

EXHIBIT AN

CHAR500NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.comSend with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271**2014**Open to Public
Inspection**1. General Information**

For Fiscal Year Beginning (mm/dd/yyyy) <u>01</u> / <u>01</u> / 2014 and Ending (mm/dd/yyyy) <u>12</u> / <u>31</u> / <u>2014</u>	
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: National Rifle Association of America Mailing Address: 11250 Waples Mill Road City / State / Zip: Fairfax VA 22030 Website: www.nra.org
Employer Identification Number (EIN): <u>530116130</u>	
NY Registration Number: <u>02</u> - <u>21</u> - <u>64</u>	
Telephone: 703-267-1250	
Email: gcounsel@nrahq.org	
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT	
Find your registration category in the Charities Registry at www.CharitiesNYS.com	

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:

Signature

John Frazer, Secretary

Print Name and Title

11/13/15

Date

Chief Financial Officer or Treasurer:

Signature

Wilson H. Phillips, Jr., Treasurer

Print Name and Title

11/13/15

Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☒ Yes ☐ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes ☒ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

7A filing fee:

\$ 25

EPTL filing fee:

\$ 750

Total fee:

\$ 775

Make a single check or money order payable to:
"Department of Law"

PUBLIC DISCLOSURE
COPYForm **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL RIFLE ASSOCIATION OF AMERICA		D Employer identification number 53-0116130
	Doing business as		E Telephone number 703-267-1000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11250 WAPLES MILL ROAD		
	City or town FAIRFAX	State VA	ZIP code 22030-7400
	Foreign country name Foreign province/state/county Foreign postal code		
	F Name and address of principal officer: WILSON H. PHILLIPS JR. 11250 WAPLES MILL RD, FAIRFAX, VA 22030		G Gross receipts \$ 370,727,140
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: www.nra.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1871	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To protect and defend the US Constitution; to promote public safety, law and order, and the national defense; to train law enforcement agencies; to train civilians in marksmanship; to promote shooting sports and hunting.		
	2 Check this box <input type="checkbox"/> 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	72
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	839
	6 Total number of volunteers (estimate if necessary)	6	150,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	27,614,729	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,103,424
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	96,400,372	103,475,481
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,474,187	141,451,858
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,664,363	4,828,120
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,429,867	60,735,818
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	347,968,789	310,491,277
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	84,033	94,459
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	55,999,119	56,577,057
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,222,981	6,879,238
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,887,862		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	227,244,224	282,061,231
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	290,550,357	345,611,985	
19 Revenue less expenses. Subtract line 18 from line 12	57,418,432	-35,120,708	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	229,468,040	207,610,450
	22 Net assets or fund balances. Subtract line 21 from line 20	154,559,962	165,010,726
		74,908,078	42,599,724

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 9/18/2015			
	WILSON H. PHILLIPS JR. Type or print name and title	TREASURER AND CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Print/Type preparer's name JAMES P. SWEENEY	Preparer's signature 	Date 9/18/2015	Check <input type="checkbox"/> if self-employed	PTIN P01263012
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 41-1944416			
	Firm's address ▶ 1861 INTERNATIONAL DR STE 400, MCLEAN, VA 22102	Phone no. 703-336-6400			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Form **8453-EO****Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

2014Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax year beginning _____, 2014, and ending _____, 20 _____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	310,491,277
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	0
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	0
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	0

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

9/18/2015

Date

TREASURER AND CHIEF FINANCIAL OFF
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code		EIN	Phone no.	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES P. SWEENEY	<i>James P. Sweeney CPA</i>	9/18/2015		P01263012
	Firm's name	MCGLADREY LLP	Firm's EIN		
	Firm's address	1861 INTERNATIONAL DR STE 400 MCLEAN VA 22102	Phone no.	703-336-6400	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

HTA

Form **8453-EO** (2014)

Form 990 (2014)

NATIONAL RIFLE ASSOCIATION OF AMERICA

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Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	76	
b	Enter the number of voting members included in line 1a, above, who are independent.	72	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Wilson H. Phillips Jr. Treasurer National Rifle Association 703-267-1000
11250 Waples Mill Road, Fairfax, VA 22030-7400

Form 990 (2014)

NATIONAL RIFLE ASSOCIATION OF AMERICA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES W PORTER II PRESIDENT	20.00 2.00	X		X						
(2) ALLAN D CORS 1ST VICE PRESIDENT	10.00 2.00	X		X						
(3) PETE BROWNELL 2ND VICE PRESIDENT	10.00 0.00	X		X						
(4) JOE M ALLBAUGH DIRECTOR	1.00 0.00	X								
(5) WILLIAM H ALLEN DIRECTOR	1.00 0.00	X								
(6) THOMAS P PARVAS DIRECTOR	1.00 0.00	X								
(7) SCOTT L BACH DIRECTOR	1.00 0.00	X								
(8) WILLIAM A BACHENBERG DIRECTOR	1.00 1.00	X								
(9) F E BACHHUBER JR DIRECTOR	1.00 0.00	X								
(10) M CAROL BAMBERY DIRECTOR	1.00 2.00	X								
(11) BOB BARR DIRECTOR	1.00 0.00	X								
(12) RONNIE G BARRETT DIRECTOR	1.00 0.00	X								
(13) CLEL BAUDLER DIRECTOR	1.00 0.00	X								
(14) DAVID E BENNETT DIRECTOR	1.00 1.00	X								

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NATIONAL RIFLE ASSOCIATION OF AMERICA

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J KENNETH BLACKWELL DIRECTOR	1.00 0.00	X								
(16) MATT BLUNT DIRECTOR	1.00 0.00	X								
(17) DAN BOREN DIRECTOR	1.00 0.00	X								
(18) ROBERT K BROWN DIRECTOR	1.00 1.00	X								
(19) DAVID BUTZ DIRECTOR	5.00 0.00	X						150,000		
(20) J WILLIAM CARTER DIRECTOR	1.00 1.00	X								
(21) TED W CARTER DIRECTOR	1.00 0.00	X								
(22) RICHARD CHILDRESS DIRECTOR	1.00 0.00	X								
(23) PATRICIA A CLARK DIRECTOR	1.00 0.00	X								
(24) CHARLES L COTTON DIRECTOR	1.00 1.00	X								
(25) DAVID G COY DIRECTOR	1.00 0.00	X								
1b Sub-total								150,000	0	0
c Total from continuation sheets to Part VII, Section A								5,825,873	0	515,349
d Total (add lines 1b and 1c)								5,975,873	0	515,349

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **93**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
InfoCision 325 Springside Dr Akron, OH 44333	Membership processing and	20,933,845
Ackerman McQueen 1601 NW Expressway Oklahoma City, OK 73118	Public relations and advertisi	16,861,780
Postmaster 1735 N Lynn St Arlington, VA 22209	Postage shipping	10,041,663
Palm Coast Data 11 Commerce Blvd Palm Coast, FL 32164	Membership processing	8,974,456
Communications Corp of America 13195 Freedom Way Boston, VA 22713	Fundraising printing and mail	8,267,233
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	88	

Continuation Sheet for Form 990

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Name of the Organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part VII Section A

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LARRY E CRAIG DIRECTOR	1.00 0.00	X								
(27) JOHN L CUSHMAN DIRECTOR	1.00 1.00	X								
(28) WILLIAM H DAILEY DIRECTOR	1.00 1.00	X								
(29) JOSEPH P DEBERGALIS JR DIRECTOR	1.00 0.00	X								
(30) R LEE ERMEY DIRECTOR	1.00 0.00	X								
(31) EDIE P FLEEMAN DIRECTOR	1.00 0.00	X								
(32) JOEL FRIEDMAN DIRECTOR	1.00 0.00	X								
(33) SANDRA S FROMAN DIRECTOR	5.00 1.00	X						45,180		
(34) TOM GAINES (THROUGH 04/28/2014) DIRECTOR	1.00 0.00	X								
(35) JAMES S GILMORE III DIRECTOR	5.00 0.00	X								
(36) MARION P HAMMER DIRECTOR	5.00 0.00	X						147,000		
(37) MARIA HEIL DIRECTOR	1.00 0.00	X								
(38) GRAHAM HILL DIRECTOR	1.00 0.00	X								
(39) STEVE HORNADY DIRECTOR	1.00 1.00	X								
(40) SUSAN HOWARD DIRECTOR	1.00 0.00	X								
(41) ROY INNIS DIRECTOR	1.00 0.00	X								
(42) H JOAQUIN JACKSON DIRECTOR	1.00 0.00	X								
(43) CURTIS S JENKINS DIRECTOR	1.00 0.00	X								
(44) DAVID A KEENE DIRECTOR	1.00 0.00	X								
(45) TOM KING DIRECTOR	1.00 0.00	X								
(46) HERBERT A LANFORD JR DIRECTOR	1.00 0.00	X								

Continuation Sheet for Form 990

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Name of the Organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part VII Section A

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) KARLA MALONE DIRECTOR	1.00 0.00	X								
(48) CAROLYN D MEADOWS DIRECTOR	1.00 0.00	X								
(49) JOHN F MILIUS DIRECTOR	1.00 0.00	X								
(50) BILL MILLER DIRECTOR	1.00 0.00	X								
(51) OWEN BUZ MILLS DIRECTOR	1.00 0.00	X								
(52) GROVER G NORQUIST DIRECTOR	1.00 0.00	X								
(53) OLIVER L NORTH DIRECTOR	1.00 0.00	X								
(54) ROBERT NOSLER DIRECTOR	1.00 1.00	X								
(55) JOHNNY NUGENT DIRECTOR	1.00 0.00	X								
(56) TED NUGENT DIRECTOR	1.00 0.00	X								
(57) LANCE OLSON DIRECTOR	5.00 0.00	X						90,000		
(58) TIMOTHY W PAWOL DIRECTOR	1.00 0.00	X								
(59) JOSH POWELL DIRECTOR	1.00 0.00	X								
(60) PETER J PRINTZ DIRECTOR	1.00 0.00	X								
(61) TODD J RATHNER DIRECTOR	1.00 0.00	X								
(62) WAYNE ANTHONY ROSS DIRECTOR	1.00 0.00	X								
(63) CARL T ROWAN JR DIRECTOR	1.00 0.00	X								
(64) DON SABA DIRECTOR	1.00 0.00	X								
(65) ROBERT E SANDERS DIRECTOR	1.00 1.00	X								
(66) WILLIAM H SATTERFIELD DIRECTOR	1.00 1.00	X								
(67) RONALD L SCHMEITS DIRECTOR	1.00 1.00	X								

Continuation Sheet for Form 990

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Name of the Organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part VII Section A

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

[illegible]

SCHEDULE J
(Form 990)**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**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 Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☒ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☒ Tax indemnification and gross-up payments☒ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (e.g., maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒ Compensation committee☐ Written employment contract☒ Independent compensation consultant☒ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

Schedule J (Form 990) 2014 NATIONAL RIFLE ASSOCIATION OF AMERICA

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

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

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

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	WAYNE LAPIERRE CEO AND EXECUTIVE VP	(i) 736,039	150,000	41,824	19,240	38,782	985,885	
		(ii)					0	
2	WILSON H PHILLIPS JR TREASURER	(i) 439,730	94,265	30,788	19,240	21,730	605,753	
		(ii)					0	
3	CHRIS W COX EXEC DIR, ILA	(i) 679,112	85,000	20,403	49,808	56,679	891,002	30,568
		(ii)					0	
4	EDWARD J LAND JR SECRETARY	(i) 370,923	43,690	8,217	19,240	33,979	476,049	
		(ii)					0	
5	ROBERT K WEAVER EXEC DIR, GENERAL OPS	(i) 455,564	90,000	3,845	19,240	43,270	611,919	
		(ii)					0	
6	MICHAEL MARCELLIN MANAGING DIRECTOR	(i) 156,822	360,050	19,876	19,232	31,576	587,556	
		(ii)					0	
7	TYLER SCHROPP EXEC DIR, ADVANCEMENT	(i) 404,583	125,000	3,738	15,600	43,674	592,595	
		(ii)					0	
8	DOUGLAS HAMLIN EXEC DIR, PUBLICATIONS	(i) 386,976	50,000	23,090	12,874	36,327	509,267	
		(ii)					0	
9	DAVID LEHMAN DEPUTY EXEC DIR, ILA	(i) 358,077	50,000	6,465	19,240	3,253	437,035	
		(ii)					0	
10	JAMES BAKER DIRECTOR, ILA FEDERAL	(i) 336,090	8,853	4,673	0	12,365	361,981	
		(ii)					0	
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2014 NATIONAL RIFLE ASSOCIATION OF AMERICA

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 1a Charter travel was used on occasions when travel logistics precluded other available options. Certain compensation elements were grossed up. All tax gross ups were properly included in taxable compensation. Clubs are used only for business purposes and are properly excluded from taxable compensation.

Part I Line 4b The 457(f) service cost included in deferred compensation for Chris W. Cox was 30,568, as actuarially calculated under FASB ASC 715. The NRA decides the benefit amount and timeframe for vesting of each participant. The 457(f) plan is also designed to supplement the current defined benefit pension plan where current benefit law causes low replacement ratios for some participants.

Part I Column B(iii) Other reportable compensation in taxable wages includes 457(b), fringe auto, and group life insurance benefits. Column C includes the employer paid portions of the NRA defined benefit pension plan, 401(k) plan, and 457(f) plan. The NRA takes a full transparency posture for executive compensation.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Form 990, Part III, Line 4d: Program Service Expenses: 133,435,510, Grants and allocations:

0, Revenue: 128,905,985 NRA program services are in the key areas of NRA General Operations

programs, legislative programs, and membership communications. As part of these central focus

areas and in addition to the specifically identified programs, other vital NRA programs

include executive and special projects. All 990 readers are encouraged to explore NRA.org,

NRAILA.org, NRAnews.com, and NRAGive.com for appealing and inspirational opportunities to

continue to engage with the NRA. NRA members and other lawful gun owners proudly preserve the

Second Amendment as America's first freedom.

Form 990, Part I, Line 1: The NRA is a 501(c)(4) membership association with four 501(c)(3)

public charities (NRA Civil Rights Defense Fund, NRA Foundation Inc, NRA Freedom Action

Foundation, and NRA Special Contribution Fund DBA NRA Whittington Center) and a 527 political

action committee, which is a separate segregated fund. Please contact the NRA Office of

Advancement through NRAGive.com if you would like to discuss your philanthropic planning. To

guarantee the preservation of the NRA's mission for future generations, the NRA relies on long

term, relationship based fundraising in addition to more traditional direct mail techniques.

The NRA Office of Advancement is tasked with current fundraising as well as longer horizon

legacy gift fundraising through estates, trusts, and documented expectancies that will be

realized in future years. NRA Office of Advancement initiatives include NRA Golden Ring of

Freedom, NRA Ring of Freedom Heritage Society, NRA Women's Leadership Forum, NRA Hunters'

Leadership Forum, and other exclusive donor recognition and stewardship.

Form 990, Part I, Line 7: Informational note regarding National Rifle Association unrelated

business income: Form 990 page 1 shows gross unrelated business revenue on line 7a and net

unrelated business revenue on line 7b. The NRA did not owe unrelated business income tax for

the year 2014 because directly connected deductions were greater than the associated income in

2014. The main sources of NRA unrelated business income are certain merchandise sales from the

e-commerce platforms and advertising, including advertising and other exploited exempt

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

HTA

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

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NATIONAL RIFLE ASSOCIATION OF AMERICA

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activity within the NRA Official Journals, NRA digital online channels, and NRA television programs.

Form 990, Part VI, Section A, Line 6: The National Rifle Association is a membership association that represents individual citizens. Refer to NRA Bylaws for membership eligibility.

Form 990, Part VI, Section A, Line 7a: NRA members elect all 76 members of the NRA Board of Directors. 75 directors are elected for staggered three year terms, and the 76th director is elected for a one year term on the occasion of each NRA Annual Meeting of Members.

Form 990, Part VI, Section A, Line 7b: Certain Board of Directors decisions are subject to membership approval per NRA Bylaws and New York not for profit corporate law.

Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by the external auditing firm, presented to the NRA Board Audit Committee, and made available to the full NRA Board of Directors, before it is filed with the IRS.

Form 990, Part VI, Section C, Line 19: NRA Bylaws, audited consolidated financial statements of the NRA and affiliates, and annual reports are available upon request for the same period of disclosure as set forth in Section 6104(d). The NRA does not make internal operating policies available to the general public.

Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very seriously and utilizes a statement of corporate ethics. To monitor and enforce corporate policies, annual filings must be provided to the NRA Office of the Secretary and reviewed regularly and consistently.

Form 990, Part VI, Section B, Line 15: NRA processes to establish compensation of top management officials utilize a compensation committee, independent compensation consultants, compensation surveys and studies, comparability data, and ultimate approval by the Board of Directors or compensation committee. All decisions are properly documented.

Form 990, Part IX, Line 11: Informational note: Line 11 reflects certain fees for professional services paid to non-employees and does not include costs for services handled by employees.

Refer to form instructions which specify "fees for services paid to non-employees."

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

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Form 990, Part IX, Line 24e: Other expenses within line 24e of the statement of functional

expenses include 19,985,079 FASB ASC 715 pension accounting, 9,461,476 fulfillment materials,

4,154,416 banking fees, 1,289,403 premiums, 480,796 compensation of former officers, and 795

consulting.

Form 990, Part X, Line 34: Informational note: Regarding the NRA's balance sheet, deferred

costs and deferred revenues related to membership acquisition and renewal are accounting

entries required under Generally Accepted Accounting Principles. Dues revenue is recognized

over the life of the membership. A portion of members' dues that represents the present value

of the cost of the magazine that is a benefit of membership for the given membership term is

deferred and amortized over the life of the membership. The portion considered a contribution

is recorded as revenue when received.

Form 990, Part XI, Line 9: Other changes in net assets or fund balances in the reconciliation

schedule include agency transactions and unrealized gain on derivative instrument.