### 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).

<u>Jennings</u>, et, al. v. <u>BATFE</u>, 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** 

l. 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.

DLN: 93493311011202

## Form **990**

### **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

2011

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A Fo	r the 2	2011 ca	lendar year, or tax year beginning 01-01-2011	and ending 12-31-20	11			
		pplicable	C Name of organization NATIONAL RIFLE ASSOCIATION OF AMERICA	-		D Employ	er iden	tification number
┌ Add	lress ch	ange					16130	
┌ <sub>Nar</sub>	ne chai	nge	Doing Business As			E Telepho	one nun	nber
┌ Init	ıal retui	rn	Number and street (or P O box if mail is not delivered	to street address) Room/	cuite	(703)	267-10	000
☐ Ter	mınateo	d	11250 WAPLES MILL ROAD	to street address) Room?	suite 	<b>G</b> Gross re	eceipts \$	242,679,834
•	ended i olication	return ı pendıng	City or town, state or country, and ZIP + 4 FAIRFAX, VA 220307400					
			F Name and address of principal officer		<b>H(a)</b> Is thi	s a droup	return i	for
			WILSON H PHILLIPS JR		affilia		recuiii	⊤Yes <b>▽</b> No
			11250 WAPLES MILL RD FAIRFAX,VA 22030		11/63 4 11	· · · · · ·		
			,		H(b) Are all			d? Yes No see instructions)
I Ta	x-exem	pt status	501(c)(3) ✓ 501(c)(4) ◀ (insert no ) ☐ 49	947(a)(1) or	H(c) Grou			
J W	ebsite	: F www	v nra org					
K Forr	n of org	ganization	✓ Corporation Trust Association Other ►		L Year of for	mation 190	)5 <b>M</b> 9	State of legal domicile NY
Pa	rt I	Sum	mary		<u>'</u>		<u> </u>	
Governance	ר 1	TO PRO NATION	escribe the organization's mission or most significe AND DEFEND THE U.S. CONSTITUTION AL DEFENSE TO TRAIN LAW ENFORCEMENT DMOTE THE SHOOTING SPORTS TO PROMO	N TO PROMOTE PUB AGENCIES TO TRA	IN CIVILIANS			•
<u>}</u>	2 (	Check th	ıs box ► if the organization discontinued its o	perations or disposed	l of more than 2	5% of its	net ass	sets
			of voting members of the governing body (Part V			1	з	76
Activities &	l		of independent voting members of the governing				4	72
Ĭ	l		nber of individuals employed in calendar year 2		•		5	754
ង្			mber of volunteers (estimate if necessary) .				6	125,000
			related business revenue from Part VIII, columi				7a	20,741,261
	ь	Net unre	lated business taxable income from Form 990-1	Γ, line 34			7b	-243,730
					Prio	r Year		Current Year
	8	Contri	outions and grants (Part VIII, line 1h)			71,145,8	01	59,382,983
₫	9		m service revenue (Part VIII, line 2g)		107,083,801		109,729,088	
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4,			3,460,2	73	3,362,284
<del>Ľ</del>	11	Other	revenue (Part VIII, column (A ), lines 5, 6d, 8c,	9c, 10c, and 11e)		46,121,4	04	46,509,175
	12		evenue—add lines 8 through 11 (must equal Pa			27.011.2	7.0	240.002.520
	45					27,811,2		218,983,530
	13		and similar amounts paid (Part IX, column (A),			219,5	.00	92,000
	14		s paid to or for members (Part IX, column (A), I				_	0
&	15	5-10)	es, other compensation, employee benefits (Part	t 1x, column (A), imes		51,666,6	50	50,733,831
Ехрепзея	16a	Profes	sional fundraising fees (Part IX, column (A), line	e 11e)		7,989,9	55	6,126,261
춫	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) •26,416	5,192				
Ш	17		expenses (Part IX, column (A), lines 11a-11d,		. 1	83,658,1	70	174,119,497
	18		expenses Add lines 13–17 (must equal Part IX	•		43,534,2	.75	231,071,589
	19	Reven	ue less expenses Subtract line 18 from line 12		_	15,722,9	96	-12,088,059
Net Assets of Fund Balances					Beginning Y	of Curren	nt	End of Year
SS & Section 1	20	Total a	ssets (Part X, line 16)		1	63,781,2	.00	149,826,381
A A	21		nabilities (Part X, line 26)			39,630,9		144,162,625
žĒ	22	Net as	sets or fund balances Subtract line 21 from line	e 20		24,150,2	94	5,663,756
Pai	t II	Sign	ature Block		_			
	ledge a		erjury, I declare that I have examined this return, in i, it is true, correct, and complete. Declaration of pr		cer) is based on a	all informat		
Cia-		Signa	ture of officer		20 Da	12-11-07 te		
Sign Here					3			
	-		ON H PHILLIPS JR TREASURER AND CFO or print name and title					
				Date	Check If	Prenarer's	tavnavo	er identification number
Deta		Preparer signature	3 111150 5 0115511511	2012-11-07	self-	(see instr		a deminication number
Paid Prepa	aror <sup>i</sup> o		,		employed 🕨			
Use (		ıf self-er	me (or yours MCGLADREY LLP			EIN 🕨		
USE (	Jili y		and ZIP + 4 8000 TOWERS CRESCENT DR STE 500			<u></u>	L	2) 226 6122
			VIENNA, VA 22184			Phone no	<b>▶</b> (703	3) 336-6400

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

Part IV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	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>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	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? If "Yes," complete Schedule F, Part II and IV.	15		No
16	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 ? If "Yes," complete Schedule F, Part III and IV	16		No
17	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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
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	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Fo	orm <b>990</b>	(2011)

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

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 865			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		105	
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
b	year?	3b	Yes	
a	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)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
I-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or snareholders			
	sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<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	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
С	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No_
U	II res, has it med a rolli / 20 to report these payments ( II IVO, provide an explanation in Schedule O	エサレー	I	

Form 990 (2011) Page **6** 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 Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . . Section A. Governing Body and Management

	determing body and handgement							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			140				
	venue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing							
	the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Νo				
ь 	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?	16b						
Sc	ection C Disclosure							

- 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 ,  $\mathsf{LA}$  ,  $\mathsf{KY}$  ,  $\mathsf{KS}$  ,  $\mathsf{IL}$  ,  $\mathsf{GA}$  ,  $\mathsf{FL}$  ,  $\mathsf{DC}$  ,  $\mathsf{CT}$  ,  $\mathsf{CO}$  ,  $\mathsf{CA}$  ,  $\mathsf{AZ}$  ,  $\mathsf{AR}$  ,  $\mathsf{AL}$  ,  $\mathsf{A}\,\mathsf{K}$
- 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

☐ O wn website ☐ A nother's website ☑ U pon request

- 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
- 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

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thar	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi	(D) cortable consation com the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table													
											_		
							-				+		
											+		
											$\perp$		
											+		
				•	•	I	F	•		l			
d Total (add lines 1b and 1c	-			•	•		<b>•</b>		5,459,548				677,304
2 Total number of individuals	<u> </u>			e lıs	ted	• above	) wh	o receiv		an			077,501
\$100,000 of reportable co	ompensation from the	organız	atıon	<b>►</b> 61									
2 Dodding commence has been been as				. 1.		1			- <b>L</b>			Yes	No
3 Did the organization list ar on line 1a? If "Yes," comple								r nignes	st compens	ated employee	3		No
4 For any individual listed or organization and related or individual											4	Yes	
5 Did any person listed on lii										or individual for		103	
services rendered to the o	rganization? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suci	h per	son .		•	5		No
Section B. Independent	Contractors												
Complete this table for you \$100,000 of compensatio or within the organization's	n from the organizatio												
	( <b>A)</b> Name and business ad	dress							Desc	(B) ription of services		( <b>C</b> Comper	
INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333									MEMBERSHI	P PROC SOLICITOR		11	,992,378
POSTMASTER 1735 N LYNN ST ARLINGTON, VA 22209									POSTAGE SH	HIPPING		8	,601,705
VALTIM PO BOX 114 FOREST, VA 24551								8	,441,736				
PALM COAST DATA 11 COMMERCE BLVD PALM COAST, FL 32164									MEMBERSHI	P PROCESSING		8	,375,531
COMMUNICATIONS CORP OF AMERICA 13195 FREEDOM WAY									FUNDRAISIN	IG PRINTING MAILIN	G	7	,086,902
BOSTON, VA 22713  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 \( \blacktriangle 46\)													

Form 99								Page <b>9</b>
Part	<u> </u>	Statement of	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
詩	1a	Federated cam	paigns 1a					
를 개 하는 기를 하는	b	Membership du	ıes <b>1b</b>					
S, €	C	Fundraising ev	ents <b>1c</b>					
<u>#</u>	d	Related organiz	zations 1d	11,752,195				
β. Ē	e	Government grant	rs (contributions) <b>1e</b>					
rio er s	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	47,630,788				
들	g		ibutions included in					
Contributions, gifts, grants and other similar amounts			 s1a-1f	▶	59,382,983			
<u>ပုဏ</u>	h	Total. Add line	S 1a-11		33,302,303			
a⊒	22	PROGRAM FEES		Business Code	7,000,000	7 000 060		
Program Service Revenue	2a b	MEMBER DUES			7,088,869	7,088,869		
2 <u>4</u> 24	c	MEMBER DOES			102,640,219	102,640,219		
Ž.	d							
<u> 3</u>	e							
<u>re</u>	f	All other progra	am service revenue					
્રે •				L .				
	3		s 2a-2f		109,729,088			
			ar amounts)		831,749			831,749
	4		stment of tax-exempt bond					
	5	Royalties .		• [	12,699,066			12,699,066
			(ı) Real	(II) Personal				
	6a	Gross rents	1,297,941					
	Ь	Less rental expenses	1,563,181					
	C	Rental income or (loss)	-265,240					
	d	Net rental inco	me or (loss)	🗠	-265,240			-265,240
	_		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	18,302,274					
	b	Less cost or other basis and sales expenses	15,771,739					
	c	Gain or (loss)	2,530,535		2,530,535			2,530,535
	d 8a	Net gain or (los	ss) from fundraising	· · · · · · · · · · · · · · · · · · ·	2,330,333			2,330,333
Other Revenue		events (not inc \$ of contributions						
<u>.</u>	١.		a	461,951				
둦	b c		penses <b>b</b> (loss) from fundraising	104,760 events ►	357,191			357,191
J	9a	Gross income f	from gaming activities ne 19 a					<u> </u>
	b c		penses <b>b</b> (loss) from gaming acti					
	10a		inventory, less					
	Ь	Less costofa	oods sold b	18,359,469 6,256,624				
	c	=	(loss) from sales of inv		12,102,845	10,903,027	1,199,818	
		Mıscellaneou		Business Code				
	11a	ADVERTISING	3	541800	19,709,792	108,114	19,541,443	60,235
	b	SUBSCRIPTIO	NS	541800	1,502,891	1,502,891		
	C	NRA CAFE SA		722210	402,630			402,630
	d		ue					
	e		s 11a-11d	▶	21,615,313			
	12	Total revenue.	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

	neck if Schedule O contains a response to any question in this Part 1x	<del></del>	/B)	,	(5)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
		36,000	36,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	56,000	56,000		
3	Grants and other assistance to governments,	,	,		
3	organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and	2,824,084	1,292,593	1,319,527	211,964
6	key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	2,024,004	1,232,333	1,319,327	211,904
	described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	33,498,556	22,914,376	8,149,648	2,434,532
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,866,055	4,036,257	2,352,638	477,160
9	Other employee benefits	5,070,331	3,221,835	1,496,130	352,366
10	Payroll taxes	2,474,805	1,572,563	730,254	171,988
11	Fees for services (non-employees)	,,	_,,	,	
a	Management	0			
_		5,470,641	E 20E 206	105 255	
b	Legal		5,285,386		
C	Accounting	120,700		120,700	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	6,126,261			6,126,261
f	Investment management fees	213,513		213,513	
g	Other	3,847,478	3,847,478		
12	Advertising and promotion	23,778,126	17,745,488	<u> </u>	6,032,638
13	Office expenses	3,683,341	2,136,857	1,546,484	
14	Information technology	6,394,473	3,722,862	2,671,611	
15	Royalties	0			
16	Occupancy	1,940,830	969,331	971,499	
17	Travel	5,616,298	4,271,427	1,344,871	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,910,937	4,744,328	1,166,609	
20	Interest	1,384,341	994,755	389,586	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,608,179	1,897,055	711,124	
23	Insurance	1,051,058	1,051,058		
24	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)				
а	MEMBER COMMUNICATIONS	45,464,069	36,683,383		8,780,686
b	PRINTING AND SHIPPING	22,677,546	22,677,546		
c	ASC 715 PENSION ACCOUNTING	14,036,169	8,476,208	5,559,961	
d	PROGRAM SERVICES	16,293,766	16,293,766		
е					
f	All other expenses	13,628,032	10,001,326	1,798,109	1,828,597
25	Total functional expenses. Add lines 1 through 24f	231,071,589	173,927,878	30,727,519	26,416,192
26	Joint costs. Check here ► ☐ 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				
				Fo	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 2 8,864,786 2 9,373,624 3 3,244,548 3 3,324,463 52,606,967 4 50,343,338 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 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 6 Schedule L . . . . . . . . . . . . 3.111.070 7 3,087,653 13,178,944 8 12,209,596 2.484.598 2,739,275 9 Prepaid expenses and deferred charges . . . . 65,672,315 10a Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10b 30, 165, 132 36,721,169 10c 35,507,183 b Less accumulated depreciation . . . . . 33, 133, 504 26,199,333 11 11 4,602,761 12 2.374.284 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 5.069.338 15 5,431,147 15 163.781.200 16 16 149.826.381 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 59, 163, 137 17 71,413,466 **17** Accounts payable and accrued expenses . 18 18 19 28.336.891 19 25.769.095 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 45, 335, 166 38,973,890 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,795,712 25 8,006,174 D . . . . 26 139,630,906 26 144,162,625 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . -6,423,671 -25,746,844 6,253,866 5,377,714 28 Temporarily restricted net assets . . . . . 28 Fund 29 24,320,099 29 26,032,886 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 24.150.294 33 5.663.756 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 163.781.200 34 149.826.381

Par	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)			2406	
2	Total expenses (must equal Part IX, column (A), line 25)	2			983,530 971,589
3	Revenue less expenses Subtract line 2 from line 1	3			088,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,1	L50,294
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6,3	398,479
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,6	663,756
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	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?	e	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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

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

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

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

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

DLN: 93493311011202

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► 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.

Open to Public Inspection

	ne of the organization ONAL RIFLE ASSOCIATION OF AMERICA	omi ppor Proce peparate motractions.		loyer identifica	tion numbe	r
Pa	t I Organizations Maintaining Donor Adorganization answered "Yes" to Form 99			or Accounts	. Complet	e ıf the
		(a) Donor advised funds		( <b>b)</b> Funds and o	ther accour	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (durıng year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advidunds are the organization's property, subject to the		onor advı	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for	any othe	r purpose	┌ Yes	┌ No
Par	<b>t III</b> Conservation Easements. Complete	if the organization answered "Yes"	to Forn	<u>n 990, Part IV</u>	, lıne 7.	
L 2	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreating in the protection of natural habitat.  Preservation of open space.  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year.	on or pleasure)  Preservation of a	a certifie	d historic struct		1
	easement on the last day of the tax year			Held at the	End of the	Vear
а	Total number of conservation easements		2a	rieid de che	Liid Of the	- Cui
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	` '	2d			
3	Number of conservation easements modified, transfer the taxable year ►			e organization (	during	
	Number of states where property subject to conserve					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of	violations, and	☐ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	urıng the year 🕨		
,	A mount of expenses incurred in monitoring, inspecti  \$\blue{\subset}\$ =	ng, and enforcing conservation easemer	nts during	g the year		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of se	ection		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financi				
ar	Organizations Maintaining Collection Complete if the organization answered		, or Otl	her Similar <i>I</i>	Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first section of the provide of the section of the s	for public exhibition, education or resea	rch in fu			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	•					

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or C	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing th	nat are a significa	ant u	ise of its co	llection	า	
а	Public exhibition		d	Γ	Loan o	r exchange prog	rams	;			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	/ further	the organizatior	ı's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	굣	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	dıary	for c	ontribut	ions or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able	Г		ı			
_						-	4-		Amou	ınt	
c d	Beginning balance					-	1c 1d				
e	Additions during the year					-	1e				
f	Distributions during the year  Ending balance					-	1f				
	Did the organization include an amount on Fo	orm 000 Bart V line	. 212			L				Yes	
2a L	If "Yes," explain the arrangement in Part XIV		= 21,						,	165	1 140
	rt V Endowment Funds. Complete		2 2 2 2	wor	nd "Voc	" to Form 990	Day	rt IV Juno	10		
Гa	Endowment Funds. Complete	(a)Current Year		)Prior		(c)Two Years Back		Three Years		<b>≘)</b> Four Y	ears Back
1a	Beginning of year balance	9,711,011			,687,890	6,920,61	-		5,316	,	
b	Contributions	1,546,181			808,137	1,582,05	51	48	7,022		
С	Investment earnings or losses	-112,646			549,205	750,02	29	-1,20	5,479		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	378,110			304,201	536,90	00				
f	Administrative expenses	28,288			30,020	27,90	)6	30	5,243		
g	End of year balance	10,738,148		9	,711,011	8,687,89	90	6,92	0,616		
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨 100 000 %										
c	Term endowment ▶										
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held	and administere	d for	the			
	organization by							i		Yes	No
	(i) unrelated organizations			•			•		3a(i)		No
	(ii) related organizations						•		3a(ii)	1	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•		3b	Yes	
						<u> </u>					
Раг	t VI Land, Buildings, and Equipme	int. See roilli 99	U, Pa					T	T		
	Description of property				Cost or o			(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
1a	Land					4,902	,450			•	4,902,450
b	Buildings					48,501	,290	20,92	28,876	28	3,204,372
c	Leasehold improvements										
d	Equipment					12,268	,575	9,95	8,630	:	2,400,361
	Other										
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	), line	10(c).)			>		3!	5,507,183
								Sched	ule D (I	orm 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 17		4 - 6 1 6
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation f-year market value
(1)Financial derivatives	2,374,284		F
(2)Closely-held equity interests			
Other			
	2 274 204		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of the o	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
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		
	,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	0.006.47.1		
Total (Column (b) Should Equal Form 330, Falt A, COI (B) IIIIE 23 )	8,006,174		

Par	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	218,983,530
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	231,071,589
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,088,059
4	Net unrealized gains (losses) on investments	4	-4,481,648
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-1,916,831
9	Total adjustments (net) Add lines 4 - 8	9	-6,398,479
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,486,538
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	220,348,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-6,398,479
3	Subtract line <b>2e</b> from line <b>1</b>	3	226,747,335
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-7,763,805
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	218,983,530
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	238,835,394
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	7,819,805
3	Subtract line <b>2e</b> from line <b>1</b>	3	231,015,589
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	56,000
5	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	5	231,071,589
Par	t 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 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	2 d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4 b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2 d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XIII	4 b	INCLUDES INTEREST ON ENDOWMENT GRANTS

DLN: 93493311011202

OMB No 1545-0047

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Name of the	organi	zatıon				
NATIONAL	RIFLE	ASSO	CIATION	ΟF	<b>AMERI</b>	CA

**Employer identification number** 

					53-0116130									
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered								
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization r gibility for the	maintain record grants or assis	stance, and the selecti	on criteria used to awa									
2	For grantmakers. Describe in Pa United States	art V the organiz	zatıon's proceduı	res for monitoring the use	e of grant funds outside th	ne								
3	Activites per Region (Use Part	Activites per Region (Use Part V if additional space is needed )												
	(a) Region	<b>(b)</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 g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region								
	Central America and the Caribbean			INVESTMENTS		4,000,000								
	Central America and the Caribbean			PROGRAM SERVICES	LAW ENFORCE TRAINING	25,000								
	Sub-total					4,025,000								
ŀ	Total from continuation sheets to Part I													

c Totals (add lines 3a and 3b)

4,025,000

Pa	Part IV, l	ine 15, for any					plete if the organiza received more thai		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
	-								
2	Enter total nur tax-exempt by	hber of recipied the IRS, or fo	l ent organizations list or which the grantee	l ted above that are e or counsel has pro	I recognized as chari ovided a section 50:	l ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other	organizations or ent	ities					· (F 000) 2014

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organization a	nswered "Yes" to f	orm 990	, Part IV, line 16.
	Use Part V if ad	ditional space is nee	eded.		-				

	additional space is it	<del></del>		•	_		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	•	•		•	•		

### 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)	Γ	Yes	굣	Νo
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)	Γ	Yes	<b>▽</b>	Νo
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)	Г	Yes	<b>▽</b>	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)	<b>▽</b>	Yes	Г	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)	Г	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).	Г	Yes	~	Νo

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any  Explanation
		<u>'</u>
	1	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311011202

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Open to Public **Inspection** 

NATIONAL RIFLE ASSOCIAT	ION OF AMERICA					
					53-0116130	
Part I Fundraising Ac	<b>tivities.</b> Complete	e if the c	organiza	tion answered "Yes" t	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activities Che	eck all that apply	
a 🔽 Mail solicitations			е	Solicitation of non	-government grants	
<b>b</b> 🔽 Internet and e-mail s	olicitations		f	Solicitation of gov	ernment grants	
c 🔽 Phone solicitations			g	Special fundraisin	g events	
<b>d</b> $\Gamma$ In-person solicitation	ıs					
<ul><li>Did the organization have or key employees listed in</li><li>If "Yes," list the ten higher</li></ul>	n Form 990, Part VII st paid individuals or	or entity) entities (	ın conne (fundraıse	ection with professional f ers) pursuant to agreeme	undraising services? ents under which the fun	
to be compensated at leas	st \$5,000 by the orga	anızatıon	Form 99	0-EZ filers are not requi	red to complete this tab	ole
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333	PAID SOLICITOR		No	9,871,841	5,613,068	4,258,773
	PAID SOLICITOR					
MEMBER CONNECT 4805 PEARL RD			No	772,079	513,193	258,886
CLEVELAND, OH 44109						

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,

10,643,920

4,517,659

6,126,261

			(a) Event #1  ILA PITTSBURGH	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	cor (c)
Revenue	1	Gross receipts	461,95	L		461,951
ф Ф	2	Less Charitable contributions				
_	3	Gross income (line 1 minus line 2)	461,95	L		461,951
	4	Cash prizes				
မွာ	5	Non-cash prizes				
ntpenses Transperses	6	Rent/facility costs				
<u>5</u> 5	7	Food and beverages				
ZIGG Z	8	Entertainment				
5	9	Other direct expenses .	104,760			104,760
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌	(104,760
	11	Net income summary Combine I	ines 3 and 10 in column (	(d)	•	357,191
ar	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or rep	
4.		<del></del>	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
(evelikue				bingo/progressive bingo		(Add col <b>(a)</b> through col <b>(c)</b> )
Kevelkue	1	Gross revenue		bingo/progressive bingo		
		Gross revenue		bingo/progressive bingo		
	2			bingo/progressive bingo		
Expenses	2	Cash prizes		bingo/progressive bingo		
Ulfect Expenses Reveilue	3	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs	Г Yes	F Yes	<pre>     Yes     No </pre>	(Add col (a) through col (c))
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	□ No	Г Yes	ΓNο	
Expenses	2 3 4 5 6	Cash prizes	S 2 through 5 in column (		厂 No	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 3 4 5 6	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	S 2 through 5 in column (		厂 No	
n ed Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Comer the state(s) in which the organization licensed to operate	No es 2 through 5 in column of the second se	T Yes	厂 No	( (c)
	2 3 4 5 6 7 8 Ent Ist	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com-	No es 2 through 5 in column of the second se	T Yes	No	( Yes \( \bigcap \) No

Tyes TNo

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 quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Ι	Z D- I	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

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DLN: 93493311011202 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (c) IRC Code section (d) A mount of cash (f) Method of **(b)** EIN (e) A mount of non-(a) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) 52-1480785 501c3 36.000 SCHOLARSHIPS (1) NATIONAL FND FOR WOMEN LEGISLATORS910 16TH ST NW WASHINGTON, DC 20006 Enter total number of section 501(c)(3) and government 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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount 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 I (Form 990) 2011

**Compensation Information** 

DLN: 93493311011202

OMB No 1545-0047

Open to Public

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

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.

Inspection **Employer identification number** 

53-0116130

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account 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 orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
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			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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			NI -
_	<u> </u>	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

### 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

(1) WAYNE LAPIERRE (1) 673,605 127,534 30,570 97,774 42,517 972,000 (2) CHRIS W COX (1) 476,946 87,378 18,981 43,379 37,501 664,185 (3) WILSON H (1) 401,146 88,070 25,106 109,007 26,750 650,079 (4) KAYNE B (1) 417,825 84,679 37,734 18,130 35,520 593,888 (1) 417,825 84,679 37,734 18,130 35,520 593,888 (1) 357,604 43,298 7,787 18,130 31,481 458,300 (5) EDWARD J LAND JR (1) 363,626 40,998 3,219 14,605 45,121 467,569 (7) MARY CORRIGAN (1) 324,416 40,998 3,219 14,605 45,121 467,569 (8) JOSEPH GRAHAM (1) 228,604 50,000 23,358 18,130 36,005 447,777 (1) MARCELLIN (1) 148,954 223,812 18,876 18,130 38,005 447,777 (1) MARCELLIN (1) 148,954 223,812 18,876 18,130 38,005 447,777	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
(1) WATNE LAPIERRE (II) (2) CHRIS W COX (I) (II) (II) (II) (II) (II) (II) (III) (IIII) (III) (II				(i) Base (ii) Bonus & Incentive			benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(a) WILSON H (ii) 401,146 88,070 25,106 109,007 26,750 650,079 PHILLIPS JR (ii) 417,825 84,679 37,734 18,130 35,520 593,888 (iii) 357,604 43,298 7,787 18,130 31,481 458,300 (ii) 45,121 467,569 (ii) 363,626 40,998 3,219 14,605 45,121 467,569 (ii) 324,416 409,394 18,130 5,973 757,913 (iii) 324,416 409,394 18,130 5,973 757,913 (iii) 228,604 50,000 23,358 18,130 26,271 346,363 (iii) 148,954 223,812 18,876 18,130 38,005 447,777 (iii) 148,954 223,812 18,876 18,130 38,005 447,777 (iiii) 266,883 120,000 1,966 18,130 14,619 421,598	(1) WAYNE LAPIERRE	(I) (II)	673,605	127,534	30,570	97,774	42,517	972,000	
PHILLIPS JR (I) (4) KAYNE B (II) (II) (III) (IIII) (III) (III) (III) (IIII) (IIII) (IIII) (IIIII) (IIIIIIII	(2) CHRIS W COX		476,946	87,378	18,981	43,379	37,501	664,185	
ROBINSON (II) 357,604 43,298 7,787 18,130 31,481 458,300 (6) TYLER SCHROPP (II) 363,626 40,998 3,219 14,605 45,121 467,569 (7) MARY CORRIGAN (II) 324,416 409,394 18,130 5,973 757,913 (8) JOSEPH GRAHAM (II) 228,604 50,000 23,358 18,130 26,271 346,363 (9) MICHAEL (II) 148,954 223,812 18,876 18,130 38,005 447,777 (10) RANDY KOZUCH (II) 266,883 120,000 1,966 18,130 14,619 421,598			401,146	88,070	25,106	109,007	26,750	650,079	
(i) 363,626 40,998 3,219 14,605 45,121 467,569 (ii) 324,416 409,394 18,130 5,973 757,913 (8) JOSEPH GRAHAM (i) 228,604 50,000 23,358 18,130 26,271 346,363 (9) MICHAEL (i) 148,954 223,812 18,876 18,130 38,005 447,777 MARCELLIN (ii) 266,883 120,000 1,966 18,130 14,619 421,598			417,825	84,679	37,734	18,130	35,520	593,888	
(II) (7) MARY CORRIGAN (II) (II) (II) (II) (III) (IIII) (III) (III	(5) EDWARD J LAND JR	(ı) (ıı)	357,604	43,298	7,787	18,130	31,481	458,300	
(8) JOSEPH GRAHAM (1) 228,604 50,000 23,358 18,130 26,271 346,363 (9) MICHAEL (1) 148,954 223,812 18,876 18,130 38,005 447,777 MARCELLIN (10) PANDY KOZUCH (1) 266,883 120,000 1,966 18,130 14,619 421,598	(6) TYLER SCHROPP		363,626	40,998	3,219	14,605	45,121	467,569	
(9) MICHAEL (1) 148,954 223,812 18,876 18,130 38,005 447,777 MARCELLIN (1) 266,883 120,000 1,966 18,130 14,619 421,598	(7) MARY CORRIGAN		324,416		409,394	18,130	5,973	757,913	30,28
MARCELLIN (II) 266,883 120,000 1,966 18,130 14,619 421,598	(8) JOSEPH GRAHAM	(ı) (ıı)	228,604	50,000	23,358	18,130	26,271	346,363	
			148,954	223,812	18,876	18,130	38,005	447,777	
	(10) RANDY KOZUCH		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	1 a	CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	1 a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSS-UPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION
I	1 a	CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	4 b	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 BIII 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 J (Form 990) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493311011202

OMB No 1545-0047

Quen to Public

(Form 990 or 990-EZ)

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.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Identifier	Return Reference	Explanation
Form 990 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 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.

ldentifier	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

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

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

ldentifier	Return Reference	Explanation
Form 990 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 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 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

ldentifier	Return Reference	Explanation
Form 990 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 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 KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND

ldentifier	Return Reference	Explanation
Form 990 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 SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION

ldentifier	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

ldentifier	Return Reference	Explanation
Form 990 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

ldentifier	Return Reference	Explanation
Form 990 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 990 READER NOTES ARE INTENDED AS A SERVICE TO HELP INTERESTED PARTIES UNDERSTAND THE ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990 Part XI	5	RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTION, UNREALIZED GAINSLOSSES ON INVESTMENTS, AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT

ldentifier	Return Reference	Explanation
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 78,289,244, Grants and allocations 0, Revenue 103,042,849 990 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

Identifier F	Return Reference	Explanation
		FORM 990, Part III, Line 4d Program Service Expenses 78, 289, 244, Grants and allocations 0, Revenue 103, 042, 849 990 PART III LINE 4d OTHER PROGRAM SERVICES THAT SERVE THE INFAS FRIMA RY EXEMPT PLRPOSES, IN ADDITION TO CATESORES AND A CHEVENDRIS LISTED ON THE 990 CORE FORM, INCLUDE PUBLIC A FRARS, EXECUTIVE OFFICES, INFA OFFICE OF ADVANCEMENT, AND MORE VISIT INFA NEWS COM AND INFAGIVE COM FOR THE LATEST IN BWS AND OPPORTUNITIES TO DE NGAGE WITH THE PARA FOR mig 90 Part Line 7 FREADER NOTE REGARDING IN A TIONAL RIPLE A SSOCIATIONS LUNRELATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON LINE 78 THE NET IN RESS THAN ZERO BECAUSE RIBLATED BUSINESS REVENUE ON THE NET IN SOURCES OF INFAS RUNRELATED BUSINESS INCOME AFEE MERCHANDISES SALES AND HERICOLOCALS ADVERTISING 990 READER NOTES ARE INTENDED AS A SERVICE OF HERICATE STEED PARTIESS LONDERSTAND THE OTHER MIN SOURCES OF INFAS RUNRELATED BUSINESS INCOME AFEE MERCHANDISES SALES AND HERICOLOCALS ADVERTISING 990 READER NOTES INDIVIDUAL CITIZENS REFER TO NEA BY LAWS FOR MEMBERSHE PLEIGBLITY Form 990 Part VI Section A Line 78 REVENUE AND A LINE ASSOCIATION IS A MEMBERSHEP A SESCULATION THAT REPRESENTS INDIVIDUAL CITIZENS REFER TO NEA BY LAWS FOR MEMBERSHEP BLIEGBLITY FORM 990 Part VI Section A Line 79 RAM MEMBERS BLECT ALL 76 MEMBERS OF INFA BROWNER FOR MEMBERSHEP A SESCULATIVE FORM 990 Part VI Section A Line 79 RAM MEMBERS BLECT ALL 76 MEMBERS OF INFAB PARROVAL PRESIDENT AND SECULATIVE FORM 990 PART VI SECTION AND AND AND AND AND AND AND AND AND AN

ldentifier	Return Reference	Explanation
		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 C OLLECTED 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 ASSOCI ATION 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 NO TES 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 GAINSLOSSES ON INVESTMENTS, AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT

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

DLN: 93493311011202

SCHEDULE R (Form 990)

Name of the organization

## **Related Organizations and Unrelated Partnerships**

► 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.

2011

Open to Public Inspection

Schedule R (Form 990) 2011

**Employer identification number** 

Department of the Treasury Internal Revenue Service

NATIONAL RIFLE ASSOCIATION OF AMERICA								53-011613	Ω			
Part I Identification of Disregarded Entities (Com	plete	ıf the organization	on .	answered "Yes	" or	n Form 990, Pa	rt IV					
<b>(a)</b> Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)	e	(d) Total income E	End-of	<b>(e)</b> f-year assets		<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during			ıft	the organization	n aı	nswered "Yes" (	on F	orm 990, Pa	rt I	V, line 34 because	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)		<b>(d)</b> Exempt Code section		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity	(g Section 5: contr organi	olled
(1) NRA FOUNDATION INC									$\dashv$		Yes	No
11250 WAPLES MILL RD FAIRFAX, VA 22030	CHAR	CHARITABLE		DC		501c3		LINE 7		NRA	Yes	
52-1710886 (2) NRA SPECIAL CONTRIBUTION FUND									$\dashv$			
PO BOX 700 RATON, NM 87740 23-7367534	CHAR	CHARITABLE		NM		501c3		LINE 11-TYPE I		NRA	Yes	
(3) NRA CIVIL RIGHTS DEFENSE FUND  11250 WAPLES MILL RD										ND A		
FAIRFAX, VA 22030 52-1136665	CHAR	CHARITABLE		VA		501c3		LINE 7		NRA	Yes	
(4) NRA FREEDOM ACTION FOUNDATION												
11250 WAPLES MILL RD  FAIRFAX, VA 22030 26-1277941	CHAR	TTABLE		VA		501c3	LINE 7		7	NRA	Yes	

Cat No 50135Y

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

(c) (b) Legal			(d)	(e)	(f)	(g)	(h) Disprop		(i) Code V—UBI	<b>(j</b> Gener		40				
Primary activity domicile (state or foreign country)	domicile (state or foreign	e or entity ign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of total income	Share of end-of- year assets	allocations?		allocations?				amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
							Yes	No		Yes	No					
Ī																
											·	·				
											·					

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

chedule R (Form 990) 2011		Рa	ge <b>3</b>
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		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
	1g		No
	1h		No
h Exchange of assets with related organization(s)	1i		No
i Lease of facilities, equipment, or other assets to related organization(s)	1		110
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
• Reimbursement paid to related organization(s) for expenses	10		No
p Reimbursement paid by related organization(s) for expenses	1р	Yes	
	1		No
q Other transfer of cash or property to related organization(s)	1q 1r		No No
r Other transfer of cash or property from related organization(s)	Tr	l	INO

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

( <b>b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
С	11,752,195	CASH
n	3,848,000	CASH
р	4,783,767	CASH
a	120,000	CASH
p	659,026	CASH
р	54,794	CASH
	Transaction ty pe(a-r)  c  n	Transaction type(a-r)  C

#### 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

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

Schedule R (Form 990) 2011

### 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		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

Schedule R (Form 990) 2011

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

DLN: 93493270005081

# Form **990**

### **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)

2010

OMB No 1545-0047

pen to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A 10	r the 201	0 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				
<b>B</b> Che	eck if applic	cable C Name of organization NATIONAL RIFLE ASSOCIATION OF AMERICA		D Employer i	dentification number	
Add	ress chang	e Doing Business As		53-0116	130	
Nar	ne change	Dolling Education As	<del>_</del>	E Telephone	number	
	ial return minated	Number and street (or P O box if mail is not delivered to street address) 11250 WAPLES MILL ROAD	Room/suite	(703) 267	7-1000	
Am	ended retu	FAIRFAX, VA 220307400		<b>G</b> Gross receip	ts \$ 253,051,952	
☐ App	lication pe	nding				
		F Name and address of principal officer	H(a) Is this a grou	up return for affili	ates? Yes No	
		WILSON H PHILLIPS JR 11250 WAPLES MILL RD				
		FAIRFAX,VA 22030	H(b) Are all affil		? Yes No t (see instructions)	
			H(c) Group e			
	c-exempt s	status		·		
			T	Τ.		
	_	zation	<b>L</b> Year of format	tion 1905	M State of legal domicile VA	
		efly describe the organization's mission or most significant activities				
Governance	NA AN CO ENI	PROTECT AND DEFEND THE U.S. CONSTITUTION, TO PROMOTE PUBLIFIED AND DEFENSE, TO TRAIN LAW ENFORCEMENT AGENCIES, TO TRAIN DEPONDED THE SHOOTING SPORTS, TO PROMOTE HUNTER SAFETY TO INSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE FORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FORTS TO PROMOTE HUNTER SAFETY	I CIVILIANS II O PROTECT A NATIONAL D	N MARKSM ND DEFEN EFENSE TO	ANSHIP, TO FOSTER D THE U S D TRAIN LAW	
		eck this box 📭 if the organization discontinued its operations or disposed of	more than 25%	of its net a	essets	
Activities &		nber of voting members of the governing body (Part VI, line 1a)		з	76	
差		nber of independent voting members of the governing body (Part VI, line 1b)		4	72	
ĄÇ		al number of individuals employed in calendar year 2010 (Part V, line 2a)		5	781	
		al number of volunteers (estimate if necessary)		6	125,000	
		al unrelated business revenue from Part VIII, column (C), line 12		7a	22,545,060	
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7b	-480,264	
			Prior Ye	ear	Current Year	
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	190	,620,182	71,145,801	
	<b>9</b> P	rogram service revenue (Part VIII, line 2g)	5	,753,381	107,083,801	
Revenue	<b>10</b> I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-131,048	3,460,273	
<b>—</b>		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41	,301,989	46,121,404	
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	237	,544,504	227,811,279	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		312,500	219,500	
		enefits paid to or for members (Part IX, column (A), line 4)		,	0	
	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–				
85	1	0.)				
泵		•	51	,967,645	51,666,650	
×	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)	51	,967,645	51,666,650 7,989,955	
Expenses	<b>16a</b> P <b>b</b> To	rofessional fundraising fees (Part IX, column (A), line 11e)	7	,116,019	7,989,955	
ਬੌ	16a P b To 17 O	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176	,116,019	7,989,955	
ਬੌ	<ul><li>16a P</li><li>b To</li><li>17 O</li><li>18 T</li></ul>	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236	,116,019 ,964,817 ,360,981	7,989,955 183,658,170 243,534,275	
	<ul><li>16a P</li><li>b To</li><li>17 O</li><li>18 T</li></ul>	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236	,116,019 ,964,817 ,360,981 ,183,523	7,989,955 183,658,170 243,534,275 -15,722,996	
	<ul><li>16a P</li><li>b To</li><li>17 O</li><li>18 T</li></ul>	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236	,116,019 ,964,817 ,360,981 ,183,523 Current	7,989,955 183,658,170 243,534,275	
	16a P b To 17 O 18 T 19 R	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year	,116,019 ,964,817 ,360,981 ,183,523 Current	7,989,955 183,658,170 243,534,275 -15,722,996	
	16a P b Td 17 O 18 T 19 R 20 T 21 T	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160	,964,817 ,360,981 ,183,523 Current	7,989,955 183,658,170 243,534,275 -15,722,996 End of Year	
Not Assets or Fund Balances	16a P b To 17 O 18 T 19 R 20 T 21 T	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122	,116,019 ,964,817 ,360,981 ,183,523 Current	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200	
Not Assets or Fund Balances	16a P b To 17 O 18 T 19 R 20 T 21 T	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122	,116,019 ,964,817 ,360,981 ,183,523 <b>Current</b> ,315,364 ,740,032	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906	
Net Assets or Land Balances	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t III S penalties edge and	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122 37	,116,019 ,964,817 ,360,981 ,183,523 Current ,315,364 ,740,032 ,575,332	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my	
Met Assets of Me	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 111 S penalties edge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	176 236 1 Beginning of Year 160 122 37 edules and state is based on all in 2011-0	,964,817 ,360,981 ,183,523 <b>Current</b> ,315,364 ,740,032 ,575,332	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my	
Met Assets of John Parkers of	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t III S r penalties edge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	176 236 1 Beginning of Year 160 122 37 edules and state is based on all in	,964,817 ,360,981 ,183,523 <b>Current</b> ,315,364 ,740,032 ,575,332	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my	
Met Assets of Me	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t III S r penalties edge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	176 236 1 Beginning of Year 160 122 37 edules and state is based on all in 2011-0	,964,817 ,360,981 ,183,523 <b>Current</b> ,315,364 ,740,032 ,575,332	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my	
Met Assets of John Parkers of	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 1111 S penalties edge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	176 236 1 Beginning of Year 160 122 37 edules and state is based on all in Date	,116,019 ,964,817 ,360,981 ,183,523 Current ,315,364 ,740,032 ,575,332 ements, and information of	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my of which preparer has any	
Not Assets of Dudon Mores Balances	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N t III Seedge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	176 236 1 Beginning of Year 160 122 37 edules and state is based on all in Date	,964,817 ,360,981 ,183,523 <b>Current</b> ,315,364 ,740,032 ,575,332	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my	
Sign Here	16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 111 S penalties edge and edge.	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122 37 edules and state is based on all in Date  Che	,116,019 ,964,817 ,360,981 ,183,523 Current ,315,364 ,740,032 ,575,332 ements, and information of	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my of which preparer has any	
Paid Prepa	b To	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122 37 edules and state is based on all in Date  Che	,116,019 ,964,817 ,360,981 ,183,523 Current ,315,364 ,740,032 ,575,332 ements, and information of	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my of which preparer has any	
Sign Wet Assets of Paid Met Asse	b To	rofessional fundraising fees (Part IX, column (A), line 11e)	51 7 176 236 1 Beginning of Year 160 122 37 edules and state is based on all in Date  Che	,116,019 ,964,817 ,360,981 ,183,523 Current ,315,364 ,740,032 ,575,332 ements, and information of	7,989,955  183,658,170 243,534,275 -15,722,996  End of Year  163,781,200 139,630,906 24,150,294  to the best of my of which preparer has any	

4e	Total program ser	vice expenses►\$	185,031,24	5		
	(Expenses \$	88,852,887 inc	luding grants o	of\$	) (Revenue \$	100,990,554)
4d		rvices (Describe in Sch	redule O )			
	AMENDMENT, FIGHTS LEGISLATIVE ACTION 1	FOR INITIATIVES AIMED AT I	REDUCING VIOLEN , REGULATIONS AN	T CRIME, AND PROMOTES ID LAWS, RANGE PROTECT	HUNTERS RIGHTS AND CONS	ST EFFORTS TO ERODE THE SECOND SERVATION EFFORTS NATIONWIDE NR/ONTROL THREATS, WORKERS EST UPDATES
4c	(Code	) (Expenses \$	21,288,446	including grants of \$	180,000 ) (Reven	,
	ARTICLES ON FIREARI	MS, HUNTING, LEGISLATIVE A	ND LEGAL ACTION	FROM RECOGNIZED LEAD		TAINING THE MOST AUTHORITATIVE ES SERVE TO EDUCATE AND INFORM ON APUBLICATIONS ORG
4b	(Code	) (Expenses \$	36,029,923	ıncludıng grants of \$	) (Revenu	ue \$ 22,428,263 )
4a	INFORM AND INSTRUC RIGHTS NRA CONTIN SPORTS ALSO INCLUD	CT THE MEMBERSHIP AND GE UES TO BE THE PREMIER LEA SES YOUTH SCHOLARSHIPS AN	ENERAL PUBLIC OF ADER IN FIREARMS ND SHOOTING CAM	80 MILLION GUNOWNERS EDUCATION AND SAFETY 1PS TO BUILD AND FOSTER	WITH REGARD TO THEIR INA NRA OUTREACH FOR YOUTH	GH QUALITY SERVICES TO TRAIN, ALIENABLE SECOND AMENDMENT H IN THE HUNTING AND SHOOTING AMERICA VISIT NRA ORG AND
4	Section 501(c)(3) allocations to other	and 501(c)(4) organizations, the total expenses, a	ions and sections and revenue, if	on 4947(a)(1) trusts any, for each program		e amount of grants and
	If "Yes," describe t	hese changes on Sched	ule O			
3	•	n cease conducting, or i	•	•	onducts, any program	
	If "Yes," describe t	hese new services on S	chedule O			
2		n undertake any signific or 990-EZ?			r which were not listed o	on
1 TO F	•	END THE U.S. CONSTI				
	Briefly describe th	e organization's missior	1			

Part IV	Checklist	of Red	uired	Sched	lules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part I	6		No
7	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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	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 ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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 ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	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? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
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)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	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</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$ Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

	990 (2010) rt V Statements Regarding Other IRS Filings and Tax Compliance			Page :
r e.	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		163	140
	<b>1a</b> 872			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	]	l	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
- Cu	organization solicit any contributions that were not tax deductible?		103	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	61		
7	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
а	services provided to the payor?	/a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11				
	Section 501(c)(12) organizations. Enter  Gross Income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	The state of the s			
I.	Enter the amount of reserves the organization is required to maintain by the states			
D	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c	1		.,
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	l No

**b** If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

**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.

	question in this Part VI					

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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? .	. з		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	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	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	res	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	has the organization provided a copy of this form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	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?	16b		
Se	ction 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,	A L		

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 Vpon 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 AMERI 11250 WAPLES MILL ROAD FAIRFAX, VA 220307400

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

#### 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

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

Form 990 (2010)

Page 8

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

	per	(C) Position (check all that apply)						compensation from the	compensation from related	(F) Estimated amount of othe compensation	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization an related organizations	
17) SCOTT L BACH	1 00	Х						0	0		
18) WILLIAM A BACHENBERG  IRECTOR  19) FE BACHHUBER JR	1 00	x						0	0		
IRECTOR 20) M CAROL BAMBERRY IRECTOR	1 00	x						0	0		
21) BOB BARR DIRECTOR 22) RONNIE G BARRETT	1 00	Х						0	0		
DIRECTOR  23) CLEL BAUDLER  JIRECTOR	1 00	X						0	0		
24) DAVID E BENNETT III DIRECTOR	1 00	х						0	0		
25) J KENNETH BLACKWELL DIRECTOR 26) MATT BLUNT	1 00	×						0	0		
DIRECTOR 27) DAN BOREN DIRECTOR	1 00	×						0	0		
28) ROBERT K BROWN DIRECTOR 29) PETE BROWNELL	1 00	х						0	0		
DIRÉCTOR 30) JOHN P BURTT	1 00	X						0	0		
VIRECTOR 31) DAVID BUTZ VIRECTOR	1 00	X						151,033	0		
32) J WILLIAM CARTER DIRECTOR 33) RICHARD CHILDRESS	1 00	Х						0	0		
NIRÉCTOR 34) PATRICIA A CLARK	1 00	X						0	0		
VIRECTOR 35) ALLAN D CORS VIRECTOR	1 00	х						0	0		
36) CHARLES L COTTON IRECTOR 37) DAVID G COY	1 00	X						0	0		
DIRECTOR 38) LARRY E CRAIG DIRECTOR	1 00	×						0	0		
39) JOHN L CUSHMAN JIRECTOR	1 00	х						0	0		
40) WILLIAM H DAILEY DIRECTOR 41) JOSEPH P DEBERGALIS JR	1 00	×						0	0		
virector 42) Donn C Dibiasio Virector	1 00	×						0	0		
43) MANUEL FERNANDEZ DIRECTOR 44) EDIE P FLEEMAN	1 00	х						0	0		
DIRÉCTOR 45) JOEL FRIEDMAN	1 00	X						0	0		
VIRECTOR 46) SANDRA S FROMAN VIRECTOR	1 00	X						45,180	0		
47) TOM GAINES DIRECTOR 48) JAMES S GILMORE III	1 00	х						0	0		
INFECTOR 49) MARION P HAMMER INFECTOR	1 00	×						190,000	0		
50) GRAHAM HILL DIRECTOR	1 00	х						0	0		
51) STEVE HORNADY SIRECTOR 52) SUSAN HOWARD	1 00	X						0	0		
DIRÉCTOR 53) ROY INNIS DIRECTOR	1 00	×						0	0		
54) H JOAQUIN JACKSON DIRECTOR	1 00	х						0	0		
55) CURTIS S JENKINS DIRECTOR 56) D CYNTHIA JULIEN	1 00	×						0	0		
DIRECTOR  57) TOM KING  DIRECTOR	1 00	×						0	0		
58) HERBERT A LANFORD JR DIRECTOR 59) KARL A MALONE	1 00	х						0	0		
DIRECTOR 60) CAROLYN D MEADOWS	1 00	X						0	0		
IRECTOR 61) JOHN F MILIUS IRECTOR	1 00	х						0	0		
62) BILL MILLER DIRECTOR 63) OWEN P MILLS	1 00	X						0	0		
OIRECTOR 64) CLETA MITCHELL DIRECTOR	1 00	×						0	0		
65) GROVER G NORQUIST DIRECTOR	1 00	х						0	0		
66) OLIVER L NORTH IRECTOR 67) JOHNNY NUGENT	1 00	X						0	0		
IRÉCTOR 58) TED NUGENT IRECTOR	1 00	×						0	0		
69) LANCE OLSEN DIRECTOR	1 00	Х						90,000	0		
70) TIMOTHY W PAWOL DIRECTOR 71) PETER J PRINTZ	1 00	×						0	0		
DIRECTOR 72) TODD J RATHNER DIRECTOR	1 00	×						0	0		
73) WAYNE ANTHONY ROSS DIRECTOR 74) CARL T ROWAN JR	1 00	х						0	0		
DIRÉCTOR 75) DON SABA	1 00	X						0	0		
NIRECTOR 76) ROBERT E SANDERS NIRECTOR	1 00	×						0	0		
77) STEVEN C SCHREINER NRECTOR 78) HAROLD W SCHROEDER	1 00	×					<u> </u>	0	0		
JIRICLEOR 79) TOM SELLECK JIRECTOR	1 00	×						0	0		
80) JOHN C SIGLER DIRECTOR	1 00	х						0	0		
81) DWIGHT D VAN HORN IRECTOR 82) ROBERT L VIDEN JR	1 00	X						0	0		
IRÉCTOR 83) HOWARD J WALTER IRECTOR	1 00	×	-					0	0		
34) JD WILLIAMS IRECTOR	1 00	х						0	0		
B5) DENNIS L WILLING IRECTOR B6) ROBERT J WOS	1 00	×						0	0		
IRECTOR 37) DONALD E YOUNG IRECTOR	1 00	×						0	0		
Lb Sub-Total							Þ				
d Total (add lines 1b and 1c) .  Total number of individuals (ir \$100,000 in reportable comp	ncluding but not lim	iited to	those	lıst			<b>▶</b> -	5,579,153 received more than	n	631,25	
3 Did the organization list any <b>f</b>					y en	nploy	ee, o	r highest compensa	ated employee	Yes No	
on line 1a? If "Yes," complete s	Schedule J for such i	ındıvıdu	al .	•	•	•	•		:	B No	
For any individual listed on lin organization and related organ individual	nizations greater th								ch	1 Yes	
Did any person listed on line 1	la receive or accru	e comp	ensa <sup>.</sup>	tion	from	any	unrel	lated organization o		1	

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	ındıvıdual	4	Yes		
i	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	
Se	ection B. Independent Contractors				
•	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization				

INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333 PALM COAST DATA

Name and business address

11 COMMERCE BLVD PALM COAST, FL 32164	MEMBERSHIP PROCESSING	9,978,184			
VALTIM PO BOX 114 FOREST, VA 24551	FULFILLMENT CENTER	9,814,106			
PM CONSULTING  12100 WILSHIRE BLVD  LOS ANGELES, CA 90025  CONSULTING					
POSTMASTER 1735 N LYNN ST ARLINGTON, VA 22209	POSTAGE SHIPPING	8,408,585			
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►29	) who received more than				
		Form <b>990</b> (2010)			

Compensation

12,397,032

Description of services

MEMBERSHIP PROC SOLICITOR

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

Pa	rt X	Balance Sheet									
					(A) Beginning of year		( <b>B)</b> End of year				
	1	Cash—non-interest-bearing				1					
	2	Savings and temporary cash investments			18,396,784	2	9,373,624				
	3	Pledges and grants receivable, net			2,528,075	3	3,244,548				
	4	Accounts receivable, net			49,767,997	4	52,606,967				
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of									
		Schedule L									
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B), and contributing e sponsoring organizations of section 501(c)(9) voluntary employ organizations (see instructions)									
<del>i</del>		Schedule L				6					
Assets	7	Notes and loans receivable, net			3,133,320	7	3,111,070				
⋖	8	Inventories for sale or use			10,888,636	8	13,178,944				
	9	Prepaid expenses and deferred charges			2,167,086	9	2,739,275				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a								
	Ь	Less accumulated depreciation	10b		, ,		36,721,169				
	11	Investments—publicly traded securities			29,042,690		33,133,504				
	12	Investments—other securities See Part IV, line 11			3,341,890	12	4,602,761				
	13	Investments—program-related See Part IV, line 11				13					
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	•		4,862,341	15	5,069,338				
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			160,315,364	16	163,781,200				
	17	Accounts payable and accrued expenses .			59,109,001	17	59,163,137				
	18	Grants payable				18					
	19	Deferred revenue			28,119,095	19	28,336,891				
	20	Tax-exempt bond liabilities				20					
<u>, a</u>	21	Escrow or custodial account liability Complete Part IV of Schedul		21							
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Ę		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties	•	•	29,340,012	23	45,335,166				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			6,171,924	25	6,795,712				
	26	Total liabilities. Add lines 17 through 25		122,740,032	26	139,630,906					
S <del>O</del> O		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	let e	ines 27							
an	27	Unrestricted net assets	11,164,773	27	-6,423,671						
Fund Balance	28	Temporarily restricted net assets			3,207,708	28	6,253,866				
Ξ	29	Permanently restricted net assets			23,202,851	29	24,320,099				
Ξ		Organizations that do not follow SFAS 117, check here 🕨 🦵 ar	d con	nplete							
ö		lines 30 through 34.									
	30	Capital stock or trust principal, or current funds	•			30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32					
Ř	33	Total net assets or fund balances			37,575,332	33	24,150,294				
_	34	Total liabilities and net assets/fund balances			160,315,364	34	163,781,200				

Pai	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		227.8	311,279
2	Total expenses (must equal Part IX, column (A), line 25)	2			534,27
3	Revenue less expenses Subtract line 2 from line 1	3			722,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,5	575,332
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,2	297,958
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		24,1	150,294
Par	The triangle of triang			୮	
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493270005081

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Open to Public

terna	I Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspect	tion
	me of the organi			Emp	loyer identific	ation numbe	er
NAI	IONAL RIFLE ASSUC	IATION OF AMERICA		53-0	0116130		
Pa			dvised Funds or Other Similar F			s. Complet	te if the
	organiz	ation answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·		Th) Funda and	-+h	
	Total number at	t and of year	(a) Donor advised funds	,	<b>b)</b> Funds and	other accou	nts
,		ributions to (during year)					
- 3		ts from (during year)					
Ļ	30 3 3	e at end of year					
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advi	sed	☐ Yes	┌ No
,	used only for cl	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar			☐ Yes	┌ No
Pai	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part I	V, line 7.	
2	Protection Preservati Complete lines	on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a quali ne last day of the tax year	on or pleasure) Preservation of an Preservation of a conservation contribution in the form	ertifie	d historic stru	•	a
		,			Held at the	e End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ie organizatior	during	
ŀ		es where property subject to conserva					
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand ,	dling of	violations, an	d	┌ No
•			pecting and enforcing conservation easem				
	·	<del>-</del>	ng, and enforcing conservation easements		g the year 🟲 \$		
ì	170(h)(4)(B)(ı)	) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec			☐ Yes	┌ No
)	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents				
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar	Assets.	
la	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in fu			≘,
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research in s			•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets incl	uded in Form 990, Part X			<b>►</b> \$		
<u>!</u>	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items	r finan	cıal gaın, prov	ıde the	
а	Revenues inclu	ided in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	:, His	storical Tr	eas	ures, or O	the	r Similaı	ASS	ets (ca	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne following t	that a	re a significa	nt u	se of its co	llectio	n	
а	Public exhibition		d	┌ Loan	orexo	:hange progr	ams				
ь	Scholarly research		e	┌ Other	-						
С	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they furthe	rthe	organızatıon	's e>	empt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,				ıılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to For	m 99	0,	
_	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				itions	or other ass	ets	not	Г	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г			A mo		
_	December helenes						1		AIIIO	unc	
c d	Beginning balance					-	1c				
	Additions during the year					-	1d				
e f	Distributions during the year					-	1e				
	Ending balance					L	1f				
2a	Did the organization include an amount on F		e 217						ļ	Yes	No
	If "Yes," explain the arrangement in Part XIV <b>rt V Endowment Funds.</b> Complete		200	word "Vo	c" to	Form 990	Dar	+ IV line	10		
Рa	Endowment Funds. Complete	(a)Current Year		Prior Year		Two Years Back		Three Years		e)Four Y	ears Back
1a	Beginning of year balance	8,687,890		6,920,616		7,675,3	<u> </u>	<u>,                                      </u>	Ì	,	
b	Contributions	808,137		1,582,05	1	487,02	22				
c	Investment earnings or losses	549,205		750,029	9	-1,205,4	79				
d	Grants or scholarships										
e	Other expenditures for facilities	304,201		536,900							
f	and programs	30,020		27,906	5	36,2	13				
g	End of year balance	9,711,011		8,687,890	+	6,920,6	_				
2	Provide the estimated percentage of the year	, ,	as		<u> </u>	· · ·					
а	Board designated or quasi-endowment										
Ь	Permanent endowment - 100 000 %										
c	Term endowment										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that are held	dand	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		٠		3a(i)		Νο
	(ii) related organizations						•		3a(ii)	+	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the				•		•		3b	Yes	
	t VI Investments—Land, Building				90 F	Part X line	10				
	Description of investment	-, <u>-</u> -qp		(a) Cost or basis (invest	other	(b)Cost or of basis (othe	her	(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
1a	Land					4,902	,450				4,902,450
	Buildings					47,869	-	24,4	00,367		3,828,275
	Leasehold improvements							,			
d	Equipment					12,178	,159	5,5	74,944		2,990,444
e	Other										

36,721,169

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(-,	Cost or end-of-year market value	
			of valuation
			alue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in			
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability			
	( <b>b</b> ) A mount		
Federal Income Taxes	1,000,000		
DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	5,051,972 743,740		
OTHER MISCELLANEOUS ETABLETTES	743,740		
		İ	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,795,712		

Part X	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
<b>1</b> To	tal revenue (Form 990, Part VIII, column (A), line 12)	1	227,811,279
<b>2</b> To	tal expenses (Form 990, Part IX, column (A), line 25)	2	243,534,275
<b>3</b> Ex	cess or (deficit) for the year Subtract line 2 from line 1	3	-15,722,996
<b>4</b> Ne	t unrealized gains (losses) on investments	4	1,005,312
<b>5</b> Do	nated services and use of facilities	5	
6 In	vestment expenses	6	
<b>7</b> Pr	or period adjustments	7	
<b>8</b> Ot	her (Describe in Part XIV)	8	1,292,646
	tal adjustments (net) Add lines 4 - 8	9	2,297,958
	cess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-13,425,038
Part XI			· · ·
	otal revenue, gains, and other support per audited financial statements	1	237,358,520
<b>2</b> A	mounts included on line 1 but not on Form 990, Part VIII, line 12		
a N	et unrealized gains on investments		
<b>b</b> D	onated services and use of facilities		
<b>c</b> R	ecoveries of prior year grants		
<b>d</b> 0	ther (Describe in Part XIV) 2d 830,644		
<b>e</b> A	dd lines <b>2a</b> through <b>2d</b>	2e	1,835,956
<b>3</b> S	ubtract line <b>2e</b> from line <b>1</b>	3	235,522,564
<b>4</b> A	mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
<b>b</b> 0	ther (Describe in Part XIV)		
<b>c</b> A	dd lines <b>4a</b> and <b>4b</b>	4c	-7,711,285
<b>5</b> T	otal Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	227,811,279
Part XI	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
	otal expenses and losses per audited financial	1	250,783,558
	mounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
	onated services and use of facilities		
	rior year adjustments	1	
	ther losses	1	
	ther (Describe in Part XIV)	1	
e A	dd lines <b>2a</b> through <b>2d</b>	2e	7,279,783
<b>3</b> S	ubtract line <b>2e</b> from line <b>1</b>	3	243,503,775
<b>4</b> A	mounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Ir	ovestment expenses not included on Form 990, Part VIII, line 7b   4a		
<b>b</b> 0	ther (Describe in Part XIV) 4b 30,500	1	
c A	dd lines <b>4a</b> and <b>4b</b>	4c	30,500
5 T	otal expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	243,534,275
Part X	IV 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 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

Ident if ier	Return Reference	Explanation
III	1 a	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	2 d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4 b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2 d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XIII	4 b	INCLUDES INTEREST ON ENDOWMENT GRANTS

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DLN: 93493270005081

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

**Statement of Activities Outside the United States** 

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number** 

					53-0116130	
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the o	organization n	naıntaın record	s to substantiate the	amount of the grants of	or
	assistance, the grantees' elig	_			<del>-</del>	
	the grants or assistance?					
2	<b>For grant makers.</b> Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	)		
	<b>(a)</b> Region	<b>(b)</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 g , fundraising, program services, investments, grants to recipients located in the region)	(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
	Central America and the Caribbean			INVESTMENTS		4,000,000
	Central America and the Caribbean			PROGRAM SERVICES	LAW ENFORCE TRAINING	25,000
	-					
32	Sub-total					4,025,000
	Total from continuation sheets					1,525,600

c Totals (add lines 3a and 3b)

4,025,000

Pai	Part IV,	line 15, for any	sistance to Orga recipient who rec space is needed.	nizations or Entiti eived more than \$5,	es Outside the Ur 000. Check this box	nited States. Composers of the composition of the c	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nui tax-exempt by	mber of recipie the IRS, or fo	ent organizations list or which the grante	sted above that are lee or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or er	tities					: (Eorm 990) 2010

Part III	<b>Grants and Other Assistance t</b>	o Individuals	Outside the Unit	ed States. Complete i	if the organization a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if additional space is ne	eded.		-	_		

(a) Type of grant or assistance	( <b>b</b> ) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
	í <u></u>		·		assistance	assistance	(book, FMV, appraisal, other)
	<u> </u>				1		
	1		· · · · · · · · · · · · · · · · · · ·		,		
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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)	Γ	Yes	<b>▽</b>	Νo
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)	Γ	Yes	굣	Νo
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)	Γ	Yes	굣	Νo
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)	<b>I</b>	Yes	Γ	Νo
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)	Г	Yes	굣	Νo
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).	Г	Yes	ঘ	Νo

Schedule F (Form 990) 2010

Identifier	provide the information (see instructions  ReturnReference	Explanation

**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493270005081

Su

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part I	Fundraising	Activities.	Complete if	f the organiz	ation answered	d "Yes" to	Form 990,	Part IV,	line 17.

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

(1) Name and address of individual or entity (fundraiser)	(II) Activity	fundrais custo cont	ser have ody or rol of utions?	(IV) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
INFOCISION	PAID SOLICITOR		Νο	12,739,255	7,687,860	5,051,395	
STRATEGIC FUNDRAISING	PAID SOLICITOR		No	450,077	302,095	147,982	
Total			•	13,189,332	7,989,955	5,199,377	

<sup>3</sup> 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

Pa	rt II			lete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1  ILA CHARLOTTE (event type)	(b) Event #2  (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))					
Revenue	1 2	Gross receipts Less Charitable	429,69!	5		429,695					
æ	3	contributions  Gross income (line 1 minus line 2)	429,699	5		429,695					
	4	Cash prizes									
10	5	Non-cash prizes									
Expenses	6	Rent/facility costs									
ă ă	7	Food and beverages									
Drea	8	Entertainment									
à	9	Other direct expenses .	236,738	3		236,738					
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	236,738					
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		192,957					
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than					
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))					
	1	Gross revenue									
ses	2	Cash prizes									
xpenses	3	Non-cash prizes									
ш	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteer labor	┌ Yes %	┌ Yes % ┌ No	┌ Yes %						
		Direct expense summary Add lines									
	8	Net gaming income summary Com	bine lines 1 and / in colu	ımn (d)	<u> </u>						
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	gamıng activities in eac			Yes No					
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno					

revenue?	11	Does the organization operate ga	aming activities with nonmembers? .		┌ <sub>Yes</sub> ┌ <sub>No</sub>
Indicate the percentage of gaming activity operated in  a The organization's facility  An outside facility  Interpretation is facility  Address  Name  Address  Does the organization have a contract with a third party from whom the organization's gaming/special events books and records  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   \$ \$	L2	Is the organization a grantor, ber	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
a The organization's facility		formed to administer charitable g	gaming?		┌ <sub>Yes</sub> ┌ <sub>No</sub>
An outside facility	L3	Indicate the percentage of gamir	ng activity operated in		
Name ►  Address ►  LSa Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility		13a	
Address ►  Address ►  Address ►  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming revenue retained by the third party ►\$ and the amount of gaming manager information  Name ►  Gaming manager compensation ►\$  Description of services provided ►  Director/officer	b	An outside facility		13b	
Address ►  Address ►  Address ►  Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		fthe person who prepares the organiza	tion's gaming/special events books and	
Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		records			
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲			
revenue?		Address 🟲			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming and address  Name ▶ Address ▶ Address ▶ Gaming manager information  Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ 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?	15a	Does the organization have a cor	ntract with a third party from whom the	organization receives gaming	
amount of gaming revenue retained by the third party \( \) \\$  C If "Yes," enter name and address  Name \( \)  Address \( \)  Address \( \)  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? \( \) \( \) \( \) \( \) \( \) 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.)		revenue?			┌ <sub>Yes</sub> ┌ <sub>No</sub>
Address ►  Address ►  Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer	b				
Address ►  Address ►  Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer	_				
Address  Gaming manager information  Name  Gaming manager compensation  \$  Description of services provided  Director/officer Employee Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		if yes, entername and address	5		
Name  Gaming manager compensation  \$  Director/officer		Name 🟲			
Name  Gaming manager compensation  \$  Director/officer					
Name  Gaming manager compensation  \$  Director/officer		Address 🟲			
Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer					
Gaming manager compensation ► \$  Description of services provided ►  Director/officer	16	Gaming manager information			
Description of services provided ►  Director/officer					
Gaming manager compensation ► \$  Description of services provided ►  Director/officer		N <b>b</b>			
Director/officer   Employee   Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Name F			
Director/officer   Employee   Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation	<b>\$</b>		
If the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided	<b>•</b>		
If the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>F</b>	<b>-</b> .		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		,	I Employee	I Independent contractor	
retain the state gaming license?		•	er state law to make charitable distribi	itions from the gaming proceeds to	
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.)	4				
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.)	b	<u> </u>			res I No
instructions.)	-				
	Par	t IV Complete this part to p		responses to question on Schedule G (se	ee
		•	ReturnReference	Evalanation	

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Schedule I

(Form 990)

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

DLN: 93493270005081

OMB No 1545-0047

## **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. Department of the Treasury Attach to Form 990 Internal Revenue Service

**Inspection** Employer identification number

NATIONAL RITEL ASSOCIATIO	on or America					53-0116130	
Part I General Inform	ation on Grants	and Assistance				•	
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> </ul>	to award the grants	orassistance?					✓ Yes
Form 990, Part IV	, line 21 for any i	Governments and recipient that received eded.	l more than \$5,000.	Check this box if no	one recipient rec	ceived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LAW ENFORCEMENT ALLIANCE7700 LEESBURG OIKE FALLS CHURCH,VA 22043	54-1798397	501c4	180,000				LAW ENFORCEMENT
(2) NATIONAL FDN FOR WOMEN LEGISLATORS910 16TH ST NW WASHINGTON, DC 20006	52-1480785	501c3	9,000				SCHOLARSHIPS
2 Enter total number of section 3 Enter total number of other							

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)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.										
Ident if ier	Return Reference	Explanation									
I		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									

DLN: 93493270005081

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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.

Open to Public Inspection

NAT	IONAL RIFLE ASSOCIATION OF AMERICA			
	53-0116130			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	First-class or charter travel			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account 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 orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
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  Compensation committee  Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	8		No
٥	If "Vac" to line 9, did the organization also follow the rebuttable prosumption procedure described in Regulations			İ

section 53 4958-6(c)?

#### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

#### 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

Ident if ier	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	1 a	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	4 b	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 BIII 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 J (Form 990) 2010

As Filed Data -

DLN: 93493270005081

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► 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.

**2010** 

Open to Public Inspection

	of the organization AL RIFLE ASSOCIATION OF AMERIC	:A							<b>mployer i</b> 3-01161		ation numb	er
Part I								organi	zations	only).		
	Complete if the organizat	ion ans	swered "	Yes" on For	m 990, l	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I		
1	(a) Name of disq	ualıfıed	l person		(b) Description of t			of trans	action		<u> </u>	orrected?
								Yes	No			
												_
												+
<b>2</b> Fn	ter the amount of tax impos	ed on t	he organ	nization man	agers or	disqualified ners	ons dur	ing the v	/ear unde	r	•	•
	ction 4958					· · · · ·				• • \$ —		
<b>3</b> En	ter the amount of tax, ıf any	, on lın	e 2, abo	ve, reımburs	ed by th	ie organization .			🕨	<b>-</b> \$		
Part I	I Loans to and/or	Erom	Intore	stad Dare	5006							
Pait	Complete if the organi					), Part IV, line 26	, or For	m 990-l	EZ, Part V	', line 38	3 a	
			oan to						(f)			
<b>(a)</b> Nan	ne of interested person and		om the	(c)0 rig	jinal	(d)Palance due	(e)		A pprov		(g)Writ	
	purpose	organ	ızatıon?	principal a	amount	(d)Balance due	default?		commit		I =	
		То	From				Yes	No	Yes	No	Yes	No
Total .		<del></del>			<b>▶</b> \$	•		•		1		
Part II											•	
	Complete if the orga							27.				
	(a) Name of interested pers	on	(			een interested per ganization	rson	<b>(c)</b> A n	nount of g	rant or t	ype of assı	stance
					14 1114 01	gamzation						

#### 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	(c) A mount of transaction (d) Description of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization		Yes	No	
(1) MARION HAMMER	DIRECTOR	190,000	CONSULTING		Νο
(2) DAVID BUTZ	DIRECTOR	151,033	CONSULTING		Νο

#### Part V Supplemental Information

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

Schedule L (Form 990 or 990-EZ) 2010

As Filed Data -

DLN: 93493270005081

OMB No 1545-0047

2010

Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public ► Attach to Form 990 or 990-EZ.

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA **Employer identification number** 

53-0116130

ldentifier	Return Reference	Explanation
Form 990 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

ldentifier	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

ldentifier	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

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

ldentifier	Return Reference	Explanation
Form 990 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

ldentifier	Return Reference	Explanation
Form 990 Part VI	15a,15b	COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES

ldentifier	Return Reference	Explanation
Form 990 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 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

ldentifier	Return Reference	Explanation
Form 990 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 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

ldentifier	Return Reference	Explanation
Form 990 Part VII		CONTINUED FROM A BOVE BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND

ldentifier	Return Reference	Explanation
Form 990 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

ldentifier	Return Reference	Explanation			
Form 990 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			

ldentifier	Return Reference	Explanation
Form 990 Part III	4e	OTHER PROGRAM SERVICES INCLUDE MEMBERSHIP SERVICES, PUBLIC AFFAIRS, ANNUAL MEETING AND MEMBERS EXHIBIT HALL, EXECUTIVE, ADVANCEMENT, AND ADMIN PROGRAM EXPENSES

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

#### DLN: 93493270005081

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Department of the Treasury

**Employer identification number** Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

				53-0116130			
Part I Identification of Disregarded Entities (Comp	olete if the organization	on answered "Yes'	" on Form 990, Par	t IV, line 33.)			
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stati or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organızatıor	n answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	12(b)(1 olled
(1) NRA FOUNDATION INC						Yes	No
11) NRA FOUNDATION INC.  11250 WAPLES MILL RD  FAIRFAX, VA 22030	CHARITABLE	DC	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030							

	I .						
						Yes	No
(1) NRA FOUNDATION INC							
11250 WAPLES MILL RD	CHARITABLE	DC	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 52-1710886							
(2) NRA SPECIAL CONTRIBUTION FUND							
PO BOX 700	CHARITABLE	NM	501c3	LINE 11-TYPE I	NRA	Yes	
RATON, NM 87740 23-7367534							
(3) NRA CIVIL RIGHTS DEFENSE FUND							
11250 WAPLES MILL RD	CHARITABLE	VA	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 52-1136665							
(4) NRA FREEDOM ACTION FOUNDATION							
11250 WAPLES MILL RD	CHARITABLE	VA	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 26-1277941							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	Cat No 5	Cat No 50135Y Schedule R (Form 990)				2010	

because	it had one or mo	re relat	ed organizations t	reated as a partne	ership during the t	ax yea	r.)							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income				i) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora ations treated as a						l nswered "Y	'es" on	Form	990,	Part IV,
Name, address, and	(a) d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c Direct co ent	ntrolling	(e) Type of er (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Shai end-o	g) re of f-year sets		<b>(h)</b> Percentage ownership
			_											
													+	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

 ${f r}$  O ther transfer of cash or property from other organization(s)

chedu	ule R (Form 990) 2010		Pε	age <b>3</b>
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
ь (	Gift, grant, or capital contribution to other organization(s)	1b		No
<b>c</b> (	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c	Yes	T
d L	Loans or loan guarantees to or for other organization(s)	1d		No
e L	Loans or loan guarantees by other organization(s)	1e		No
f S	Sale of assets to other organization(s)	1f		No
g F	Purchase of assets from other organization(s)	1g		No
h E	Exchange of assets	1h		No
i L	ease of facilities, equipment, or other assets to other organization(s)	1i		No
				T
jЬ	ease of facilities, equipment, or other assets from other organization(s)	1j		No
k F	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I P	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m S	Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n S	Sharing of paid employees	1n	Yes	
o F	Reimbursement paid to other organization for expenses	10		No
p F	Reimbursement paid by other organization for expenses	1р	Yes	T
q (	O ther transfer of cash or property to other organization(s)	1q		No

2 If the answer to any of the above is "Yes," see the instructions for informatio	n on who must complete this line, including covered relationships and transaction thresholds
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			_
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	С	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	р	59,825	ACTUAL COST

No

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	iag ing tner?
			Yes	No		Yes	No		Yes	No
										+
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### Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation
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Schedule R (Form 990) 2010

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

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion (	(che	')			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
WAYNE LAPIERRE EXEC VP	57 00			х				835,469	0	125,615	
CHRIS W COX	57 00			Х				588,412	0	70,796	
EXEC DIR, ILA WILSON H PHILLIPS JR											
TREASURER	52 00			Х				519,338	0	124,168	
KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	50 00			х				1,027,217	0	45,056	
EDWARD J LAND JR SECRETARY	50 00			х				412,527	0	45,832	
RONALD L SCHMEITS PRESIDENT	20 00	Х		х				0	0	0	
DAVID A KEENE	20 00	Х		Х				0	0	0	
1ST VICE PRESIDENT JAMES W PORTER II	20 00	X		X				0	0	0	
2ND VICE PRESIDENT TYLER SCHROPP									_		
EXEC DIRECTOR, ADVANCEMENT	52 00					X		442,476	0	54,463	
MARY CORRIGAN CHIEF OF STAFF	40 00					Х		329,168	0	30,373	
JOSEPH GRAHAM DIRECTOR, PUBLICATIONS	40 00					x		352,474	0	40,832	
MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					х		345,102	0	49,348	
ROBERT MARCARIO DIRECTOR, MEMBERSHIP	40 00					х		250,757	0	44,773	
JOE M ALLBAUGH DIRECTOR	1 00	Х						0	0	0	
WILLIAM H ALLEN DIRECTOR	1 00	х						0	0	0	
THOMAS PARVAS DIRECTOR	1 00	Х						0	0	0	
SCOTT L BACH DIRECTOR	1 00	Х						0	0	0	
WILLIAM A BACHENBERG DIRECTOR	1 00	Х						0	0	0	
FE BACHHUBER JR DIRECTOR	1 00	Х						0	0	0	
M CAROL BAMBERRY DIRECTOR	1 00	Х						0	0	0	
BOB BARR DIRECTOR	1 00	Х						0	0	0	
RONNIE G BARRETT DIRECTOR	1 00	Х						0	0	0	
CLEL BAUDLER	1 00	Х						0	0	0	
DIRECTOR  DAVID E BENNETT III	1 00	Х						0	0	0	
DIRECTOR  J KENNETH BLACKWELL	1 00	X						0	0	0	
DIRECTOR	100	<u> </u>						<u> </u>		Ů	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, an	(B)		((					(D)	(E)	(F)
Name and Title	A verage hours per		tion (	(che	′)		1	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
STEVE HORNADY DIRECTOR	1 00	Х						0	0	0
SUSAN HOWARD DIRECTOR	1 00	Х						0	0	0
ROY INNIS DIRECTOR	1 00	Х						0	0	0
H JOAQUIN JACKSON DIRECTOR	1 00	Х						0	0	0
CURTIS S JENKINS DIRECTOR	1 00	Х						0	0	0
D CYNTHIA JULIEN DIRECTOR	1 00	Х						0	0	0
TOM KING DIRECTOR	1 00	Х						0	0	0
HERBERT A LANFORD JR DIRECTOR	1 00	Х						0	0	0
KARL A MALONE DIRECTOR	1 00	Х						0	0	0
CAROLYN D MEADOWS DIRECTOR	1 00	Х						0	0	0
JOHN F MILIUS DIRECTOR	1 00	Х						0	0	0
BILL MILLER DIRECTOR	1 00	Х						0	0	0
OWEN P MILLS DIRECTOR	1 00	Х						0	0	0
CLETA MITCHELL DIRECTOR	1 00	Х						0	0	0
GROVER G NORQUIST DIRECTOR	1 00	Х						0	0	0
OLIVER L NORTH DIRECTOR	1 00	Х						0	0	0
JOHNNY NUGENT DIRECTOR	1 00	Х						0	0	0
TED NUGENT DIRECTOR	1 00	Х						0	0	0
LANCE OLSEN DIRECTOR	1 00	Х						90,000	0	0
TIMOTHY W PAWOL DIRECTOR	1 00	Х						0	0	0
PETER J PRINTZ DIRECTOR	1 00	Х						0	0	0
TODD J RATHNER DIRECTOR	1 00	Х						0	0	0
WAYNE ANTHONY ROSS DIRECTOR	1 00	Х						0	0	0
CARL T ROWAN JR DIRECTOR	1 00	Х						0	0	0
DON SABA 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) Name and Title	(B) A verage hours		(C tion ( hat a	che	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	week or on Institu		Key employee			from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
ROBERT E SANDERS DIRECTOR	1 00	Х						0	0	0
STEVEN C SCHREINER DIRECTOR	1 00	Х						0	0	0
HAROLD W SCHROEDER DIRECTOR	1 00	Х						0	0	0
TOM SELLECK DIRECTOR	1 00	Х						0	0	0
JOHN C SIGLER DIRECTOR	1 00	Х						0	0	0
DWIGHT D VAN HORN DIRECTOR	1 00	Х						0	0	0
ROBERT L VIDEN JR DIRECTOR	1 00	Х						0	0	0
HOWARD J WALTER DIRECTOR	1 00	Х						0	0	0
JD WILLIAMS DIRECTOR	1 00	Х						0	0	0
DENNIS L WILLING DIRECTOR	1 00	Х						0	0	0
ROBERT J WOS DIRECTOR	1 00	Х						0	0	0
DONALD E YOUNG DIRECTOR	1 00	Х						0	0	0

#### DLN: 93493264013510

# **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)

2009

OMB No 1545-0047

Department of the Treasury Open to Public ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number B Check if applicable NATIONAL RIFLE ASSOCIATION OF AMERICA use IRS Address change 53-0116130 Doing Business As E Telephone number Name change print or type. See Specific (703) 267-1000 Initial return Number and street (or P O box if mail is not delivered to street address) Instruc-**G** Gross receipts \$ 282,710,082 11250 WAPLES MILL ROAD Terminated tions. City or town, state or country, and ZIP + 4 FAIRFAX, VA 220307400 Amended return Application pending Name and address of principal officer  $\mathbf{H}(\mathbf{a})$  Is this a group return for WILSON H PHILLIPS JR ┌ Yes ┌ No affiliates? 11250 WAPLES MILL RD FAIRFAX, VA 22030 H(b) Are all affiliates included? T Yes T No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (4) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 Website: ► www nra org L Year of formation 1905 M State of legal domicile VA 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 Activities & Governance AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 76 Number of independent voting members of the governing body (Part VI, line 1b) . . 70 Total number of employees (Part V, line 2a) . . . . 766 Total number of volunteers (estimate if necessary) . . . . 125,000 20,168,091 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 205,026,138 8 190,620,182 Program service revenue (Part VIII, line 2g) . 5,288,336 5,753,381 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,393,596 -131,048 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,055,904 41,301,989 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 247,976,782 237,544,504 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 312,000 312,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 51,967,645 44,269,458 5,165,667 7,116,019 16a Professional fundraising fees (Part IX, column (A), line 11e)  $\cdot$ Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 34,366,260$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . 168,306,109 176,964,817 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 236,360,981 18 218,053,234 19 Revenue less expenses Subtract line 18 from line 12 . 29.923.548 1,183,523 t Assets or nd Balances **Beginning of Current End of Year** Year 131,342,619 160,315,364 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . . 21 122,740,032 107,473,909 22 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 Sian 2010-09-16 Signature of officer Here WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC Type or print name and title Preparer's identifying number Check if Preparer's 2010-09-16 JAMES P SWEENEY (see instructions) signature empolyed 🕨 🦵 Paid Preparer's Firm's name (or yours RSM MCGLADREY INC if self-employed). **Use Only** address, and ZIP + 4 8000 TOWERS CRESCENT DR STE 500

VIENNA, VA 22184

May the IRS discuss this return with the preparer shown above? (see instructions)  $\dots$  . . . .

Cat No 11282Y

Phone no • (703) 336-6400

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	ıfıcant program services	during the year which were not listed on	「Yes ▼ No
	If "Yes," describe these new services or	n Schedule O		
3	Did the organization cease conducting, services?	or make significant chang	es in how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on Sch	nedule O		
4		izations and section 4947	nization's three largest program services 7(a)(1) trusts are required to report the a each program service reported	•
4a	(Code ) (Expenses \$	34,524,263 includir	ng grants of \$ 24,000 ) (Revenue :	\$ 5,753,381 )
	INFORM AND INSTRUCT THE MEMBERSHIP AND RIGHTS NRA CONTINUES TO BE THE PREMIER SPORTS ALSO INCLUDES YOUTH SCHOLARSHIP:	D GENERAL PUBLIC OF 80 MILLI LEADER IN FIREARMS EDUCAT S AND SHOOTING CAMPS TO BU	AS NRA PROVIDES A BROAD SPECTRUM OF HIGH ON GUNOWNERS WITH REGARD TO THEIR INALIE ION AND SAFETY NRA OUTREACH FOR YOUTH IN JILD AND FOSTER THE NEXT GENERATIONS IN AM NETWORKING THROUGH FACEBOOK, TWITTER AN	NABLE SECOND AMENDMENT I THE HUNTING AND SHOOTING IERICA VISIT NRA ORG AND
4b	(Code ) (Expenses \$	33,224,950 includir	ng grants of \$ ) (Revenue \$	18,360,371 )
	ARTICLES ON FIREARMS, HUNTING, LEGISLATIN	/E AND LEGAL ACTION FROM R	ONTHLY PRINT AND DIGITAL MAGAZINES CONTAI ECOGNIZED LEADERS ALL NRA MEDIA VEHICLES S PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPL	SERVE TO EDUCATE AND INFORM ON
4c	(Code ) (Expenses \$	16,180,414 includir	ng grants of \$ 240,000 ) (Revenue :	\$ )
	AMENDMENT, FIGHTS FOR INITIATIVES AIMED LEGISLATIVE ACTION INVOLVES FIREARMS RIGH	AT REDUCING VIOLENT CRIME, HTS, REGULATIONS AND LAWS,	US CONSTITUTION, NRA ADVOCATES AGAINST AND PROMOTES HUNTERS RIGHTS AND CONSER RANGE PROTECTION, INTERNATIONAL GUN CON D MATTERS VISIT NRAILA ORG FOR THE LATEST	VATION EFFORTS NATIONWIDE NRA FROL THREATS, WORKERS
4d	Other program services (Describe in S	Schedule O )		
	(Expenses \$ 92,863,575	including grants of \$	) (Revenue \$	)
4e	Total program service expenses▶\$	176,793,202		
				Form <b>990</b> (2009)

Part IV	Che	cklist	of Re	auirea	Sche	dules
	CHE	CRIISL	OI NO	.uun et	Julie	uuies

	•		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part I	6		No
7	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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI			
	◆ 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? If "Yes," complete Schedule D, Part VII			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	◆ 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	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? If "Yes," complete Schedule F, Part II	15		No
16	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 ? If "Yes," complete Schedule F, Part III	16		No
17	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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		Νο
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

	990 (2009)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance			<del> </del>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
	<b>1a</b> 804			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l No
ь	,			110
_	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	71-		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

11250 WAPLES MILL ROAD FAIRFAX, VA 220307400

(703) 267-1000

**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.

Part   Part	Se	ection A. Governing Body and Management			
1.1 Enter the number of voting members of the governing body				Yes	No
b. Einer the number of voting members that are independent.					
b. Einer the number of voting members that are independent.					
Described for generation have been provided by the method of the organization of the organization delagate control over annagement duties customarily performed by or under the direct supervisor of ordinary delagate control over annagement duties customarily performed by or under the direct supervisor of ordinary declared delagate control over annagement duties customarily performed by or under the direct supervisor of ordinary delagate control over annagement duties customarily performed by or under the direct supervisor of ordinary delagate control over annagement duties customarily performed by or under persons 3 supervisor of ordinary delagate control over annagement duties customarily performed by ordinary or other persons 90 was fleed.  Dut the organization have members or stockholders?  Dues the organization have members or stockholders?  Dues the organization have members or stockholders?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  The poverning body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The poverning body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The poverning body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The poverning body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  Substitute of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  Substitute of the governing body subject to approval by members, stockho	1a	Enter the number of voting members of the governing body   1a   76			
by the reflicer, director, trustees, or key employee?  1 but the organization delegate control over management duties customanly performed by or under the direct programation of programs and an experiment of the property of the programs and the property of the property of the programs and the property of the programs and the property of the programs and the property of the programs and the property of the programs and the property of the programs and the programs and the property of the programs and the property of the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and the programs and procedures governing the activities of such the programs and the programs and the programs and procedures governing the activities of such the programs and the programs and procedures governing the activities of such programs. The programs and the programs and procedures governing the activities of such programs.  1 by the programs and the process, if any, used by the organization to review the fore governing body before filling the form 1 the programs and the process of the organization and decision of the process of the organization and decision of the programs and the	ь	Enter the number of voting members that are independent 1b 70			
3 No 10 the organization delegate control over management duties customantly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  10 Dues the organization make any significant changes to its organizational documents since the prior Form 990 was filled.  10 Dues the organization have members or stockholders?  11 Dues the organization have members or stockholders?  12 Dues the organization have members, stockholders, or other persons who may elect one or more members of the program body?  13 A rea any designation of the governing body subject to approval by members, stockholders, or other persons?  13 A rea any designation of the governing body subject to approval by members, stockholders, or other persons?  14 A rea any designation or other persons who may elect one or more members of the governing body?  15 A rea any designation contemporaneously document the meetings held or written actions undertaken during the year by the following  16 The governing body?  17 B set there any officer, director, trustees, or key employee listed in Part VIII, Section A, who cannot be reached at the governing body subject to approval by members, stockholders, or other persons?  18 B ves  19 Is there any officer, director, trustees, or key employee listed in Part VIII, Section A, who cannot be reached at the government of the district of the governing body before filing the form organization have local chapters, branches, or affiliates?  10 If Yes, does the organization have written policies and procedures governing the activities of such chapters, and the procedures are consistent with those of the organization?  11 Has the organization have a written policies and procedures governing body before filing the form?  12 If Yes, a confidence of the management of the organization of the organization have a written occurrent of the organization to review the Form 990 and the person of the organization have a written occurrent of the process for det	2		2		No
Dub the organization make any significant changes to its organizational documents since the prior Form 990 was field?   No	3		3		No
De the organization become aware during the year of a material diversion of the organization's assets?  Does the organization become aware during the year of a material diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization developments of the powering body?  A read productions of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  The powering body?  The powering body?  The powering body?  The governing body the International Advances in Schedule O.  The organization have a worther polices and procedures governing the city the governing body before filing the form the governing body before filing the form the governing body before filing the form the governing body before filing the form the governing body before filing the form the governing body before filing the form the governing body before filing the form the governing body before filing the	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	4		No
Describe organization have members or stockholders?  70 Describe organization have members, stockholders, or other persons who may electione or more members of the governing body?  81 Describe organization contemporaneously document the meetings held or written actions undertaken during the very array the following  82 The governing body?  83 The governing body?  84 Vers  85 Each committee with authority to act on behalf of the governing body?  85 Each committee with authority to act on behalf of the governing body?  86 Each committee with authority to act on behalf of the governing body?  86 Each committee with authority to act on behalf of the governing body?  86 Each committee with authority to act on behalf of the governing body?  87 Is a there any officient, director, trustees, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If Yes; Provide the names in Schedule O.  88 Each committee with authority to act on behalf of the governing body?  89 Is there any officient, director, trustees, or setting and addresses in Schedule O.  80 If Yes Interest policies (This Section B requests information about policies not required by the Internal Revenue Code.)  80 If Yes Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B, and branches) the region of the provide the annex of the organization of the region of the organization or vivial to the organization or vivial to the organization or vivial to the organization or vivial to the organization or vivial to the organization?  100	5		_		
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b Yes  Do the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body?  Beth committee with authority to act on behalf of the governing body before filling the form?  Beth committee with authority to act on such chapters, branches, or affiliates?  Pyes  No  Does the organization have local chapters, branches, or affiliates?  Pyes  No  Types, does the organization provided a copy of this Form 990 to all members of its governing body before filling the form?  Types, and branches to ensure their operations are consistent with those of the organization?  Are afficers, and branches to ensure their operations are consistent with those of the organization?  Beth are against the powers of the governing the governing body before filling the form?  Types, and branches to ensure their operations are discussed in Schedule On the governing the governing the governing the governi				Yes	110
b Are any decisions of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  b Each committee with authority to act on behalf of the governing body?  list here any officer, directory, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "res," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  11b 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?  11b If so 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 from the form?  11c Pescribe in Schedule O the process, if any, used by the organization review the Form 990  11a Dees the organization have a written what the policy? If "No," go to line 13  11a Yes  11b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Yes  13c Yes  14d Does the organization repularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  15c Does the organization have a written what leblower policy?  15d 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?  15d Did the organization injunit venture arrangements under applicable federal tax law, and taken steps to		•	<u> </u>	103	
By Dut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  b Each committee with authority to act on behalf of the governing body?  let 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  Section B. Policies (This Section B requests information about policies not required by the Internal Network Code.)  10 Des the organization have local chapters, branches, or affiliates?  11 Has 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?  11 Has the organization have a written conflict of interest policy? If "Wo," goto line 13  12 Des the organization have a written conflict of interest policy? If "Wo," goto line 13  13 Des the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," conflicts?  13 Des the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," conflicts?  14 Oses the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability date, and contemporaneous substantiation of the deliberation and decision?  15 Des the organization have a written process in Schedule O (See instructions)  16 Des the organization invest in, contribute essets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15 Des the organization invest in, contribute essets to, or participate in a joint venture or similar arrangement with a taxable entity dur		governing body?			
year by the following a The governing body? . 8b Yes    Each committee with authority to act on behalf of the governing body? . 8b Yes   Each committee with authority to act on behalf of the governing body? . 8b Yes   Each committee with authority to act on behalf of the governing body? . 8b Yes   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   Section B. Policies (This Section B requests information about policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization review the Formation of the organization provided a copy of this Form 990 to all members of its governing body before filing the form? In the state organization have a written conflict of interest policy? If "No," go to line 13			/b	Yes	
to be shown that with authority to act on behalf of the governing body?  1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached to organization's mailing address? If "Yes", frowled the names and addresses in Schedule O.  3 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Soe she organization have local chapters, branches, or affiliates?  10 Is a specific and branches to ensure their operations are consistent with those of the organization?  11 Is a since 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 Is a since organization provided a copy of this Form 990 to all members of its governing body before filling the form affiliates?  12 Is a soes the organization have a written conflict of interest policy? If "We," go to line 13  13 Is a section B. Called B. Call	8	year by the following			
Section B. Policies (This Section B requests information about policies in Schedule O)  Section B. Policies (This Section B requests information about policies in Schedule O)  Possible Policies (This Section B requests information about policies in Schedule O)  Possible Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Possible Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Possible Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Possible Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Possible Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Possible Policies (This Section B required to Policies and procedures governing the activities of such chapters, affiliates) and internal Revenue Code.  Possible organization have written operations are consistent with those of the organization?  Possible in Schedule O the process, if any, used by the organization to review the Form 990.  Possible organization have a written conflict of interest policy? If "No," go to line I 3	а		8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Poss the organization have local chapters, branches, or affiliates?  10 Poss the organization have local chapters, branches, or affiliates?  10 Poss 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 affiliates, and branches to ensure their operations are consistent with those of the organization from the policy of this Form 990 to all members of its governing body before filing the form affiliates, and branches to ensure their operations are consistent with those of the organization from the policy of this Form 990 to all members of its governing body before filing the form affiliates, and branches to ensure their operations are consistent with those of the organization from the policy of this Form 990 to all members of its governing body before filing the form affiliates, and branches are sure their operations are consistent with those of the organization have a written conflict of interest policy? If "No," goto line 13  11 Yes  12 Yes  12 Yes  13 Does the organization have a written whistleblower policy?  13 Does the organization have a written whistleblower policy?  13 Does the organization have a written whistleblower policy?  14 Yes  15 Did the organization have a written document retention and destruction policy?  15 Did the organization where written policy or procedure requiring the deliberation and decision?  16 The organization and potential that are policy organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  17 It is the State with which a copy of this Form 90 is required to be filed VIA, UT, PA,	ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
New Process of the organization have local chapters, branches, or affiliates? 1979 (a) 1979 (b) 1979 (c) 2079	9				No
Yes   No   No   No   No   No   No   No   N					
10a   No  b   If "Yes," does the organization have local chapters, branches, or affiliates?  11   Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11   Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11   Yes   11   Yes   11   Yes   11   Yes   11   Yes   12	Re	venue Code.)		I	l
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?				Yes	
affiliates, and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11			10a		No
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990	b	affiliates, and branches to ensure their operations are consistent with those of the organization?			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		Vas	
A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		163	
A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12a	Does the organization have a written conflict of interest policy? If "No" go to line 13	12a	Yes	
to conflicts?				1.00	
describe in Schedule O how this is done		to conflicts?		Yes	
14 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?  a The organization's CEO, Executive Director, or top management official	C		12c	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	13	Does the organization have a written whistleblower policy?	13	Yes	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	14	Does the organization have a written document retention and destruction policy?	14	Yes	
The organization's CEO, Executive Director, or top management official	15				
If "Yes" to line a or b, describe the process in Schedule O (See instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ь	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?		If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
b 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?	16a		16a		No
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 □ 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. ►	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
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  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  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  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►			16b		
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  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  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  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►	Se	ection C. Disclosure		<u> </u>	
(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request  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  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶			4 L		
Own website	18				
<ul> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization.</li> </ul>					
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	10				
		interest policy, and financial statements available to the public. See Additional Data Table			F
	20		he orga	anızatıor	ր ┣-

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current or former officer, director, trustee or key employee												
<b>(A)</b> Name and Title	(B) Average hours	rs Position (check all						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data												
										-		

1b	Total .			-		_				Ŧ	5,244,152	711,438

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
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	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? If "Yes," complete Schedule J for such individual			
	mulvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333	MEMBERSHIP PROC SOLICITOR	19,499,166
VALTIM PO BOX 114 FOREST, VA 24551	FULFILLMENT CENTER	9,603,361
PALM COAST DATA 11 COMMERCE BLVD PALM COAST, FL 32164	MEMBERSHIP PROCESSING	9,479,181
PM CONSULTING 12100 WILSHIRE BLVD LOS ANGELES, CA 90025	CONSULTING	9,012,063
POSTMASTER 1735 N LYNN ST ARLINGTON, VA 22209	POSTAGE SHIPPING	7,712,835
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►31	) who received more than	

Page 8

Part V	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a	a				
등등	ь	Membership dues 1b	113,969,660				
ಕಾಣ		•					
% हिं	C	Fundraising events 10	·				
粗岩	d	Related organizations 10	9,711,363				
<u>"</u>	l e	Government grants (contributions) 1e					
캶					ļ	ļ	
유민	f	All other contributions, gifts, grants, and similar amounts not included above	66,939,159				
2¥	_	Noncash contributions included in					
<u>∓</u> ठ	g						
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$	_	190,620,182			
Q a	h	Total. Add lines 1a-1f	[	190,020,102			
0)			Business Code				
Ě	2a	PROGRAM FEES		5,753,381	5,753,381		
<u>ş</u>	_			3,733,301	3,733,301		
윤	Ь						
9	c						
ž	d						
38	"						
Ξ	e						
Program Serwce Revenue	f	All other program service revenue					
Š							
Δ.	g	<b>Total.</b> Add lines 2a-2f		5,753,381			
	3	Investment income (including divider	nds, interest				
		and other similar amounts)	▶	763,983			763,983
	4	Income from investment of tax-exempt bond	F				
			· · · · · · · · · · · · · · · · · · ·	9,515,064			9,515,064
	5	Royalties		9,313,004			9,313,004
		(ı) Real	(II) Personal				
	6a	Gross Rents 1,498,567					
	ь	Less rental 1,574,584					
		expenses Rental income -76,017					
	C	Rental income -76,017 or (loss)					
	d	Net rental income or (loss)		-76,017			-76,017
		(ı) Securities	(II) O ther				
	7a	Gross amount 36,166,094 from sales of assets other than inventory					
	ь	Less cost or 37,061,125 other basis and sales expenses					
	l c	Gain or (loss) -895,031					
	d	Net gain or (loss)	▶	-895,031			-895,031
			· · · · · · · ·	033,031			0,5,051
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
Œ		a	525,498				
<u>ā</u>	<u>_</u>		323,438				
둦	b	Less direct expenses b		306,288			306,288
O	С	Net income or (loss) from fundraising	events F	300,266			300,266
	9a	Gross income from gaming activities See Part IV , line 19					
	b c	Less direct expenses b  Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less					
		returns and allowances .	17,505,596				
	Ь	Less cost of goods sold <b>b</b>	6,310,659				
	С	Net income or (loss) from sales of inv	entory 🟲	11,194,937	9,387,217	1,807,720	
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING	541,800	18,793,873		18,360,371	433,502
	ь	SUBSCRIPTIONS	541,800	1,149,936	1,149,936		
			722,210	417,908			417,908
	°	NRA CAFE SALES	,22,210	717,300			717,308
	d	All other revenue					
	е	Total. Add lines 11a-11d		20,361,717			
	12	Total revenue. See Instructions .	.	237,544,504	16,290,534	20,168,091	10,465,697

Part IX Statement of Functional Expenses									
Par	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations m	uet commists all s	columns						
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).					
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	264,000	264,000		<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	48,500	48,500						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	40,300	40,300						
4	Benefits paid to or for members	0		]					
5	Compensation of current officers, directors, trustees, and key employees	2,826,231	1,234,747	1,326,823	264,661				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	33,643,605	21,889,401	8,842,930	2,911,274				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,578,930	4,149,350	2,821,652	607,928				
9	Other employee benefits	5,402,259	3,209,111	1,759,818	433,330				
10	Payroll taxes	2,516,620	1,494,951	819,804	201,865				
11	Fees for services (non-employees)								
а	Management	0							
Ь	Legal	2,297,503	1,850,944	446,559					
c	Accounting	111,500		111,500					
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17	7,116,019			7,116,019				
f	Investment management fees	188,340		188,340					
g	Other	3,504,981	3,504,981		_				
12	Advertising and promotion	27,334,459	17,796,357		9,538,102				
13	Office expenses	3,663,557	2,166,344	1,497,213	· · · · · · · · · · · · · · · · · · ·				
14	Information technology	6,232,078	3,577,211	2,654,867					
15	Royalties	0							
16	Occupancy	1,944,931	1,027,550	917,381	-				
17	Travel	6,028,870	4,448,746	1,580,124					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	5,650,758	4,508,212	1,142,546					
20	Interest	1,352,279	951,209	401,070					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	2,138,824	1,404,410	734,414					
23	Insurance	929,228	929,228						
24	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)								
а	MEMBER COMMUNICATIONS	62,019,572	51,074,150		10,945,422				
b	PRINTING AND SHIPPING	22,682,371	22,682,371						
c	FA SB 158	-4,782,967	-2,712,558	-2,070,409					
d	PROGRAM SERVICES	16,415,109	16,415,109						
е	FULFILLMENT MATERIAL	7,291,757	6,750,626	38,500	502,631				
f	All other expenses	11,961,667	8,128,252		1,845,028				
25	Total functional expenses. Add lines 1 through 24f	236,360,981	176,793,202		34,366,260				
26	Joint costs. Check here ► ☐ 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				202 (2020)				

Pa	rt X	Balance Sheet									
					(A)		(B)				
	Ι.				Beginning of year	_	End of year				
	1	Cash—non-interest-bearing			10 100 017	1	10.000.701				
	2	Savings and temporary cash investments	•		13,190,647	2	18,396,784				
	3	Pledges and grants receivable, net	•		1,498,468	_	2,528,075				
	4	Accounts receivable, net			41,936,785	4	49,767,997				
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and							
		Schedule L				5					
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and							
		Schedule L				6					
stess	7	Notes and loans receivable, net			3,165,695	7	3,133,320				
SS	8	Inventories for sale or use			8,976,851	8	10,888,636				
Ą	9	Prepaid expenses and deferred charges			1,610,643	9	2,167,086				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	63,203,402							
	ь	Less accumulated depreciation	10b	27,016,857	35,936,027	10c	36,186,545				
	11	Investments—publicly traded securities		18,647,530	11	29,042,690					
	12	Investments—other securities See Part IV, line 11		2,123,097	12	3,341,890					
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11		4,256,876	15	4,862,341					
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			131,342,619	16	160,315,364				
	17	Accounts payable and accrued expenses .	54,266,718	17	59,109,001						
	18	Grants payable		18							
	19	Deferred revenue									
_	20	Tax-exempt bond liabilities			20						
es.	21	Escrow or custodial account liability Complete Part IV of Schedul	e D			21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Lia		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties			26,166,156	23	29,340,012				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			8,897,781	25	6,171,924				
	26	Total liabilities. Add lines 17 through 25			107,473,909	26	122,740,032				
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	lines 27							
Fund Balance		through 29, and lines 33 and 34.									
<u> </u>	27	Unrestricted net assets			1,788,111	27	11,164,773				
Ва	28	Temporarily restricted net assets			1,158,321	28	3,207,708				
pu	29	Permanently restricted net assets			20,922,278	29	23,202,851				
교		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	ıd con	nplete							
2		lines 30 through 34.									
3£	30	Capital stock or trust principal, or current funds				30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		20 222 712	32	27.5==				
Net	33	Total net assets or fund balances			23,868,710		37,575,332				
	34	Total liabilities and net assets/fund balances			131,342,619	34	160,315,364				

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	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  Separate basis  Consolidated basis  Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

# 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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) A verage hours		tion ( that a	che	/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	[ 기		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
WAYNE LAPIERRE EXEC VP	57 00			Χ				823,643	0	125,215	
CHRIS W COX	57 00			v				587,856	0	76,644	
EXEC DIR, ILA	5700			Х				367,630	0	70,044	
WILSON H PHILLIPS JR TREASURER	52 00			Χ				510,382	0	126,955	
KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	50 00			Х				510,835	0	141,335	
EDWARD J LAND JR SECRETARY	50 00			Х				393,515	0	35,996	
RONALD L SCHMEITS PRESIDENT	20 00	X		Х				0	0	0	
DAVID KEENE 1ST VICE PRESIDENT	20 00	Х		Х				0	0	0	
JAMES W PORTER II 2ND VICE PRESIDENT	20 00	Х		Х				0	0	0	
MARION P HAMMER DIRECTOR	1 00	Х						72,000	0	0	
SANDRA FROMAN DIRECTOR	1 00	Х						45,181	0	0	
BEN CASE EXEC DIRECTOR, ADVANCEMENT	40 00					Х		568,736	0	38,936	
MARY CORRIGAN CHIEF OF STAFF	40 00					X		324,416	0	28,888	
JOSEPH GRAHAM DIRECTOR, PUBLICATIONS	40 00					Χ		583,639	0	49,996	
MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					X		350,962	0	53,319	
ROBERT MARCARIO DIRECTOR, MEMBERSHIP	40 00					Х		280,987	0	34,154	
JOE M ALLBAUGH DIRECTOR	1 00	X						0	0	0	
WILLIAM H ALLEN DIRECTOR	1 00	X						0	0	0	
THOMAS PARVAS DIRECTOR	1 00	X						0	0	0	
SCOTT L BACH DIRECTOR	1 00	X						0	0	0	
WILLIAM A BACHENBERG DIRECTOR	1 00	X						0	0	0	
FE BACHHUBER JR DIRECTOR	1 00	Χ						0	0	0	
M CAROL BAMBERRY DIRECTOR	1 00	X						0	0	0	
BOB BARR DIRECTOR	1 00	X						0	0	0	
CLEL BAUDLER DIRECTOR	1 00	X						0	0	0	
RONNIE G BARRETT DIRECTOR	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, a	nd Indepen	dent C	ont	rac	tor	s <u> </u>				
(A) Name and Title	(B) Average hours		tion (	che				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID E BENNETT III DIRECTOR	1 00	X						0	0	0
J KENNETH BLACKWELL DIRECTOR	1 00	x						0	0	0
DAN BOREN DIRECTOR	1 00	X						0	0	0
ROBERT K BROWN DIRECTOR	1 00	X						0	0	0
JOHN P BURTT DIRECTOR	1 00	Х						0	0	0
DAVID BUTZ DIRECTOR	1 00	Х						150,000	0	0
J WILLIAM CARTER DIRECTOR	1 00	X						0	0	0
PATRICIA A CLARK DIRECTOR	1 00	X						0	0	0
ALLAN D CORS DIRECTOR	1 00	X						0	0	0
CHARLES L COTTON DIRECTOR	1 00	X						0	0	0
DAVID G COY DIRECTOR	1 00	Х						0	0	0
RICHARD CHILDRESS DIRECTOR	1 00	X						0	0	0
LARRY E CRAIG DIRECTOR	1 00	Х						0	0	0
JOHN L CUSHMAN DIRECTOR	1 00	X						0	0	0
WILLIAM H DAILEY DIRECTOR	1 00	X						0	0	0
JAMES W DARK DIRECTOR	1 00	X						0	0	0
JOSEPH P DEBERGALIS JR DIRECTOR	1 00	X						0	0	0
DONN C DIBIASIO DIRECTOR	1 00	X						0	0	0
MANUEL FERNANDEZ DIRECTOR	1 00	Х						0	0	0
DIRECTOR	1 00	X						0	0	0
JOEL FRIEDMAN DIRECTOR	1 00	X						0	0	0
TOM GAINES DIRECTOR	1 00	X						0	0	0
JAMES S GILMORE III DIRECTOR	1 00	X						0	0	0
LEO A HOLT DIRECTOR	1 00	X						0	0	0
STEVE HORNADY DIRECTOR	1 00	Х						0	0	0

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

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

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

Compensated Employees, and	Indepen	dent C	onti	acı	OF	5				
(A) Name and Title	(B) A verage hours	erage Positio ours tha		cheo pply		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HAROLD W SCHROEDER DIRECTOR	1 00	X	·			•		0	0	0
TOM SELLECK DIRECTOR	1 00	X						0	0	0
DWIGHT D VAN HORN DIRECTOR	1 00	Х						0	0	0
ROBERT L VIDEN JR DIRECTOR	1 00	Х						0	0	0
HAROLD L VOLKMER DIRECTOR	1 00	Х						0	0	0
HOWARD J WALTER DIRECTOR	1 00	X						0	0	0
JD WILLIAMS DIRECTOR	1 00	Х						0	0	0
DENNIS L WILLING DIRECTOR	1 00	Χ						0	0	0
DONALD E YOUNG DIRECTOR	1 00	X						0	0	0
ROBERT J WOS DIRECTOR	1 00	X						0	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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		
FULFILLMENT MATERIAL	7,291,757	6,750,626	38,500	502,631

DLN: 93493264013510

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► 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.

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number** 53-0116130

	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	d other accounts
Т	otal number at end of year	(a) boile, davised lailes	(b) rands and	. IIII accounts
	ggregate contributions to (during year)			
	ggregate grants from (during year)			
	ggregate value at end of year			
	'			
	rid the organization inform all donors and donor advis unds are the organization's property, subject to the o			┌ Yes
u	ed the organization inform all grantees, donors, and sed only for charitable purposes and not for the bene onferring impermissible private benefit		•	┌ Yes ┌ No
art	II Conservation Easements. Complete	ıf the organızatıon answered "Y	es" to Form 990, Part	IV, line 7.
Р Г Г	urpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat	on or pleasure) Preservation	of an historically importa of a certified historic str	
Γ	Preservation of open space			
	omplete lines 2a-2d if the organization held a quali asement on the last day of the tax year	fied conservation contribution in the	e form of a conservation	
	. ,		Held at t	he End of the Year
, т	otal number of conservation easements		2a	
• Т	otal acreage restricted by conservation easements		2b	
N	umber of conservation easements on a certified his	toric structure included in (a)	2c	
l N	umber of conservation easements included in (c) ac	equired after 8/17/06	2d	
N	umber of conservation easements modified, transfe	rred released extinguished or term	nnated by the organization	ın durına
	ne taxable year 🗠			9
N	umber of states where property subject to conserva	ation easement is located be		
D	oes the organization have a written policy regarding nforcement of the conservation easements it holds?	the periodic monitoring, inspection		nd <b>  Yes   No</b>
S	taff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation e	easements during the yea	r <b>►</b>
Α	mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation ease	ments during the year 🕨 :	\$
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements	ofsection	┌ Yes ┌ No
b	n Part XIV , describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easem	he footnote to the organization's fina		
irt I	Organizations Maintaining Collectio Complete if the organization answered "			r Assets.
- а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or re	esearch in furtherance of	
h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or resea		•
(	i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
(	ii) Assets included in Form 990, Part X		<b>►</b> \$	
I.	f the organization received or held works of art, histo bllowing amounts required to be reported under SFAS		ets for financial gain, pro	vide the
	phowing amounts required to be reported under STAS	S 116 relating to these items		
fo	evenues included in Form 990, Part VIII, line 1	S 116 relating to these items	<b>▶</b> \$	

Cat No 52283D

Schedule D (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Par	<b>TITL</b> Organizations Maintaining Co	llections of Art	, His	torical Tr	eas	ures, or O	<u>the</u>	r Similar As	sets	(con	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following t	hat a	re a significa	nt u	se of its collec	tion		
а	Public exhibition		d	Loan	orexo	hange progr	ams				
ь	Scholarly research		e	┌ Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they furthe	r the	organızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					┌ Yes	; [	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	990,		
_	Part IV, line 9, or reported an an									—	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions	or other ass	ets i		┌ Yes	. Г	- No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г					
_	B					-	1.	Ar	nount		
ر C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f			<del></del>	_
2a	Did the organization include an amount on Fo		e 21?						☐ Yes	; J	No
	If "Yes," explain the arrangement in Part XIV			anad !!\/a	a!! +a	Farm 000	Day	+ IV line 10			
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Ye</u> )Prior Year				TIV, IINE IU. Three Years Back	<b>(e)</b> Fou	ır Yea	ars Back
1a	Beginning of year balance	6,920,616		7,675,310			1	,	( - /		
ь	Contributions	1,582,051		487,022	2						
c	Investment earnings or losses	750,029		-1,205,479	€						
d	Grants or scholarships	536,900									
e	Other expenditures for facilities										
	and programs	27,906		36,24	2		+				
f ~	Administrative expenses	8,687,890		6,920,610	+		+			—	
g	End of year balance	, ,		0,920,010	<u> </u>						
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment	%									
Ь	Permanent endowment ► 100 000 % %	•									
с -	Term endowment ► %										
3а	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	nat are neid	and	administered	1 for	tne	Ye	s	No
	(i) unrelated organizations							3a		-	No
	(ii) related organizations							3a(	ii)	工	Νo
Ь	If "Yes" to 3a(II), are the related organization				•			3	b Ye	s S	
4	Describe in Part XIV the intended uses of th										
Pa	t VI Investments—Land, Buildings	s, and Equipme	nt. S						_		
	Description of investment			(a) Cost or basis (investi		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d)	Book	value
1a	Land					4,902	,450			4,	902,450
b	Buildings		•			42,510	,022	14,770,01	5	27,	740,007
c	Leasehold improvements										
d	Equipment					15,790	,930	12,246,84	2	3,	544,088
е	Other					1					

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)).

36,186,545

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives			
Closely-held equity interests Other			
Other			
	+		
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See		<u> </u> 13	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
-			
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line is	5)		
Total. (Column (b) should equal Form 990, Part X, col (B) line in Part X Other Liabilities. See Form 990, Part >			
		, , , , , <b>,</b>	
Part X Other Liabilities. See Form 990, Part >	(, line 25.		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES	(, line 25.		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET	(, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602	, , , , <b>.</b>	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  ACCRUED TAXES  SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION  OTHER MISCELLANEOUS LIABILITIES	(, line 25. (b) A mount  1,000,000  4,220,602		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	237,544,504
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	236,360,981
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,183,523
4	Net unrealized gains (losses) on investments	4	7,254,769
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,268,330
9	Total adjustments (net) Add lines 4 - 8	9	12,523,099
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,706,622
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	257,904,346
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	12,523,099
3	Subtract line <b>2e</b> from line <b>1</b>	3	245,381,247
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-7,836,743
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	237,544,504
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	244,197,724
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
е	Add lines <b>2a</b> through <b>2d</b>	2e	7,885,243
3	Subtract line <b>2e</b> from line <b>1</b>	3	236,312,481
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	48,500
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	236,360,981
Pa	rt XIV Supplemental Information		

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

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

Ident if ier	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	4 a	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 US 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	2 d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4 b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2 d	INCLUDES COST OF GOODS SOLD AND RENTAL EXPENSE
XIII	4 b	INCLUDES INTEREST ON ENDOWMENT GRANTS

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As Filed Data -

DLN: 93493264013510

OMB No 1545-0047

2009

**SCHEDULE F** (Form 990)

Department of the Treasury

Totals.

### **Statement of Activities Outside the United States**

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

Open to Public

Intema	al Revenue Service						Inspect ion
	ne of the organization FIONAL RIFLE ASSOCI	ATION OF AMERI	СД			Employer ide	ntification number
NA.	TIONAL KITLL ASSOCI	ATION OF AMERI	CA			53-0116130	0
Pa		ormation on Ac		ide the United States	s. Complete	e if the organ	nization answered
1	<b>For grantmakers.</b> Dear assistance, the gran	Does the organiza	ation maintain r	records to substantiate records to substantiate records to substance, and the se	lection crite	rıa used to a	ward
2	<b>For grant makers.</b> Des United States	cribe in Part IV the	organization's pi	rocedures for monitoring th	ne use of grar	nt funds outsıd	e the
3	Activites per Region	(Use Schedule F-1	(Form 990) If ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
Euro	ope			PROGRAM SERVICES	KINGS COL DEBATE	LEGE	61,015

61,015

Part IV	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 Schedule F-1 (Form 990) if additional space is needed.								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
Enter total r tax-exempt	umber of recipions by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as •		
3 Enter total r	umber of other	organizations or en	tities					- (Farm 000) 2000	

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 Schedule F-1 (Form 990) if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
		1		1					

Schedule F (Form 990) 2009

Identifier	ReturnReference	n Part I, line 2, and any additional information.  Explanation		

As Filed Data -

DLN: 93493264013510

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

# **Supplemental Information Regarding Fundraising or Gaming Activities**

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Open to Public or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Inspection 🟲 Attach to Form 990 or Form 990-EZ. 🟲 See separate instructions. Employer identification number NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130

Pa	Form 990-EZ filers are not required to complete	_		, ,
1	Indicate whether the organization raised funds through any	y of the	follo	wing activities  Check all that apply
а	Mail solicitations	e	$\Gamma$	Solicitation of non-government grants
ь	Internet and e-mail solicitations	f	$\sqcap$	Solicitation of government grants
c	Phone solicitations	g	$\Gamma$	Special fundraising events
d	In-person solicitations			

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

**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. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
INFO CISIO N	PAID SOLICITOR		Νο	11,343,129	6,527,133	4,815,996	
STRATEGIC FUNDRAISING	PAID SOLICITOR		No	861,856	588,886	272,970	
Total				12,204,985	7,116,019	5,088,966	

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

Reveilue 1		(a) Event #1  NRA-ILA PHOENIX (event type)	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events (Add col (a) through			
⊕ 1 ⊕ 2		(event type)			col (c))			
		(	(event type)	(total number)				
an I		525,498	3		525,498			
3	contributions  Gross income (line 1 minus line 2)	525,498	3		525,498			
4	Cash prizes							
ູ 5	Non-cash prizes							
9 2 6	Rent/facility costs							
Expenses 7	Food and beverages							
B G	Entertainment							
و 🗟	Other direct expenses .	219,210			219,210			
10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		219,210			
11	Net income summary Combine li	nes 3, column d, and line	10		306,288			
Part I	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
	Gross revenue							
မ္က 2	Cash prizes							
Expenses 3	Non-cash prizes							
<u>ම</u> පුප්පු වූ	Rent/facility costs							
<u>_</u> 5	Other direct expenses							
6	; Volunteerlabor	│ Yes <u>%</u>	Г Yes <u>%</u> Г No	∀es				
7	Direct expense summary Add line	s 2 through 5 ın column (	d)					
8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7					
a Is	nter the state(s) in which the organization licensed to operate	, -			· 9a No			
11 D	oes the organization operate gaming	activities with nonmembe	ers?					
<b>12</b> Is	s the organization a grantor, beneficia ormed to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity				

		1	Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
L <b>4</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	A ddress •			
	Address •			
.5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
L	<u> -</u>	L5a	$\dashv$	
D	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the amount of gaming revenue retained by the third party 🏲 \$			
_	If "Yes," enter name and address			
Ī	Ti Tes, enter name and address			
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name •			
	Gaming manager compensation 🕨 \$			
	Canning manager compensations of			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
.7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	l7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493264013510 OMB No 1545-0047

# 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

**Inspection** 

Name of the organization Employer identification number NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) LAW ENFORCEMENT 541798397 501c4 240,000 AW ENFORCEMENT ALLIANCE7700 LEESBURG FALLS CHURCH, VA 22043 NATIONAL FDN FOR 521480785 501c3 24,000 SCHOLARSHIPS WOMEN LEGISLATORS910 16TH ST NW WASHINGTON, DC 20006

Enter total number of section 501(c)(3) and government organ
--

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

Cat No 50055P

Schedule I (Form 990) 2009

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UNDERGRADUATE SCHOLARSHIPS	21	48,500			
See Additional Data Table					

Part IV Supple	mental Information. Comple	ete this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
I	2	NRA-ILA PROVIDES GRANT SUPPORT TO LEAA EDUCATION AND TRAINING INITIATIVES, AND NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF

DLN: 93493264013510

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NAT	IONAL RIFLE ASSOCIATION OF AMERICA	F2 0116120					
Pa	rt I Questions Regarding Compensation	53-0116130					
	Questions Regarding compensation			Yes	No		
1a	Check the appropriate box(es) if the organization provi	ided any of the following to or for a person listed in Form					
		o provide any relevant information regarding these items					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ		1b	Yes			
2							
2	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						
	organization's CEO/Executive Director Check all that Compensation committee	Written employment contract					
	✓ Independent compensation consultant	✓ Compensation survey or study					
	Form 990 of other organizations	Approval by the board or compensation committee					
	During the year did any name hated in Farm 000 De	aut VIII Cookies A line 1 a with records to the films are recorded					
4	or a related organization	art VII, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control pa	ayment?	4a		Νo		
b	Participate in, or receive payment from, a supplement	al nonqualified retirement plan?	4b	Yes			
С	Participate in, or receive payment from, an equity-bas	sed compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and prov	vide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must	t complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, lii						
	compensation contingent on the revenues of						
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lii compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any					
а	The organization?		6a		Νo		
ь	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de		7		No		
8	Were any amounts reported in Form 990, Part VII, pa	ıd or accured pursuant to a contract that was					
	subject to the initial contract exception described in F	Regs section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III		8		Νo		
9	If "Yes" to line 8, did the organization also follow the r	rebuttable presumption procedure described in Regulations		l			

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) 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WAYNE LAPIERRE	(ı) (ıı)	691,639	132,004		104,849	42,096	970,588	
CHRIS W COX	(I) (II)	496,303	91,553		56,941	27,573	672,370	
WILSON H PHILLIPS JR	(ı) (ıı)	418,226	92,156		114,753	26,525	651,660	
KAYNE B ROBINSON	(ı) (ıı)	422,261	88,574		124,972	46,755	682,562	
EDWARD J LAND JR	(ı) (ıı)	348,696	44,819		18,130	30,954	442,599	
BEN CASE	(ı) (ıı)	257,736	311,000		18,130	30,723	617,589	
MARY CORRIGAN	(ı) (ıı)	324,416			28,212	9,885	362,513	
JOSEPH GRAHAM	(ı) (ıı)	246,639		337,000	34,630	25,657	643,926	
MICHAEL MARCELLIN	(ı) (ıı)	168,223	182,739		34,630	22,648	408,240	
ROBERT MARCARIO	(ı) (ıı)	280,987			13,998	26,148	321,133	
			1					
	-		1	1				
			1					
-			· · · · · · · · · · · · · · · · · · ·	1				

#### 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	4 b	457F AMOUNTS INCLUDED IN DEFERRED COMPENSATION WAYNE LAPIERRE 70,219 WILSON H PHILLIPS JR 80,123
I	4 b	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	<u>                                     </u>	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	Вііі	OTHER REPORTABLE COMPENSATION VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION DUE TO IRS REGULATION CHANGE

Schedule J (Form 990) 2009

DLN: 93493264013510

OMB No 1545-0047

Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► 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.

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA Employer identification number

53-0116130

**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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction

f 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 

#### 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

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

Yes From Yes No Yes No Τо

Part III Grants or Assistance Benefitting Interested Persons.

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

(b)Relationship between interested person

(a) Name of interested person (c)A mount of grant or type of assistance and the organization

**Business Transactions Involving Interested Persons.** 

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

(b) Relationship

between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the transaction

organization Yes No

DAVID BUTZ 150,000 CONSULTING DIRECTOR Νo

(e) Sharing of

organization's

revenues?

OMB No 1545-0047

2009

Open to Public Inspection

## **SCHEDULE 0**

(Form 990)

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.

Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

ldentifier	Return	Explanation
	Reference	
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 TY PES 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 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

ldentifier	Return Reference	Explanation
Form 990 VII		OTHER MEMBERS OF THE NRA BOARD ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT A PPROXIMATELY 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 AND NRA FOUNDATION BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION BOB VIDEN 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

Sc hedule O (Form 990) 2009

DLN: 93493264013510

OMB No 1545-0047

2009

Open to Public Inspection

# SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

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

(a)
Name, address, and EIN of disregarded entity

**(b)** Primary activity (c)
Legal domicile (state or foreign country)

Total income

End-of-year assets

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

Yes

Yes No

	entification of Relate cause it had one or mor	_		- `			"Yes" on Fori	m 990, Part IV, lin	e 34
(a) Name, address, an related organiza	, ,	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General or managing partner?

514)

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 \

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

country)

Sched	chedule R (Form 990) 2009			ge <b>3</b>
Par	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		Yes	No
<b>1</b> Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
		コ		
o	Reimbursement paid to other organization for expenses	10		No
	<b>F</b>	1p	Yes	
		$\overline{}$		—

o Reimbursement paid to other organization for expenses		10		No	
p Reimbursement paid by other organization for expenses		<b>1</b> p	Yes		
<b>q</b> O ther transfer of cash or property to other organization(s)		1q		No	
r Other transfer of cash or property from other organization(s)		<b>1</b> r		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cor (a) Name of other organization	vered relationships and transaction thres (b) Transaction type(a-r)		c) involve	d	
(1) NRA FOUNDATION INC	С		9,71	1,363	
(2) NRA FOUNDATION INC	n		3,29	4,531	
(3) NRA FOUNDATION INC	р		4,22	0,550	
(4) NRA SPECIAL CONTRIBUTION FUND			120,000		
(5) NRA SPECIAL CONTRIBUTION FUND			489,822		
(6) NRA CIVIL RIGHTS DEFENSE FUND	р		5	2,543	
	Schedu	le R (Form	990)	2009	

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) Name, address, and EIN of entity **(b)** Primary activity

(c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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**EIN:** 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Schedule R	R, Part V -	Transactions	With Related	Organizations
			(2)	

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