

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

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

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

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

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

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

Doing Business As

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

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

**D** Employer identification number  
 53-0116130

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

**G** Gross receipts \$ 282,710,082

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

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

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

**H(c)** Group exemption number

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

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

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

**L** Year of formation 1905

**M** State of legal domicile VA

**Part I Summary**

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

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

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

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

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

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

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

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

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

**Part II Signature Block**

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

**Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature: JAMES P SWEENEY Date: 2010-09-16 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC, 8000 TOWERS CRESCENT DR STE 500, VIENNA, VA 22184

Preparer's identifying number (see instructions): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (703) 336-6400

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

**Part III Statement of Program Service Accomplishments**

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

TO PROTECT AND DEFEND THE U S CONSTITUTION

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 34,524,263 including grants of \$ 24,000 ) (Revenue \$ 5,753,381 )

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

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

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

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

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







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

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

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

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

|  |                   |            |           |
|--|-------------------|------------|-----------|
| <p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . </p>   | <p><b>21</b></p>  | <p>Yes</p> |           |
| <p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . </p>  | <p><b>22</b></p>  | <p>Yes</p> |           |
| <p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . </p> | <p><b>23</b></p>  | <p>Yes</p> |           |
| <p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>   | <p><b>24a</b></p> |            | <p>No</p> |
| <p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>  | <p><b>24b</b></p> |            |           |
| <p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>   | <p><b>24c</b></p> |            |           |
| <p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>  | <p><b>24d</b></p> |            |           |
| <p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>   | <p><b>25a</b></p> |            | <p>No</p> |
| <p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>   | <p><b>25b</b></p> |            | <p>No</p> |
| <p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>   | <p><b>26</b></p>  |            | <p>No</p> |
| <p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>   | <p><b>27</b></p>  |            | <p>No</p> |
| <p><b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>   |                   |            |           |
| <p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . </p>   | <p><b>28a</b></p> | <p>Yes</p> |           |
| <p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>  | <p><b>28b</b></p> |            | <p>No</p> |
| <p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>   | <p><b>28c</b></p> |            | <p>No</p> |
| <p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>   | <p><b>29</b></p>  |            | <p>No</p> |
| <p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>   | <p><b>30</b></p>  |            | <p>No</p> |
| <p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>   | <p><b>31</b></p>  |            | <p>No</p> |
| <p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>   | <p><b>32</b></p>  |            | <p>No</p> |
| <p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>   | <p><b>33</b></p>  |            | <p>No</p> |
| <p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . </p>  | <p><b>34</b></p>  | <p>Yes</p> |           |
| <p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . </p>  | <p><b>35</b></p>  | <p>Yes</p> |           |
| <p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>   | <p><b>36</b></p>  |            |           |
| <p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>  | <p><b>37</b></p>  |            | <p>No</p> |
| <p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>  | <p><b>38</b></p>  | <p>Yes</p> |           |

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

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U S Information Returns</i> . Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1a</b> 804  |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | Yes        |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .  |            |    |
|            | <b>2a</b> 766  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .                               | Yes        |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | Yes        |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | Yes        |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                   |            | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |            | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |            | No |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .  | Yes        |    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | Yes        |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |            |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |            |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |            |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |            |    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |            |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  |            |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body . . . . .  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent . . . . .   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |     | No |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | No |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   | Yes |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | Yes |    |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates? . . . . .  |     | No |
| <b>10b</b> | 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? . . . . .   |     |    |
| <b>11</b>  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | Yes |    |
| <b>11A</b> | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | Yes |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | Yes |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .   | Yes |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .  | Yes |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes" to line a or b, describe the process in Schedule O (See instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

|           |   |
|-----------|---|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <b>VA</b> , UT, PA, OK, NY, KY, DC, CA, AL   |
| <b>18</b> | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| <b>19</b> | 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.  |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>NATIONAL RIFLE ASSOCIATION OF AMERI<br/>11250 WAPLES MILL ROAD<br/>FAIRFAX, VA 220307400<br/>(703) 267-1000</b>   |

**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

| (A)<br>Name and Title | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See add'l data        |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |
|                       |                               |  |                       |         |              |                              |        |  |   |   |

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

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

**Part XI Financial Statements and Reporting**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .   | Yes |    |
| <b>2c</b> | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   |     |    |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .   |     |    |

**Additional Data**

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

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

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

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

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

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

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

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

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



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

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include Total.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include Total.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Rows include Federal Income Taxes, ACCRUED TAXES, SFAS133 DERIVATIVE INSTRUMENT MARKET VALUATION, OTHER MISCELLANEOUS LIABILITIES, NA, and Total.

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

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

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

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

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

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

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

**Part XIV Supplemental Information**

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

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (i.e., fundraising, program services, 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. Includes entry for Europe with 61,015 total expenditures.

**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.

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

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

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





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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

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

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 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) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------|--|----|-----------------------------------|--|---|
|   |                | Yes  | No |                                   |  |   |
| INFOCISION                                    | PAID SOLICITOR |  | No | 11,343,129                        | 6,527,133  | 4,815,996   |
| STRATEGIC FUNDRAISING                         | PAID SOLICITOR |  | No | 861,856                           | 588,886  | 272,970   |
| <b>Total</b>                                  |                |  |    | 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

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

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

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

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

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

|   |            | Yes        | No |
|---|------------|------------|----|
| <b>13</b> Indicate the percentage of gaming activity operated in  |            |            |    |
| <b>a</b> The organization's facility . . . . .  | <b>13a</b> |            |    |
| <b>b</b> An outside facility . . . . .  | <b>13b</b> |            |    |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records  |            |            |    |
| Name ▶ _____  |            |            |    |
| Address ▶ _____   |            |            |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   |            | <b>15a</b> |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____                             |            |            |    |
| <b>c</b> If "Yes," enter name and address   |            |            |    |
| Name ▶ _____  |            |            |    |
| Address ▶ _____   |            |            |    |
| <b>16</b> Gaming manager information  |            |            |    |
| Name ▶ _____  |            |            |    |
| Gaming manager compensation ▶ \$ _____  |            |            |    |
| Description of services provided ▶ _____  |            |            |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor   |            |            |    |
| <b>17</b> Mandatory distributions   |            |            |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     |            | <b>17a</b> |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ |            |            |    |

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations, 3 Enter total number of other organizations.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| UNDERGRADUATE SCHOLARSHIPS      | 21                       | 48,500                   |                                   |   |  |
| See Additional Data Table       |                          |                          |                                   |   |  |

**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-ILA PROVIDES GRANT SUPPORT TO LEAA EDUCATION AND TRAINING INITIATIVES, AND NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF |
|            |                  |  |
|            |                  |  |
|            |                  |  |
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|            |                  |  |

**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I Questions Regarding Compensation**

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

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

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

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

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



**Part III Supplemental Information**

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

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
53-0116130

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

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

|          |  |                                       |                       |
|----------|--|---------------------------------------|-----------------------|
| <b>1</b> | <b>(a)</b> Name of disqualified person | <b>(b)</b> Description of transaction | <b>(c)</b> Corrected? |
|          |  |                                       | <b>Yes No</b>         |

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| Total . . . . . ▶ \$ _____                |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**

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

|                               |   |   |
|-------------------------------|---|---|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |           |
|-------------------------------|---|---------------------------|--------------------------------|---|-----------|
|                               |   |                           |                                | <b>Yes</b>                              | <b>No</b> |
| DAVID BUTZ                    | DIRECTOR  | 150,000                   | CONSULTING                     |   | No        |

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**▶ Attach to Form 990.**

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

**Employer identification number**

53-0116130

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

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

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

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

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

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
|---|-------------------------|--|----------------------------|---|----------------------------------|

|  |            |    |       |                |     |
|--|------------|----|-------|----------------|-----|
| NRA FOUNDATION INC<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1710886<br>NRA SPECIAL CONTRIBUTION FUND<br>PO BOX 700<br>RATON, NM 87740<br>23-7367534<br>NRA CIVIL RIGHTS DEFENSE FUND | CHARITABLE | DC | 501c3 | LINE 7         | N/A |
| 11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1136665<br>NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941  | CHARITABLE | NM | 501c3 | LINE 11-TYPE I | N/A |
| 11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>52-1136665<br>NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941  | CHARITABLE | VA | 501c3 | LINE 7         | N/A |
| 11250 WAPLES MILL RD<br>FAIRFAX, VA 22030<br>26-1277941  | CHARITABLE | VA | 501c3 | LINE 7         | N/A |

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**Software ID:** 09000123  
**Software Version:** 2009.0.12  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

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

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