | POSTAGE SHIPPING               | 8,408,585           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **29**

**Part VIII Statement of Revenue**

|   |   | (A)           | (B)                                | (C)                        | (D)   |
|---|---|---------------|------------------------------------|----------------------------|---|
|   |   | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| <b>Contributions, gifts, grants and other similar amounts</b>                         | <b>1a</b> Federated campaigns . . . . . <b>1a</b>   |               |                                    |                            |   |
|   | <b>b</b> Membership dues . . . . . <b>1b</b>  |               |                                    |                            |   |
|   | <b>c</b> Fundraising events . . . . . <b>1c</b>   |               |                                    |                            |   |
|   | <b>d</b> Related organizations . . . . . <b>1d</b>  | 12,573,541    |                                    |                            |   |
|   | <b>e</b> Government grants (contributions) . . . . . <b>1e</b>  |               |                                    |                            |   |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>                                 | 58,572,260    |                                    |                            |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$   |               |                                    |                            |   |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |               | 71,145,801                         |                            |   |
| <b>Program Service Revenue</b>  | <b>2a</b> PROGRAM FEES  |               |                                    |                            |   |
|   | <b>b</b> MEMBER DUES  |               |                                    |                            |   |
|   | <b>c</b>  |               |                                    |                            |   |
|   | <b>d</b>  |               |                                    |                            |   |
|   | <b>e</b>  |               |                                    |                            |   |
|   | <b>f</b> All other program service revenue  |               |                                    |                            |   |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |               | 107,083,801                        |                            |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .  |               |                                    |                            |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |               |                                    |                            |   |
|   | <b>5</b> Royalties . . . . .  |               |                                    |                            |   |
|   | <b>6a</b> Gross Rents   | (i) Real      |                                    |                            |   |
|   | <b>b</b> Less rental expenses   |               |                                    |                            |   |
|   | <b>c</b> Rental income or (loss)  |               |                                    |                            |   |
|   | <b>d</b> Net rental income or (loss) . . . . .  | (ii) Personal |                                    |                            |   |
|   | <b>7a</b> Gross amount from sales of assets other than inventory  |               |                                    |                            |   |
|   | <b>b</b> Less cost or other basis and sales expenses  |               |                                    |                            |   |
|   | <b>c</b> Gain or (loss)   |               |                                    |                            |   |
|   | <b>d</b> Net gain or (loss) . . . . .   |               |                                    |                            |   |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>      |                                    |                            |   |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                      |   |               |                                    |                            |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                       |   |               |                                    |                            |   |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |   |               |                                    |                            |   |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                      |   |               |                                    |                            |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                        |   |               |                                    |                            |   |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |   |               |                                    |                            |   |
| <b>b</b> Less cost of goods sold . . . . . <b>b</b>                                   |   |               |                                    |                            |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                       |   |               |                                    |                            |   |
| Miscellaneous Revenue   | Business Code   |               |                                    |                            |   |
| <b>11a</b> ADVERTISING  | 541800  | 20,922,249    | 4,765                              | 20,866,889                 | 50,595  |
| <b>b</b> SUBSCRIPTIONS  | 541800  | 1,506,014     | 1,506,014                          |                            |   |
| <b>c</b> NRA CAFE SALES   | 722210  | 459,089       |                                    |                            | 459,089   |
| <b>d</b> All other revenue . . . . .  |   |               |                                    |                            |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .   |   | 22,887,352    |                                    |                            |   |
| <b>12 Total revenue.</b> See Instructions . . . . .                                   |   | 227,811,279   | 118,661,609                        | 22,545,060                 | 15,458,809  |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 189,000               | 189,000                         |  |                             |
| <b>2</b>   | Grants and other assistance to individuals in the U S See Part IV, line 22   | 30,500                | 30,500                          |  |                             |
| <b>3</b>   | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members  | 0                     |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .   | 4,168,553             | 2,196,138                       | 1,708,567                              | 263,848                     |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages   | 33,141,573            | 23,315,768                      | 7,421,684                              | 2,404,121                   |
| <b>8</b>   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 7,284,170             | 4,555,464                       | 2,206,761                              | 521,945                     |
| <b>9</b>   | Other employee benefits . . . . .  | 4,524,889             | 3,170,017                       | 1,030,643                              | 324,229                     |
| <b>10</b>  | Payroll taxes . . . . .  | 2,547,465             | 1,784,685                       | 580,242                                | 182,538                     |
| <b>a</b>   | Fees for services (non-employees)<br>Management . . . . .  | 0                     |                                 |  |                             |
| <b>b</b>   | Legal . . . . .  | 3,582,244             | 3,120,380                       | 461,864                                |                             |
| <b>c</b>   | Accounting . . . . .   | 117,200               |                                 | 117,200                                |                             |
| <b>d</b>   | Lobbying . . . . .   | 0                     |                                 |  |                             |
| <b>e</b>   | Professional fundraising services See Part IV, line 17 . . . . .   | 7,989,955             |                                 |  | 7,989,955                   |
| <b>f</b>   | Investment management fees . . . . .   | 219,167               |                                 | 219,167                                |                             |
| <b>g</b>   | Other . . . . .  | 4,665,094             | 4,665,094                       |  |                             |
| <b>12</b>  | Advertising and promotion . . . . .  | 28,506,230            | 20,315,496                      |  | 8,190,734                   |
| <b>13</b>  | Office expenses . . . . .  | 4,136,496             | 2,125,967                       | 2,010,529                              |                             |
| <b>14</b>  | Information technology . . . . .   | 5,894,109             | 3,486,954                       | 2,407,155                              |                             |
| <b>15</b>  | Royalties . . . . .  | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .  | 1,952,024             | 992,051                         | 959,973                                |                             |
| <b>17</b>  | Travel . . . . .   | 6,085,855             | 4,733,186                       | 1,352,669                              |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .   | 5,338,324             | 4,225,714                       | 1,112,610                              |                             |
| <b>20</b>  | Interest . . . . .   | 1,369,546             | 976,749                         | 392,797                                |                             |
| <b>21</b>  | Payments to affiliates . . . . .   | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .  | 2,508,907             | 1,772,561                       | 736,346                                |                             |
| <b>23</b>  | Insurance . . . . .  | 1,014,514             | 1,014,514                       |  |                             |
| <b>24</b>  | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                       |                                 |  |                             |
| <b>a</b>   | MEMBER COMMUNICATIONS  | 57,011,926            | 45,243,773                      |  | 11,768,153                  |
| <b>b</b>   | PRINTING AND SHIPPING  | 23,975,743            | 23,975,743                      |  |                             |
| <b>c</b>   | PROGRAM SERVICES   | 16,696,651            | 16,696,651                      |  |                             |
| <b>d</b>   | ADDITIONAL INSTITUTE FOR LEGISLATIVE ACTION  | 9,943,784             | 7,486,001                       | 1,236,714                              | 1,221,069                   |
| <b>e</b>   | FULFILLMENT MATERIAL   | 6,464,184             | 5,814,882                       | 116,695                                | 532,607                     |
| <b>f</b>   | All other expenses   | 4,176,172             | 3,143,957                       | 519,393                                | 512,822                     |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24f  | 243,534,275           | 185,031,245                     | 24,591,009                             | 33,912,021                  |
| <b>26</b>  | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)               |             | (B)                   |
|---|--|-------------------|-------------|-----------------------|
|   |  | Beginning of year |             | End of year           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                   | <b>1</b>    |                       |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 18,396,784        | <b>2</b>    | 9,373,624             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 2,528,075         | <b>3</b>    | 3,244,548             |
|   | <b>4</b> Accounts receivable, net . . . . .  | 49,767,997        | <b>4</b>    | 52,606,967            |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                   | <b>5</b>    |                       |
|   | <b>6</b> 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) Schedule L . . . . . |                   | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 3,133,320         | <b>7</b>    | 3,111,070             |
|   | <b>8</b> Inventories for sale or use . . . . .   | 10,888,636        | <b>8</b>    | 13,178,944            |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,167,086         | <b>9</b>    | 2,739,275             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  | 64,949,941        |             |                       |
|   | <b>10b</b> Less accumulated depreciation . . . . .   | 28,228,772        | 36,186,545  | <b>10c</b> 36,721,169 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 29,042,690        | <b>11</b>   | 33,133,504            |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 3,341,890         | <b>12</b>   | 4,602,761             |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                   | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 4,862,341         | <b>15</b>   | 5,069,338             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 160,315,364  | <b>16</b>         | 163,781,200 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 59,109,001        | <b>17</b>   | 59,163,137            |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue . . . . .   | 28,119,095        | <b>19</b>   | 28,336,891            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>   |                       |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 29,340,012        | <b>23</b>   | 45,335,166            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |                       |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 6,171,924         | <b>25</b>   | 6,795,712             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 122,740,032       | <b>26</b>   | 139,630,906           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |             |                       |
|   | <b>27</b> Unrestricted net assets . . . . .  | 11,164,773        | <b>27</b>   | -6,423,671            |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 3,207,708         | <b>28</b>   | 6,253,866             |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 23,202,851        | <b>29</b>   | 24,320,099            |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |             |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>   |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |                       |
| <b>33</b> Total net assets or fund balances . . . . .                         | 37,575,332   | <b>33</b>         | 24,150,294  |                       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 160,315,364  | <b>34</b>         | 163,781,200 |                       |



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |   |          |             |
|----------|---|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 227,811,279 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 243,534,275 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | -15,722,996 |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 37,575,332  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | 2,297,958   |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 24,150,294  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     |    |
| <b>b</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   |     |    |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 8,687,890        | 6,920,616      | 7,675,316          |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 808,137          | 1,582,051      | 487,022            |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | 549,205          | 750,029        | -1,205,479         |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 304,201          | 536,900        |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 30,020           | 27,906         | 36,243             |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 9,711,011        | 8,687,890      | 6,920,616          |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Term endowment

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

|  | Yes          | No  |
|--|--------------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> | No  |
| <b>(ii)</b> related organizations . . . . .  | Yes          |     |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>    | Yes |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 4,902,450                       |                              | 4,902,450      |
| <b>b</b> Buildings . . . . .   |                                      | 47,869,332                      | 24,400,367                   | 28,828,275     |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 12,178,159                      | 5,574,944                    | 2,990,444      |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) . . . . . |                                      |                                 |                              | 36,721,169     |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| Other  |                |   |
|  |                |   |
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|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) |                |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
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|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
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|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability   | (b) Amount |
|--|------------|
| Federal Income Taxes   | 1,000,000  |
| DERIVATIVE INSTRUMENT MARKET VALUATION                                     | 5,051,972  |
| OTHER MISCELLANEOUS LIABILITIES  | 743,740    |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) | 6,795,712  |

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 227,811,279 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 243,534,275 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | -15,722,996 |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | 1,005,312   |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |             |
| <b>6</b>  | Investment expenses   | <b>6</b>  |             |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |             |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | 1,292,646   |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | 2,297,958   |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -13,425,038 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 237,358,520 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |             |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 1,005,312   |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 830,644     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 1,835,956   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 235,522,564 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | -7,711,285  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -7,711,285  |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 227,811,279 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 250,783,558 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 7,279,783   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 7,279,783   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 243,503,775 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 30,500      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 30,500      |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 243,534,275 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| III        | 1a               | FINANCIAL STATEMENT NOTE 1 THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS THAT HAVE BEEN ACCESSIONED IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE   |
| III        | 4                | THE NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM.ORG FOR EXCITING INFORMATION  |
| V          | 4                | NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT  |
| X          | 2                | MANAGEMENT EVALUATED THE NRAS TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD |
| XI         | 8                | INCLUDES AGENCY TRANSACTIONS, UNREALIZED GAIN ON DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN  |
| XII        | 2d               | INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT  |
| XII        | 4b               | INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS  |
| XIII       | 2d               | INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN   |
| XIII       | 4b               | INCLUDES INTEREST ON ENDOWMENT GRANTS  |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for Central America and the Caribbean with values 4,000,000 and 25,000.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Use Part V if additional space is needed.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
|   |   |                   |                             |                                 |  |  |   |  |
|   |   |                   |                             |                                 |  |  |   |  |
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|   |   |                   |                             |                                 |  |  |   |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . .  \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Region | <b>(c)</b> Number of recipients | <b>(d)</b> Amount of cash grant | <b>(e)</b> Manner of cash disbursement | <b>(f)</b> Amount of non-cash assistance | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
|  |                   |                                 |                                 |  |  |   |  |
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|  |                   |                                 |                                 |  |  |   |  |



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

KY, NY, PA, UT, VA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   |  | (a) Event #1         | (b) Event #2 | (c) Other Events | (d) Total Events              |
|---|--|----------------------|--------------|------------------|-------------------------------|
|   |  | <u>ILA CHARLOTTE</u> | _____        | _____            | (Add col (a) through col (c)) |
|   |  | (event type)         | (event type) | (total number)   |                               |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 429,695              |              |                  | 429,695                       |
|   | <b>2</b> Less Charitable contributions . . . . .                                 |                      |              |                  |                               |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 429,695              |              |                  | 429,695                       |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |                      |              |                  |                               |
|   | <b>5</b> Non-cash prizes . . . . .   |                      |              |                  |                               |
|   | <b>6</b> Rent/facility costs . . . . .   |                      |              |                  |                               |
|   | <b>7</b> Food and beverages . . . . .  |                      |              |                  |                               |
|   | <b>8</b> Entertainment . . . . .   |                      |              |                  |                               |
|   | <b>9</b> Other direct expenses . . . . .   | 236,738              |              |                  | 236,738                       |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                      |              |                  | 236,738                       |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |                      |              | 192,957          |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                        |  | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo                      | (c) Other gaming   | (d) Total gaming              |
|------------------------|--|--|--|--|-------------------------------|
|                        |  |  |  |  | (Add col (a) through col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross revenue . . . . .   |  |  |  |                               |
| <b>Direct Expenses</b> | <b>2</b> Cash prizes . . . . .   |  |  |  |                               |
|                        | <b>3</b> Non-cash prizes . . . . .   |  |  |  |                               |
|                        | <b>4</b> Rent/facility costs . . . . .   |  |  |  |                               |
|                        | <b>5</b> Other direct expenses . . . . .   |  |  |  |                               |
|                        | <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No |                               |
|                        | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |  |  |                               |
|                        | <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |  |  |                               |

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

|  |            |  |
|--|------------|--|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> |  |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> |  |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for LAW ENFORCEMENT ALLIANCE and NATIONAL FDN FOR WOMEN LEGISLATORS.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
| (1) UNDERGRADUATE SCHOLARSHIPS         | 19                              | 30,500                          |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| <b>Identifier</b> | <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------|-------------------------|---|
| I                 | 2                       | NRA-ILA PROVIDES GRANT SUPPORT TO LEAA EDUCATION AND TRAINING INITIATIVES, AND NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL SCHOLARSHIPS |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I Questions Regarding Compensation**

|   | Yes   | No   |   |  |  |   |   |  |  |  |
|---|---|--|---|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions                          | <input type="checkbox"/> Payments for business use of personal residence | <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |  |  |
| <input checked="" type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |  |   |   |  |  |  |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)            |  |   |  |  |   |   |  |  |  |
| <p><b>1b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>  | Yes   |  |   |  |  |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>  | Yes   |  |   |  |  |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations                     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                                |  |   |  |  |   |   |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |  |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>  |   |  |   |  |  |   |   |  |  |  |
| <p><b>4a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | Yes   |  |   |  |  |   |   |  |  |  |
| <p><b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>  |   |  |   |  |  |   |   |  |  |  |
| <p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>   |   |  |   |  |  |   |   |  |  |  |
| <p><b>5a</b> The organization?</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>5b</b> Any related organization?<br/>If "Yes," to line 5a or 5b, describe in Part III</p>   |   | No   |   |  |  |   |   |  |  |  |
| <p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>   |   |  |   |  |  |   |   |  |  |  |
| <p><b>6a</b> The organization?</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>6b</b> Any related organization?<br/>If "Yes," to line 6a or 6b, describe in Part III</p>   |   | No   |   |  |  |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>  |   | No   |   |  |  |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>  |   |  |   |  |  |   |   |  |  |  |



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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name                 |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                          |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) WAYNE LAPIERRE       | (i)<br>(ii) | 674,117  | 132,008                             | 29,344                              | 92,913   | 41,918                  | 970,300                         |  |
| (2) CHRIS W COX          | (i)<br>(ii) | 478,033  | 91,560                              | 18,819                              | 41,891   | 35,825                  | 666,128                         |  |
| (3) WILSON H PHILLIPS JR | (i)<br>(ii) | 401,384  | 92,156                              | 25,798                              | 103,460  | 26,747                  | 649,545                         |  |
| (4) KAYNE B ROBINSON     | (i)<br>(ii) | 418,893  | 88,595                              | 519,729                             | 18,130   | 33,838                  | 1,079,185                       | 175,170  |
| (5) EDWARD J LAND JR     | (i)<br>(ii) | 358,117  | 44,819                              | 9,591                               | 18,130   | 31,705                  | 462,362                         |  |
| (6) TYLER SCHROPP        | (i)<br>(ii) | 359,289  | 75,000                              | 8,187                               | 14,700   | 45,120                  | 502,296                         |  |
| (7) MARY CORRIGAN        | (i)<br>(ii) | 324,416  |                                     | 4,752                               | 28,868   | 5,961                   | 363,997                         |  |
| (8) JOSEPH GRAHAM        | (i)<br>(ii) | 229,116  | 100,000                             | 23,358                              | 18,130   | 26,135                  | 396,739                         |  |
| (9) MICHAEL MARCELLIN    | (i)<br>(ii) | 149,680  | 176,546                             | 18,876                              | 18,130   | 33,628                  | 396,860                         |  |
| (10) ROBERT MARCARIO     | (i)<br>(ii) | 218,290  | 29,242                              | 3,225                               | 14,011   | 34,064                  | 298,832                         |  |
| (11) DAVID BUTZ          | (i)<br>(ii) | 151,033  |                                     |                                     |  |                         | 151,033                         |  |
| (12) MARION P HAMMER     | (i)<br>(ii) | 140,000  | 50,000                              |                                     |  |                         | 190,000                         |  |
| ( 13 )                   |             |  |                                     |                                     |  |                         |                                 |  |
| ( 14 )                   |             |  |                                     |                                     |  |                         |                                 |  |
| ( 15 )                   |             |  |                                     |                                     |  |                         |                                 |  |
| ( 16 )                   |             |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| I          | 1a               | CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION   |
| I          | 1a               | CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSS-UPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION   |
| I          | 1a               | CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION  |
| I          | 4b               | THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 74,783, FOR CHRIS W COX 23,761, FOR WILSON H PHILLIPS JR 85,330, AND FOR MARY CORRIGAN 10,738 THE NRA DECIDES THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING FOR EACH PARTICIPANT THE 457F PLAN IS ALSO DESIGNED TO SUPPLEMENT THE CURRENT DEFINED BENEFIT PLAN WHERE CURRENT BENEFIT LAW CAUSES LOW REPLACEMENT RATIOS FOR SOME PARTICIPANTS |
| II         |                  | COLUMN E READER NOTE TOTAL COMPENSATION IN SCHEDULE J PART II COLUMN E SHOULD NOT BE EXPECTED TO TIE TO 990 PART VII COMPENSATION TOTALS PER EMPLOYEE DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS  |
| II         |                  | COLUMN B <sup>iii</sup> OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, AUTO AND LIFE BENEFITS IN ADDITION, FOR KAYNE ROBINSON IT INCLUDES VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION AS REQUIRED BY REGULATIONS   |
| II         |                  | COLUMN C INCLUDES THE EMPLOYER-PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN   |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) MARION HAMMER             | DIRECTOR  | 190,000                   | CONSULTING                     |   | No |
| (2) DAVID BUTZ                | DIRECTOR  | 151,033                   | CONSULTING                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**  
53-0116130

| Identifier         | Return Reference | Explanation   |
|--------------------|------------------|---|
| Form 990<br>Part I | 7                | READER NOTE THE 990 COVER PAGE SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NEGATIVE UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B BECAUSE RELATED EXPENSES EXCEEDED REVENUE IN THE YEAR 2010 FOR UNRELATED BUSINESS ACTIVITIES |

| Identifier       | Return Reference | Explanation                     |
|------------------|------------------|---------------------------------|
| Form 990 Part VI | 6                | NRA IS A MEMBERSHIP ASSOCIATION |

| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 7a               | NRA MEMBERS ELECT ALL 76 MEMBERS OF THE NRA BOARD OF DIRECTORS |

| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 7b               | CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER BY LAWS AND NEW YORK NOT FOR PROFIT CORPORATE LAW |



| Identifier       | Return Reference | Explanation  |
|------------------|------------------|--|
| Form 990 Part VI | 11a              | FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE IT IS FILED WITH THE IRS |

| Identifier          | Return Reference | Explanation   |
|---------------------|------------------|---|
| Form 990<br>Part VI | 19               | NRA BYLAWS AND CONSOLIDATED ANNUAL FINANCIAL STATEMENTS ARE MAILED UPON REQUEST NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC |

| Identifier       | Return Reference | Explanation   |
|------------------|------------------|---|
| Form 990 Part VI | 12c              | ANNUAL FILINGS BY ALL BOARD MEMBERS ARE REVIEWED BY THE NRA AUDIT COMMITTEE |

| Identifier          | Return Reference | Explanation   |
|---------------------|------------------|---|
| Form 990<br>Part VI | 15a, 15b         | COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES |

| Identifier           | Return Reference | Explanation  |
|----------------------|------------------|--|
| Form 990<br>Part VII |                  | OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT RON SCHMEITS SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND NRA 1ST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, AND NRA CIVIL RIGHTS DEFENSE FUND WAYNE LAPIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON EACH OF NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, NRA CIVIL RIGHTS DEFENSE FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND |

| Identifier           | Return Reference | Explanation   |
|----------------------|------------------|---|
| Form 990<br>Part VII |                  | OTHER MEMBERS OF THE NRA BOARD ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER ENTITY JOE ALLBAUGH ON NRA FOUNDATION THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND BILL BACHENBERG ON NRA FOUNDATION CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND ALLAN CORS ON NRA FOUNDATION CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND BOB COTTROL ON NRA CIVIL RIGHTS DEFENSE FUND JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND BILL DAILEY ON NRA SPECIAL CONTRIBUTION FUND AND NRA CIVIL RIGHTS DEFENSE FUND SANDY FROMAN ON NRA FOUNDATION BUZ MILLS ON NRA FOUNDATION CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION |

| Identifier        | Return Reference | Explanation   |
|-------------------|------------------|---|
| Form 990 Part VII |                  | CONTINUED FROM ABOVE BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND |

| Identifier           | Return Reference | Explanation  |
|----------------------|------------------|--|
| Form 990<br>Part VII |                  | READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS |



| Identifier         | Return Reference | Explanation  |
|--------------------|------------------|--|
| Form 990<br>Part X |                  | READER NOTE REGARDING THE NRA BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO NRA MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP |

| Identifier           | Return Reference | Explanation   |
|----------------------|------------------|---|
| Form 990<br>Part III | 4e               | OTHER PROGRAM SERVICES INCLUDE MEMBERSHIP SERVICES, PUBLIC AFFAIRS, ANNUAL MEETING AND MEMBERS EXHIBIT HALL, EXECUTIVE, ADVANCEMENT, AND ADMIN PROGRAM EXPENSES |

| Identifier          | Return Reference | Explanation  |
|---------------------|------------------|--|
| Form 990<br>Part XI | 5                | RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTIONS, UNREALIZED GAINSLOSSES ON INVESTMENTS AND DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| <b>(1)</b> NRA FOUNDATION INC<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1710886            | CHARITABLE              | DC   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
| <b>(2)</b> NRA SPECIAL CONTRIBUTION FUND<br>PO BOX 700<br>RATON, NM 87740<br>23-7367534             | CHARITABLE              | NM   | 501c3                      | LINE 11-TYPE I                                      | NRA                              | Yes   |    |
| <b>(3)</b> NRA CIVIL RIGHTS DEFENSE FUND<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1136665 | CHARITABLE              | VA   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
| <b>(4)</b> NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941 | CHARITABLE              | VA   | 501c3                      | LINE 7  | NRA                              | Yes   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> | Yes |    |
| <b>1b</b> |     | No |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
|           |     |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
|           |     |    |
| <b>1o</b> |     | No |
| <b>1p</b> | Yes |    |
|           |     |    |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization        | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|------------------------------|------------------------|--|
| <b>(1)</b> NRA FOUNDATION INC            | c                            | 12,573,541             | ACTUAL COST                                  |
| <b>(2)</b> NRA FOUNDATION INC            | n                            | 4,126,180              | ACTUAL COST                                  |
| <b>(3)</b> NRA FOUNDATION INC            | p                            | 5,066,935              | ACTUAL COST                                  |
| <b>(4)</b> NRA SPECIAL CONTRIBUTION FUND | a                            | 120,000                | ACTUAL COST                                  |
| <b>(5)</b> NRA SPECIAL CONTRIBUTION FUND | p                            | 328,252                | ACTUAL COST                                  |
| <b>(6)</b> NRA CIVIL RIGHTS DEFENSE FUND | p                            | 59,825                 | ACTUAL COST                                  |



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|



**Software ID:** 10000149  
**Software Version:** 2010.2.15  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

| (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount Involved (\$) | (d)<br>Method of determining amount involved |
|-----------------------------------|------------------------------|-----------------------------|--|
| (1) NRA FOUNDATION INC            | c                            | 12,573,541                  | ACTUAL COST                                  |
| (2) NRA FOUNDATION INC            | n                            | 4,126,180                   | ACTUAL COST                                  |
| (3) NRA FOUNDATION INC            | p                            | 5,066,935                   | ACTUAL COST                                  |
| (4) NRA SPECIAL CONTRIBUTION FUND | a                            | 120,000                     | ACTUAL COST                                  |
| (5) NRA SPECIAL CONTRIBUTION FUND | p                            | 328,252                     | ACTUAL COST                                  |
| (6) NRA CIVIL RIGHTS DEFENSE FUND | p                            | 59,825                      | ACTUAL COST                                  |

**Additional Data**

**Software ID:** 10000149  
**Software Version:** 2010.2.15  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WAYNE LAPIERRE<br>EXEC VP                        | 57 00                         |  |                       | X       |              |                              |        | 835,469  | 0   | 125,615   |
| CHRIS W COX<br>EXEC DIR, ILA                     | 57 00                         |  |                       | X       |              |                              |        | 588,412  | 0   | 70,796  |
| WILSON H PHILLIPS JR<br>TREASURER                | 52 00                         |  |                       | X       |              |                              |        | 519,338  | 0   | 124,168   |
| KAYNE B ROBINSON<br>EXEC DIR, GENERAL OPERATIONS | 50 00                         |  |                       | X       |              |                              |        | 1,027,217  | 0   | 45,056  |
| EDWARD J LAND JR<br>SECRETARY                    | 50 00                         |  |                       | X       |              |                              |        | 412,527  | 0   | 45,832  |
| RONALD L SCHMEITS<br>PRESIDENT                   | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| DAVID A KEENE<br>1ST VICE PRESIDENT              | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JAMES W PORTER II<br>2ND VICE PRESIDENT          | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| TYLER SCHROPP<br>EXEC DIRECTOR, ADVANCEMENT      | 52 00                         |  |                       |         |              | X                            |        | 442,476  | 0   | 54,463  |
| MARY CORRIGAN<br>CHIEF OF STAFF                  | 40 00                         |  |                       |         |              | X                            |        | 329,168  | 0   | 30,373  |
| JOSEPH GRAHAM<br>DIRECTOR, PUBLICATIONS          | 40 00                         |  |                       |         |              | X                            |        | 352,474  | 0   | 40,832  |
| MICHAEL MARCELLIN<br>MANAGING DIRECTOR           | 40 00                         |  |                       |         |              | X                            |        | 345,102  | 0   | 49,348  |
| ROBERT MARCARIO<br>DIRECTOR, MEMBERSHIP          | 40 00                         |  |                       |         |              | X                            |        | 250,757  | 0   | 44,773  |
| JOE M ALLBAUGH<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM H ALLEN<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| THOMAS P ARVAS<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT L BACH<br>DIRECTOR                         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM A BACHENBERG<br>DIRECTOR                 | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FE BACHHUBER JR<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| M CAROL BAMBERRY<br>DIRECTOR                     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BOB BARR<br>DIRECTOR                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RONNIE G BARRETT<br>DIRECTOR                     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLEL BAUDLER<br>DIRECTOR                         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID E BENNETT III<br>DIRECTOR                  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| J KENNETH BLACKWELL<br>DIRECTOR                  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title              | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                    |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MATT BLUNT<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAN BOREN<br>DIRECTOR              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT K BROWN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PETE BROWNELL<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN P BURTT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID BUTZ<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 151,033  | 0   | 0   |
| J WILLIAM CARTER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RICHARD CHILDRESS<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PATRICIA A CLARK<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALLAN D CORS<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CHARLES L COTTON<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID G COY<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LARRY E CRAIG<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN L CUSHMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM H DAILEY<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOSEPH P DEBERGALIS JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DONN C DIBIASIO<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MANUEL FERNANDEZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| EDIE P FLEEMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOEL FRIEDMAN<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SANDRA S FROMAN<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 45,180   | 0   | 0   |
| TOM GAINES<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAMES S GILMORE III<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MARION P HAMMER<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 190,000  | 0   | 0   |
| GRAHAM HILL<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| STEVE HORNADY<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SUSAN HOWARD<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROY INNIS<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| H JOAQUIN JACKSON<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CURTIS S JENKINS<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| D CYNTHIA JULIEN<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM KING<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HERBERT A LANFORD JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KARL A MALONE<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CAROLYN D MEADOWS<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN F MILIUS<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BILL MILLER<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OWEN P MILLS<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLETA MITCHELL<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GROVER G NORQUIST<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OLIVER L NORTH<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHNNY NUGENT<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TED NUGENT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LANCE OLSEN<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 90,000   | 0   | 0   |
| TIMOTHY W PAWOL<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PETER J PRINTZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TODD J RATHNER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WAYNE ANTHONY ROSS<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CARL T ROWAN JR<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DON SABA<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ROBERT E SANDERS<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| STEVEN C SCHREINER<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HAROLD W SCHROEDER<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM SELLECK<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN C SIGLER<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DWIGHT D VAN HORN<br>DIRECTOR  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT L VIDEN JR<br>DIRECTOR  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HOWARD J WALTER<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JD WILLIAMS<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DENNIS L WILLING<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT J WOS<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DONALD E YOUNG<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 NATIONAL RIFLE ASSOCIATION OF AMERICA  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 11250 WAPLES MILL ROAD  
 City or town, state or country, and ZIP + 4  
 FAIRFAX, VA 220307400

**D** Employer identification number  
 53-0116130  
**E** Telephone number  
 (703) 267-1000  
**G** Gross receipts \$ 282,710,082

**F** Name and address of principal officer  
 WILSON H PHILLIPS JR  
 11250 WAPLES MILL RD  
 FAIRFAX, VA 22030

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

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

**H(c)** Group exemption number

**I** Tax-exempt status  501(c) ( 4 ) (insert no )  4947(a)(1) or  527

**J** Website: www.nra.org

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1905

**M** State of legal domicile VA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 TO PROTECT AND DEFEND THE U S CONSTITUTION, TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** 76

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 70

**5** Total number of employees (Part V, line 2a) . . . . . **5** 766

**6** Total number of volunteers (estimate if necessary) . . . . . **6** 125,000

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a** 20,168,091

**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b**

|   |  | Prior Year                       | Current Year       |
|---|--|----------------------------------|--------------------|
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                     | 205,026,138                      | 190,620,182        |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                      | 5,288,336                        | 5,753,381          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                    | -3,393,596                       | -131,048           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                   | 41,055,904                       | 41,301,989         |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . | 247,976,782                      | 237,544,504        |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .                 | 312,000                          | 312,500            |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                    |                                  | 0                  |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)          | 44,269,458                       | 51,967,645         |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                   | 5,165,667                        | 7,116,019          |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>34,366,260</b>                 |                                  |                    |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .                     | 168,306,109                      | 176,964,817        |
|   | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                   | 218,053,234                      | 236,360,981        |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .       | 29,923,548   | 1,183,523                        |                    |
| <b>Net Assets or Fund Balances</b>  |  | <b>Beginning of Current Year</b> | <b>End of Year</b> |
|   | <b>20</b> Total assets (Part X, line 16) . . . . .   | 131,342,619                      | 160,315,364        |
|   | <b>21</b> Total liabilities (Part X, line 26) . . . . .  | 107,473,909                      | 122,740,032        |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . . | 23,868,710   | 37,575,332                       |                    |

**Part II Signature Block**

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

Signature of officer: \_\_\_\_\_ Date: 2010-09-16

WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: JAMES P SWEENEY Date: 2010-09-16 Check if self-employed:  Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC, 8000 TOWERS CRESCENT DR STE 500, VIENNA, VA 22184  
 EIN: Phone no: (703) 336-6400

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 34,524,263 including grants of \$ 24,000 ) (Revenue \$ 5,753,381 )

EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS NRA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF 80 MILLION GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER IN FIREARMS EDUCATION AND SAFETY NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA.ORG AND NRABLOG.COM FOR MORE INFORMATION, AND PARTICIPATE IN NRA SOCIAL NETWORKING THROUGH FACEBOOK, TWITTER AND YOUTUBE

**4b** (Code ) (Expenses \$ 33,224,950 including grants of \$ ) (Revenue \$ 18,360,371 )

NRA PUBLICATIONS THE PRIMARY MISSION IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE AND INFORM ON NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS.ORG

**4c** (Code ) (Expenses \$ 16,180,414 including grants of \$ 240,000 ) (Revenue \$ )

LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, NRA ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRAILA.ORG FOR THE LATEST UPDATES

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 92,863,575 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 176,793,202

**Part IV Checklist of Required Schedules**

|            |  | Yes   | No  |    |     |  |  |
|------------|--|---|-----|----|-----|--|--|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |   | No  |    |     |  |  |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors?   | Yes   |     |    |     |  |  |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |   | No  |    |     |  |  |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  |   |     |    |     |  |  |
| <b>5</b>   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .  |   | No  |    |     |  |  |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |   | No  |    |     |  |  |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .                                       |   | No  |    |     |  |  |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | Yes   |     |    |     |  |  |
| <b>9</b>   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . . |   | No  |    |     |  |  |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | Yes   |     |    |     |  |  |
| <b>11</b>  | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .   | Yes   |     |    |     |  |  |
|            | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   |   |     |    |     |  |  |
|            | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |   |     |    |     |  |  |
|            | ◆ 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |   |     |    |     |  |  |
|            | ◆ 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? <i>If "Yes," complete Schedule D, Part IX</i>  |   |     |    |     |  |  |
|            | ◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |   |     |    |     |  |  |
|            | ◆ 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? <i>If "Yes," complete Schedule D, Part X</i>                        |   |     |    |     |  |  |
| <b>12</b>  | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | Yes   |     |    |     |  |  |
| <b>12A</b> | Was the organization included in consolidated, independent audited financial statements for the tax year?  | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td></td> </tr> </table> | Yes | No | Yes |  |  |
| Yes        | No   |   |     |    |     |  |  |
| Yes        |  |   |     |    |     |  |  |
|            | <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .  |   |     |    |     |  |  |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |   | No  |    |     |  |  |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |   | No  |    |     |  |  |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .                             | Yes   |     |    |     |  |  |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i> . . . . .   |   | No  |    |     |  |  |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i> . . . . .   |   | No  |    |     |  |  |
| <b>17</b>  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | Yes   |     |    |     |  |  |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  | Yes   |     |    |     |  |  |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  |   | No  |    |     |  |  |
| <b>20</b>  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .   |   | No  |    |     |  |  |



**Part IV Checklist of Required Schedules** *(continued)*

|  |                   |            |           |
|--|-------------------|------------|-----------|
| <p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . </p>  | <p><b>21</b></p>  | <p>Yes</p> |           |
| <p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . </p>   | <p><b>22</b></p>  | <p>Yes</p> |           |
| <p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . </p>                | <p><b>23</b></p>  | <p>Yes</p> |           |
| <p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p> | <p><b>24a</b></p> |            | <p>No</p> |
| <p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>  | <p><b>24b</b></p> |            |           |
| <p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>   | <p><b>24c</b></p> |            |           |
| <p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>  | <p><b>24d</b></p> |            |           |
| <p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>   | <p><b>25a</b></p> |            | <p>No</p> |
| <p><b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>         | <p><b>25b</b></p> |            | <p>No</p> |
| <p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>                                     | <p><b>26</b></p>  |            | <p>No</p> |
| <p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>             | <p><b>27</b></p>  |            | <p>No</p> |
| <p><b>28</b> 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)</p>   |                   |            |           |
| <p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . </p>  | <p><b>28a</b></p> | <p>Yes</p> |           |
| <p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>  | <p><b>28b</b></p> |            | <p>No</p> |
| <p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>   | <p><b>28c</b></p> |            | <p>No</p> |
| <p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>   | <p><b>29</b></p>  |            | <p>No</p> |
| <p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>   | <p><b>30</b></p>  |            | <p>No</p> |
| <p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>   | <p><b>31</b></p>  |            | <p>No</p> |
| <p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>   | <p><b>32</b></p>  |            | <p>No</p> |
| <p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>   | <p><b>33</b></p>  |            | <p>No</p> |
| <p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . </p>   | <p><b>34</b></p>  | <p>Yes</p> |           |
| <p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . </p>   | <p><b>35</b></p>  | <p>Yes</p> |           |
| <p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>   | <p><b>36</b></p>  |            |           |
| <p><b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>  | <p><b>37</b></p>  |            | <p>No</p> |
| <p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>  | <p><b>38</b></p>  | <p>Yes</p> |           |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U S Information Returns</i> . Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1a</b> 804  |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | Yes        |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .  |            |    |
|            | <b>2a</b> 766  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .                               | Yes        |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | Yes        |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | Yes        |    |
| <b>4a</b>  | 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)? . . . . .                                   |            | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |            | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |            | No |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .  |            |    |
| <b>6a</b>  | 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? . . . . .  | Yes        |    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | Yes        |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | 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? . . . . .  |            |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |            |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |            |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |            |    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |            |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  |            |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (76); 1b Enter the number of voting members that are independent (70); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (VA, UT, PA, OK, NY, KY, DC, CA, AL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NATIONAL RIFLE ASSOCIATION OF AMERI, 11250 WAPLES MILL ROAD, FAIRFAX, VA 220307400, (703) 267-1000.



|                 |           |         |
|-----------------|-----------|---------|
| <b>1b Total</b> | 5,244,152 | 711,438 |
|-----------------|-----------|---------|

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **55**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address                              | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| INFOCISION<br>325 SPRINGSIDE DR<br>AKRON, OH 44333            | MEMBERSHIP PROC SOLICITOR      | 19,499,166          |
| VALTIM<br>PO BOX 114<br>FOREST, VA 24551                      | FULFILLMENT CENTER             | 9,603,361           |
| PALM COAST DATA<br>11 COMMERCE BLVD<br>PALM COAST, FL 32164   | MEMBERSHIP PROCESSING          | 9,479,181           |
| PM CONSULTING<br>12100 WILSHIRE BLVD<br>LOS ANGELES, CA 90025 | CONSULTING                     | 9,012,063           |
| POSTMASTER<br>1735 N LYNN ST<br>ARLINGTON, VA 22209           | POSTAGE SHIPPING               | 7,712,835           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **31**

**Part VIII Statement of Revenue**

|   |  |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |  |
|---|--|--|---|--|---|---|--|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>  |   |  |   |   |  |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>  | 113,969,660   |  |   |   |  |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>   |   |  |   |   |  |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>  | 9,711,363   |  |   |   |  |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>  |   |  |   |   |  |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> | 66,939,159  |  |   |   |  |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$ _____                                   |   |  |   |   |  |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 190,620,182   |  |   |   |  |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>  | PROGRAM FEES   | 5,753,381   | 5,753,381  |   |   |  |  |
|   | <b>b</b>   | _____  |   |  |   |   |  |  |
|   | <b>c</b>   | _____  |   |  |   |   |  |  |
|   | <b>d</b>   | _____  |   |  |   |   |  |  |
|   | <b>e</b>   | _____  |   |  |   |   |  |  |
|   | <b>f</b>   | All other program service revenue  |   |  |   |   |  |  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . ▶  | 5,753,381   |  |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest and other similar amounts) . . . . . ▶  | 763,983   |  |   | 763,983   |  |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . ▶                               |   |  |   |   |  |  |
|   | <b>5</b>   | Royalties . . . . . ▶  | 9,515,064   |  |   | 9,515,064   |  |  |
|   | <b>6a</b>  | Gross Rents  | (i) Real  | 1,498,567  |   |   |  |  |
|   |  |  | (ii) Personal   |  |   |   |  |  |
|   |  |  | <b>b</b>  | Less rental expenses                               | 1,574,584                               |   |  |  |
|   |  |  | <b>c</b>  | Rental income or (loss)                            | -76,017                                 |   |  |  |
|   | <b>d</b>   | <b>Net rental income or (loss)</b> . . . . . ▶   | -76,017   |  |   | -76,017   |  |  |
|   | <b>7a</b>  | Gross amount from sales of assets other than inventory                                   | (i) Securities  | 36,166,094   |   |   |  |  |
|   |  |  | (ii) Other  |  |   |   |  |  |
|   |  |  | <b>b</b>  | Less cost or other basis and sales expenses        | 37,061,125                              |   |  |  |
|   |  |  | <b>c</b>  | Gain or (loss)                                     | -895,031                                |   |  |  |
| <b>d</b>  | <b>Net gain or (loss)</b> . . . . . ▶  | -895,031   |   |  | -895,031                                |   |  |  |
| <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> | 525,498  |   |  |   |   |  |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>  | 219,210  |   |  |   |   |  |  |
| <b>c</b>  | <b>Net income or (loss) from fundraising events</b> . . . ▶  | 306,288  |   |  | 306,288                                 |   |  |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |   |  |   |   |  |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>  |  |   |  |   |   |  |  |
| <b>c</b>  | <b>Net income or (loss) from gaming activities</b> . . . ▶   |  |   |  |   |   |  |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . <b>a</b>   |  | 17,505,596  |  |   |   |  |  |
|   |  | <b>b</b>   | Less cost of goods sold . . . <b>b</b>                      | 6,310,659  |   |   |  |  |
|   |  | <b>c</b>   | <b>Net income or (loss) from sales of inventory</b> . . . ▶ | 11,194,937   | 9,387,217                               | 1,807,720   |  |  |
| Miscellaneous Revenue   |  | Business Code  |   |  |   |   |  |  |
| <b>11a</b>  | ADVERTISING  | 541,800  | 18,793,873  |  | 18,360,371                              | 433,502   |  |  |
| <b>b</b>  | SUBSCRIPTIONS  | 541,800  | 1,149,936   | 1,149,936  |   |   |  |  |
| <b>c</b>  | NRA CAFE SALES   | 722,210  | 417,908   |  |   | 417,908   |  |  |
| <b>d</b>  | All other revenue . . . . .  |  |   |  |   |   |  |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶  |  | 20,361,717  |  |   |   |  |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶   |  | 237,544,504   | 16,290,534   | 20,168,091                              | 10,465,697  |  |  |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 264,000               | 264,000                         |  |                             |
| <b>2</b>   | Grants and other assistance to individuals in the U S See Part IV, line 22   | 48,500                | 48,500                          |  |                             |
| <b>3</b>   | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members  | 0                     |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .   | 2,826,231             | 1,234,747                       | 1,326,823                              | 264,661                     |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages   | 33,643,605            | 21,889,401                      | 8,842,930                              | 2,911,274                   |
| <b>8</b>   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 7,578,930             | 4,149,350                       | 2,821,652                              | 607,928                     |
| <b>9</b>   | Other employee benefits . . . . .  | 5,402,259             | 3,209,111                       | 1,759,818                              | 433,330                     |
| <b>10</b>  | Payroll taxes . . . . .  | 2,516,620             | 1,494,951                       | 819,804                                | 201,865                     |
| <b>11</b>  | Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .   | 0                     |                                 |  |                             |
| <b>b</b>   | Legal . . . . .  | 2,297,503             | 1,850,944                       | 446,559                                |                             |
| <b>c</b>   | Accounting . . . . .   | 111,500               |                                 | 111,500                                |                             |
| <b>d</b>   | Lobbying . . . . .   | 0                     |                                 |  |                             |
| <b>e</b>   | Professional fundraising See Part IV, line 17 . . . . .  | 7,116,019             |                                 |  | 7,116,019                   |
| <b>f</b>   | Investment management fees . . . . .   | 188,340               |                                 | 188,340                                |                             |
| <b>g</b>   | Other . . . . .  | 3,504,981             | 3,504,981                       |  |                             |
| <b>12</b>  | Advertising and promotion . . . . .  | 27,334,459            | 17,796,357                      |  | 9,538,102                   |
| <b>13</b>  | Office expenses . . . . .  | 3,663,557             | 2,166,344                       | 1,497,213                              |                             |
| <b>14</b>  | Information technology . . . . .   | 6,232,078             | 3,577,211                       | 2,654,867                              |                             |
| <b>15</b>  | Royalties . . . . .  | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .  | 1,944,931             | 1,027,550                       | 917,381                                |                             |
| <b>17</b>  | Travel . . . . .   | 6,028,870             | 4,448,746                       | 1,580,124                              |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .   | 5,650,758             | 4,508,212                       | 1,142,546                              |                             |
| <b>20</b>  | Interest . . . . .   | 1,352,279             | 951,209                         | 401,070                                |                             |
| <b>21</b>  | Payments to affiliates . . . . .   | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .  | 2,138,824             | 1,404,410                       | 734,414                                |                             |
| <b>23</b>  | Insurance . . . . .  | 929,228               | 929,228                         |  |                             |
| <b>24</b>  | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )  |                       |                                 |  |                             |
| <b>a</b>   | MEMBER COMMUNICATIONS  | 62,019,572            | 51,074,150                      |  | 10,945,422                  |
| <b>b</b>   | PRINTING AND SHIPPING  | 22,682,371            | 22,682,371                      |  |                             |
| <b>c</b>   | FASB 158   | -4,782,967            | -2,712,558                      | -2,070,409                             |                             |
| <b>d</b>   | PROGRAM SERVICES   | 16,415,109            | 16,415,109                      |  |                             |
| <b>e</b>   | FULFILLMENT MATERIAL   | 7,291,757             | 6,750,626                       | 38,500                                 | 502,631                     |
| <b>f</b>   | All other expenses   | 11,961,667            | 8,128,252                       | 1,988,387                              | 1,845,028                   |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24f  | 236,360,981           | 176,793,202                     | 25,201,519                             | 34,366,260                  |
| <b>26</b>  | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)               |             | (B)         |
|---|--|-------------------|-------------|-------------|
|   |  | Beginning of year |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                   | <b>1</b>    |             |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 13,190,647        | <b>2</b>    | 18,396,784  |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 1,498,468         | <b>3</b>    | 2,528,075   |
|   | <b>4</b> Accounts receivable, net . . . . .  | 41,936,785        | <b>4</b>    | 49,767,997  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |                   | <b>5</b>    |             |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |                   | <b>6</b>    |             |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 3,165,695         | <b>7</b>    | 3,133,320   |
|   | <b>8</b> Inventories for sale or use . . . . .   | 8,976,851         | <b>8</b>    | 10,888,636  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 1,610,643         | <b>9</b>    | 2,167,086   |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .  | 63,203,402        |             |             |
|   | <b>b</b> Less accumulated depreciation . . . . .   | 27,016,857        | <b>10c</b>  | 36,186,545  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 18,647,530        | <b>11</b>   | 29,042,690  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 2,123,097         | <b>12</b>   | 3,341,890   |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                   | <b>13</b>   |             |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 4,256,876         | <b>15</b>   | 4,862,341   |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 131,342,619  | <b>16</b>         | 160,315,364 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 54,266,718        | <b>17</b>   | 59,109,001  |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue . . . . .   | 18,143,254        | <b>19</b>   | 28,119,095  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>   |             |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . |                   | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 26,166,156        | <b>23</b>   | 29,340,012  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 8,897,781         | <b>25</b>   | 6,171,924   |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 107,473,909       | <b>26</b>   | 122,740,032 |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 1,788,111         | <b>27</b>   | 11,164,773  |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 1,158,321         | <b>28</b>   | 3,207,708   |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 20,922,278        | <b>29</b>   | 23,202,851  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>   |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
| <b>33</b> Total net assets or fund balances . . . . .                         | 23,868,710   | <b>33</b>         | 37,575,332  |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 131,342,619  | <b>34</b>         | 160,315,364 |             |



**Part XI Financial Statements and Reporting**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .   | Yes |    |
| <b>2c</b> | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   |     |    |
| <b>3b</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 . . . .   |     |    |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WAYNE LAPIERRE<br>EXEC VP                        | 57 00                         |  |                       | X       |              |                              |        | 823,643  | 0   | 125,215   |
| CHRIS W COX<br>EXEC DIR, ILA                     | 57 00                         |  |                       | X       |              |                              |        | 587,856  | 0   | 76,644  |
| WILSON H PHILLIPS JR<br>TREASURER                | 52 00                         |  |                       | X       |              |                              |        | 510,382  | 0   | 126,955   |
| KAYNE B ROBINSON<br>EXEC DIR, GENERAL OPERATIONS | 50 00                         |  |                       | X       |              |                              |        | 510,835  | 0   | 141,335   |
| EDWARD J LAND JR<br>SECRETARY                    | 50 00                         |  |                       | X       |              |                              |        | 393,515  | 0   | 35,996  |
| RONALD L SCHMEITS<br>PRESIDENT                   | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| DAVID KEENE<br>1ST VICE PRESIDENT                | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JAMES W PORTER II<br>2ND VICE PRESIDENT          | 20 00                         | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MARION P HAMMER<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 72,000   | 0   | 0   |
| SANDRA FROMAN<br>DIRECTOR                        | 1 00                          | X                                      |                       |         |              |                              |        | 45,181   | 0   | 0   |
| BEN CASE<br>EXEC DIRECTOR, ADVANCEMENT           | 40 00                         |  |                       |         |              | X                            |        | 568,736  | 0   | 38,936  |
| MARY CORRIGAN<br>CHIEF OF STAFF                  | 40 00                         |  |                       |         |              | X                            |        | 324,416  | 0   | 28,888  |
| JOSEPH GRAHAM<br>DIRECTOR, PUBLICATIONS          | 40 00                         |  |                       |         |              | X                            |        | 583,639  | 0   | 49,996  |
| MICHAEL MARCELLIN<br>MANAGING DIRECTOR           | 40 00                         |  |                       |         |              | X                            |        | 350,962  | 0   | 53,319  |
| ROBERT MARCARIO<br>DIRECTOR, MEMBERSHIP          | 40 00                         |  |                       |         |              | X                            |        | 280,987  | 0   | 34,154  |
| JOE M ALLBAUGH<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM H ALLEN<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| THOMAS P ARVAS<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT L BACH<br>DIRECTOR                         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM A BACHENBERG<br>DIRECTOR                 | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FE BACHHUBER JR<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| M CAROL BAMBERRY<br>DIRECTOR                     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BOB BARR<br>DIRECTOR                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLEL BAUDLER<br>DIRECTOR                         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RONNIE G BARRETT<br>DIRECTOR                     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title              | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                    |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| DAVID E BENNETT III<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| J KENNETH BLACKWELL<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| DAN BOREN<br>DIRECTOR              | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| ROBERT K BROWN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JOHN P BURTT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| DAVID BUTZ<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              | 150,000 | 0  | 0   | 0   |
| J WILLIAM CARTER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| PATRICIA A CLARK<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| ALLAN D CORS<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| CHARLES L COTTON<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| DAVID G COY<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| RICHARD CHILDRESS<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| LARRY E CRAIG<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JOHN L CUSHMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| WILLIAM H DAILEY<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JAMES W DARK<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JOSEPH P DEBERGALIS JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| DONN C DIBIASIO<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| MANUEL FERNANDEZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| EDIE P FLEEMAN<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JOEL FRIEDMAN<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| TOM GAINES<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| JAMES S GILMORE III<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| LEO A HOLT<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |
| STEVE HORNADY<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |         | 0  | 0   | 0   |

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

| (A)<br>Name and Title            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| SUSAN HOWARD<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROY INNIS<br>DIRECTOR            | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| H JOAQUIN JACKSON<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CURTIS S JENKINS<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| D CYNTHIA JULIEN<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM KING<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HERBERT A LANFORD JR<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KARL A MALONE<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CAROLYN D MEADOWS<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN F MILIUS<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BILL MILLER<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OWEN P MILLS<br>DIRECTOR         | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CLETA MITCHELL<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GROVER G NORQUIST<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| OLIVER L NORTH<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHNNY NUGENT<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TED NUGENT<br>DIRECTOR           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LANCE OLSEN<br>DIRECTOR          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TIMOTHY W PAWOL<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PETER J PRINTZ<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TODD J RATHNER<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 42,000   | 0   | 0   |
| WAYNE ANTHONY ROSS<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CARL T ROWAN JR<br>DIRECTOR      | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DON SABA<br>DIRECTOR             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT E SANDERS<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| HAROLD W SCHROEDER<br>DIRECTOR | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| TOM SELLECK<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DWIGHT D VAN HORN<br>DIRECTOR  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT L VIDEN JR<br>DIRECTOR  | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HAROLD L VOLKMER<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HOWARD J WALTER<br>DIRECTOR    | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JD WILLIAMS<br>DIRECTOR        | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DENNIS L WILLING<br>DIRECTOR   | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DONALD E YOUNG<br>DIRECTOR     | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT J WOS<br>DIRECTOR       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| MEMBER COMMUNICATIONS  | 62,019,572            | 51,074,150                      |  | 10,945,422                  |
| PRINTING AND SHIPPING  | 22,682,371            | 22,682,371                      |  |                             |
| FASB 158   | -4,782,967            | -2,712,558                      | -2,070,409                             |                             |
| PROGRAM SERVICES   | 16,415,109            | 16,415,109                      |  |                             |
| FULLFILLMENT MATERIAL  | 7,291,757             | 6,750,626                       | 38,500                                 | 502,631                     |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 \$

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

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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

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

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 6,920,616        | 7,675,316      |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 1,582,051        | 487,022        |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | 750,029          | -1,205,479     |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         | 536,900          |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 27,906           | 36,243         |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 8,687,890        | 6,920,616      |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.000 %
- c** Term endowment %

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

|  | Yes           | No  |
|--|---------------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No  |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 4,902,450                       |                              | 4,902,450      |
| <b>b</b> Buildings . . . . .  |                                      | 42,510,022                      | 14,770,015                   | 27,740,007     |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 15,790,930                      | 12,246,842                   | 3,544,088      |
| <b>e</b> Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) . . . . . |                                      |                                 |                              | 36,186,545     |





**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 237,544,504 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 236,360,981 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | 1,183,523   |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | 7,254,769   |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |             |
| <b>6</b>  | Investment expenses   | <b>6</b>  |             |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |             |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | 5,268,330   |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | 12,523,099  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | 13,706,622  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 257,904,346 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |             |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 7,254,769   |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 5,268,330   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 12,523,099  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 245,381,247 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                      |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | -7,836,743  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -7,836,743  |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 237,544,504 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 244,197,724 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 7,885,243   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 7,885,243   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 236,312,481 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 48,500      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 48,500      |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 236,360,981 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
| III        | 1a               | FINANCIAL STATEMENT NOTE 1 THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE   |
| III        | 4a               | NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS VISIT NRAMUSEUM.ORG FOR EXCITING INFORMATION  |
| V          | 4                | NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT   |
| X          | 2                | MANAGEMENT EVALUATED THE NRAS TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2006, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD |
| XI         | 8                | INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT   |
| XII        | 2d               | INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT   |
| XII        | 4b               | INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS   |
| XIII       | 2d               | INCLUDES COST OF GOODS SOLD AND RENTAL EXPENSE  |
| XIII       | 4b               | INCLUDES INTEREST ON ENDOWMENT GRANTS   |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, (f) Total expenditures for region. Includes entry for Europe with 61,015 total expenditures.







SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

KY,NY,PA,UT,VA

**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|  |  | (a) Event #1                           | (b) Event #2 | (c) Other Events | (d) Total Events              |
|--|--|--|--------------|------------------|-------------------------------|
|  |  | <b>NRA-ILA PHOENIX</b><br>(event type) | (event type) | (total number)   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .  | 525,498                                |              |                  | 525,498                       |
|  | <b>2</b> Less Charitable contributions . . . . .                                 |  |              |                  |                               |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 525,498                                |              |                  | 525,498                       |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .   |  |              |                  |                               |
|  | <b>5</b> Non-cash prizes . . . . .   |  |              |                  |                               |
|  | <b>6</b> Rent/facility costs . . . . .   |  |              |                  |                               |
|  | <b>7</b> Food and beverages . . . . .  |  |              |                  |                               |
|  | <b>8</b> Entertainment . . . . .   |  |              |                  |                               |
|  | <b>9</b> Other direct expenses . . . . .   | 219,210                                |              |                  | 219,210                       |
|  | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |  |              |                  | 219,210                       |
| <b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶ |  |  |              | 306,288          |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming              |
|--|---|---|---|---|-------------------------------|
|  |   |   |   |   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .  |   |   |   |                               |
|  | <b>2</b> Cash prizes . . . . .  |   |   |   |                               |
| <b>Direct Expenses</b>   | <b>3</b> Non-cash prizes . . . . .  |   |   |   |                               |
|  | <b>4</b> Rent/facility costs . . . . .  |   |   |   |                               |
|  | <b>5</b> Other direct expenses . . . . .  |   |   |   |                               |
| <b>6</b>   | Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                               |
|  | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶ |   |   |   |                               |
| <b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶ |   |   |   |   |                               |

|   | Yes        | No |
|---|------------|----|
| <b>9</b> Enter the state(s) in which the organization operates gaming activities _____  |            |    |
| <b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .   | <b>9a</b>  |    |
| <b>b</b> If "No," Explain _____   |            |    |
| <b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   | <b>10a</b> |    |
| <b>b</b> If "Yes," Explain _____  |            |    |
| <b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>  |    |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <b>12</b>  |    |



**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**17a**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Schedule I  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990**

OMB No 1545-0047  
**2009**  
**Open to Public  
Inspection**

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

| (a) Name and address of organization or government                   | (b) EIN   | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LAW ENFORCEMENT ALLIANCE7700 LEESBURG PIKE FALLS CHURCH,VA 22043     | 541798397 | 501c4                              | 240,000                  |                                   |   |  | LAW ENFORCEMENT                    |
| NATIONAL FDN FOR WOMEN LEGISLATORS910 16TH ST NW WASHINGTON,DC 20006 | 521480785 | 501c3                              | 24,000                   |                                   |   |  | SCHOLARSHIPS                       |

|   |  |   |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations . . . . . | 1 |
| 3 | Enter total number of other organizations . . . . .                            | 1 |



**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name             |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                      |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| WAYNE LAPIERRE       | (i)<br>(ii) | 691,639  | 132,004                             |                                     | 104,849  | 42,096                  | 970,588                         |  |
| CHRIS W COX          | (i)<br>(ii) | 496,303  | 91,553                              |                                     | 56,941   | 27,573                  | 672,370                         |  |
| WILSON H PHILLIPS JR | (i)<br>(ii) | 418,226  | 92,156                              |                                     | 114,753  | 26,525                  | 651,660                         |  |
| KAYNE B ROBINSON     | (i)<br>(ii) | 422,261  | 88,574                              |                                     | 124,972  | 46,755                  | 682,562                         |  |
| EDWARD J LAND JR     | (i)<br>(ii) | 348,696  | 44,819                              |                                     | 18,130   | 30,954                  | 442,599                         |  |
| BEN CASE             | (i)<br>(ii) | 257,736  | 311,000                             |                                     | 18,130   | 30,723                  | 617,589                         |  |
| MARY CORRIGAN        | (i)<br>(ii) | 324,416  |                                     |                                     | 28,212   | 9,885                   | 362,513                         |  |
| JOSEPH GRAHAM        | (i)<br>(ii) | 246,639  |                                     | 337,000                             | 34,630   | 25,657                  | 643,926                         |  |
| MICHAEL MARCELLIN    | (i)<br>(ii) | 168,223  | 182,739                             |                                     | 34,630   | 22,648                  | 408,240                         |  |
| ROBERT MARCARIO      | (i)<br>(ii) | 280,987  |                                     |                                     | 13,998   | 26,148                  | 321,133                         |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |
|                      |             |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| I          | 4b               | 457F AMOUNTS INCLUDED IN DEFERRED COMPENSATION WAYNE LAPIERRE 70,219 WILSON H PHILLIPS JR 80,123   |
| I          | 4b               | 457F AMOUNTS INCLUDED IN DEFERRED COMPENSATION CHRIS COX 22,311 MARY CORRIGAN 10,082 KAYNE ROBINSON 90,342   |
| I          | 1a               | CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS  |
| I          | 1a               | CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP IN 2009 ALL TAX GROSS-UPS WERE INCLUDED IN PART II   |
| I          | 1a               | CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES   |
| II         | E                | NOTE TOTAL COMPENSATION IN SCHEDULE J PART II COLUMN E SHOULD NOT BE EXPECTED TO TIE TO 990 PART VII COMPENSATION TOTALS PER EMPLOYEE AS SHOWN IN SCHEDULE J-2 DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS |
| II         | Biii             | OTHER REPORTABLE COMPENSATION VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION DUE TO IRS REGULATION CHANGE  |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **Attach to Form 990.**

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

| Identifier   | Return Reference | Explanation   |
|--------------|------------------|---|
| Form 990 I   | 7a,7b            | READER NOTE REGARDING UNRELATED BUSINESS INCOME FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE OF 20,168,091 ON LINE 7A AND NET UNRELATED BUSINESS TAXABLE INCOME OF 0 ON LINE 7B THE EXPLANATION IS AS FOLLOWS GROSS UNRELATED BUSINESS REVENUE FOR THE 2009 YEAR WAS REDUCED BY RELATED EXPENSES, WITH THE BALANCE FURTHER REDUCED TO 0 BY NET OPERATING LOSS CARRY FORWARDS THE TYPES AND AMOUNTS OF NET OPERATING LOSSES AND CARRY FORWARDS WERE PREVIOUSLY NEGOTIATED WITH INTERNAL REVENUE SERVICE  |
| Form 990 VI  | 6                | NRA IS A MEMBERSHIP ASSOCIATION   |
| Form 990 VI  | 7a               | NRA MEMBERS ELECT ALL 76 DIRECTORS OF THE BOARD   |
| Form 990 VI  | 7b               | CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER BY LAWS AND NEW YORK LAW   |
| Form 990 VI  | 11a              | 990 IS REVIEWED BY EXTERNAL ACCOUNTANTS AND THE BOARD AUDIT COMMITTEE BEFORE IT IS FILED TO THE IRS   |
| Form 990 VI  | 12c              | ANNUAL FILINGS BY ALL BOARD MEMBERS ARE REVIEWED BY THE NRA AUDIT COMMITTEE   |
| Form 990 VI  | 15a,15b          | COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES   |
| Form 990 VII |                  | OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT RON SCHMEITS SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND NRA 1ST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND BOARD WAYNE LA PIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON EACH OF NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, NRA CIVIL RIGHTS DEFENSE FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND |

| Identifier   | Return Reference | Explanation  |
|--------------|------------------|--|
| Form 990 VII |                  | OTHER MEMBERS OF THE NRA BOARD ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER ENTITY JOE ALLBAUGH ON NRA FOUNDATION THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND BILL BACHENBERG ON NRA FOUNDATION CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND ROBERT BROWN ON NRA SPECIAL CONTRIBUTION FUND BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND ALLAN CORS ON NRA FOUNDATION CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND BOB COTTROL ON NRA CIVIL RIGHTS DEFENSE FUND JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND BILL DAILEY ON NRA SPECIAL CONTRIBUTION FUND AND NRA CIVIL RIGHTS DEFENSE FUND SANDY FROMAN ON NRA FOUNDATION BUZ MILLS ON NRA FOUNDATION CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND |



Schedule G X READER NOTE REGARDING THE BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP Form 990 G 2b READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID SOLICITOR, FOR THE FOLLOWING REASON 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING MEMBERSHIP PROCESSING, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION ONLY FOR SOLICITATION OF CONTRIBUTIONS

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| NRA FOUNDATION INC<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1710886            | CHARITABLE              | DC   | 501c3                      | LINE 7  | N/A                              |
| NRA SPECIAL CONTRIBUTION FUND<br>PO BOX 700<br>RATON, NM 87740<br>23-7367534             | CHARITABLE              | NM   | 501c3                      | LINE 11-TYPE I                                      | N/A                              |
| NRA CIVIL RIGHTS DEFENSE FUND<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1136665 | CHARITABLE              | VA   | 501c3                      | LINE 7  | N/A                              |
| NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941 | CHARITABLE              | VA   | 501c3                      | LINE 7  | N/A                              |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|

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

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> | Yes |    |
| <b>1b</b> |     | No |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
|           |     |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> | Yes |    |
| <b>1n</b> | Yes |    |
|           |     |    |
| <b>1o</b> |     | No |
| <b>1p</b> | Yes |    |
|           |     |    |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

|            | (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount involved |
|------------|-----------------------------------|------------------------------|------------------------|
| <b>(1)</b> | NRA FOUNDATION INC                | c                            | 9,711,363              |
| <b>(2)</b> | NRA FOUNDATION INC                | n                            | 3,294,531              |
| <b>(3)</b> | NRA FOUNDATION INC                | p                            | 4,220,550              |
| <b>(4)</b> | NRA SPECIAL CONTRIBUTION FUND     | a                            | 120,000                |
| <b>(5)</b> | NRA SPECIAL CONTRIBUTION FUND     | p                            | 489,822                |
| <b>(6)</b> | NRA CIVIL RIGHTS DEFENSE FUND     | p                            | 52,543                 |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Are all<br>partners<br>section<br>501(c)(3)<br>organizations? |    | (e)<br>Share of<br>end-of-year<br>assets | (f)<br>Disproportionate<br>allocations? |    | (g)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | (h)<br>General or<br>managing<br>partner? |    |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
|   |                         |  | Yes  | No |  | Yes                                     | No |   | Yes                                       | No |
|   |                         |  |  |    |  |   |    |   |   |    |

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**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

|     | (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) |
|-----|-----------------------------------|---------------------------------|--------------------------------|
| (1) | NRA FOUNDATION INC                | c                               | 9,711,363                      |
| (2) | NRA FOUNDATION INC                | n                               | 3,294,531                      |
| (3) | NRA FOUNDATION INC                | p                               | 4,220,550                      |
| (4) | NRA SPECIAL CONTRIBUTION FUND     | a                               | 120,000                        |
| (5) | NRA SPECIAL CONTRIBUTION FUND     | p                               | 489,822                        |
| (6) | NRA CIVIL RIGHTS DEFENSE FUND     | p                               | 52,543                         |